



Employment Application
(Please Print Clearly)

Personal Data

Name _____ Date _____
 Permanent Address _____

 Phone Number # _____ Cell phone # _____
 Social Security # _____

Job Interest

Position Applied For _____
 Indicate Availability to Work: ? Full Time ? Part Time ? Days ? Evenings
 Available To Start _____ Referral Source _____
 Are you able to work a 40 hour, 5 day work week with overtime if required?? Yes ? No
 Are you able to perform the essential functions of the job applied for? ? Yes ? No
 If no, what accommodation would assist you? _____

Have you ever been employed by us before: ? Yes ? No
 Are you legally permitted to work in this country: ? Yes ? No
 Are you above the minimum working age ?? Yes ? No
 Do you have a valid New Jersey Driver's License? ? Yes ? No
 Have you ever been convicted of a crime: ? Yes ? No
 If yes, please explain _____

A positive response is not an automatic bar to employment with the company. The offense for which the person was convicted in relation to the position to which they have applied will be considered.

Education

Type	Name and Location	Courses Taken	Graduated		
			Yes	No	Enrolled
High School					
College					
University					
Business, Trade, Technical					
Other					

References

Please list three personal references (not related) that you have known for at least five years

Name	Company and Title	Business Telephone	Home Telephone



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Employment History (List previous employers beginning with most recent)

Company Name _____ Phone # _____
 Address _____ Supervisor _____
 Position _____ ? Full Time ? Part Time ? Temporary
 Employment Dates (mm/yy): From ___/___ To ___/___ Ending Salary: _____
 Reason for Leaving: _____ May we contact: ? Yes ? No

Company Name _____ Phone # _____
 Address _____ Supervisor _____
 Position _____ ? Full Time ? Part Time ? Temporary
 Employment Dates (mm/yy): From ___/___ To ___/___ Ending Salary: _____
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By signing this application, I certify: That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Further, RLS Logistics, or its agents may request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. I hereby authorize the Company to obtain a criminal background check which may be used in the employment decision. Also, I agree if required to undergo a medical examination or drug testing by a company designated physician or medical facility and understand that medical approval or negative test results are conditions of employment. If employed, I agree that such employment will be on a trial basis for a introductory period of 90 days and that employment may be terminated during that period with or without just cause. I further understand that NJ is an "at will" state of employment.

Applicant Signature: _____ Date: _____

EEO Statement

RLS Logistics provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, amnesty, or status as a Vietnam-era or Special disabled veteran in accordance with applicable federal, state and local laws.