



Mobility, Dignity and Independence

Position: Driver

Shift/Hours: Full-time/Part-time/Hours TBA

Salary: Hourly, Starting at \$13.75

APPLICATION FOR EMPLOYMENT

At

Easy Lift Transportation, Inc.

Name of Job Applicant

Date

NOTICES TO JOB APPLICANT:

EQUAL OPPORTUNITY: It is the policy of Easy Lift Transportation Inc. ("Easy Lift") to make all employment decisions without regard or consideration for any individual's race; religious creed; color; national origin; ancestry; physical disability (including HIV and AIDS); mental disability; medical condition (meaning cancer or genetically-related disease or disorder); marital status; sex (gender); sexual orientation; gender identity; age (meaning over 40); or pregnancy, childbirth, related medical conditions, or any other factor protected from discrimination by federal, state or local laws. Except if there is a bona fide occupational qualification or a business necessity that is reasonably necessary to secure the safe and efficient operation of the business, equal employment opportunity will be extended to all persons in all aspects of the employer-employee relationship, including recruitment, hiring, upgrading, training, promotion, transfer, discipline, layoff, recall, and termination. Easy Lift does not tolerate any illegal discrimination or harassment, whether verbal, physical or visual. If you believe that you have been treated unfairly or harassed in anyway during this employment application process, please contact the Executive Director at immediately. Easy Lift prohibits retaliation by anyone against those who make a report of suspected unfair treatment or harassment. If you need a reasonable accommodation in order to complete this application or in any step of the interview process, please let us know.

AT-WILL EMPLOYMENT: Employment at Easy Lift is at the will of Easy Lift and the employee. An employee can quit at any time for any reason, with or without notice. Easy Lift can dismiss an employee at any time for any reason, with or without notice. Only the Executive Director can enter into employment contracts on behalf of Easy Lift that modify this "at will" relationship. Any employment contract must be in writing.

PHYSICAL EXAMS & DRUG TESTING: All job offers are conditional upon passing, to the satisfaction of Easy Lift, one or more the following post-offer, pre-employment tests: Physical Exam Drug & Alcohol Test TB Test

DRIVER'S LICENSE and DMV PRINT OUTS: If the job being applied for requires the driving of a vehicle on public roads, then all job offers are conditional upon the applicant showing a valid California driver's license and providing a DMV printout showing authorization to drive and a driving record acceptable to Easy Lift's insurance at standard rates.

LICENSING: If the job being applied for requires the employee to hold governmental or educational licensing or certification, then the job offer is conditional upon the applicant providing proof of proper licensing or credentialing.

BACKGROUND INVESTIGATION: Easy Lift requires a background investigation to confirm and help ensure that the applicant, if hired, is and will likely remain free from circumstances that might adversely affect the employee's good judgment and honesty. A separate authorization for the background investigation will be presented to the job applicant and any job offer is conditional upon there being nothing of concern in the background investigation.

RIGHT TO WORK IN U.S.: All job offers are conditional upon the job applicant providing proper proof of his/her right to work in the United States..

EMPLOYEE HANDBOOK: All employees are subject to the policies contained in the employee handbook. All job applicants may review a copy of the handbook if they ask to do so. The handbook is property of Easy Lift.

MISREPRESENTATIONS: Easy Lift is relying on the information that you provide on this Application, in the documents



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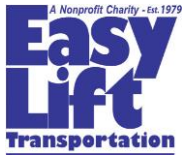
you provide and during any interview(s). You must complete the application fully to be considered for a job. If you knowingly make any misrepresentation or omission, your application and any job offers may be withdrawn; and, if the falsehood is not discovered until after you are employed, then your employment may be terminated for lack of honesty at any time after your employment begins.



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(Please Print)

First Name		Middle Name		Last Name	
Street Address			City		State Zip
Mailing Address (if different from above)			City		State Zip
List other names or Social Security Numbers used in past:					
List any prior Counties and States of residence for the past five years:					
Home Phone:		Work Phone:		Cell Phone:	
List the position are you applying for:					
Can you provide proof of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, can you provide proof of your legal authorization to work as a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted by any court of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever received a Dishonorable Discharge from the armed services? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you currently out on bail or on your own recognizance pending a trial? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>You need not list minor traffic violations for which the fine was \$500 or less or any offense that does not have to be disclosed to the potential employers by law, such as a misdemeanor marijuana offense over two years old or sealed or expunged criminal files. If your answer is yes to any of the above, list all offenses on the back of the application giving date, location, nature, and disposition for each. A conviction will not necessarily disqualify you from a job.</i>					
If you are applying for a position that requires you to drive a vehicle on public roads, has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>If your answer is yes, list all offenses on the back of the application giving date, location, nature, and disposition for each. You need not list offenses that are sealed or expunged. A suspension or revocation will not necessarily disqualify you from a job.</i>					
Have you ever worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____					
Date first available for work:			Asking wage:		
How did you learn about us? <input type="checkbox"/> Ad <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Referred by _____					



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Employment Experience -- List your present or last job and go backwards. If you need additional space, please continue on a separate sheet of paper. You may attach a resume, but the following still needs to be completed.

Are you still working for this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer Name:		Supervisor's Name:			
Address:	City:	State:		Zip:	
Telephone Number:					
Job Title:					
Job Duties:					
Dates Employed:		From:		To:	
Wage Rate:		Starting:		Ending:	
Describe any specialized training, apprenticeship, or skills you received at this job:					
Reason for Leaving:					

Are you still working for this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer Name:		Supervisor's Name:			
Telephone Number:					
Address:	City:	State:		Zip:	
Job Title:					
Job Duties;					
Dates Employed:		From:		To:	
Wage Rate:		Starting:		Ending:	



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Describe any specialized training, apprenticeship, or skills you received at this job:
Reason for Leaving:

Are you still working for this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer Name:	Supervisor's Name:	
Address:	City:	State: Zip:
Telephone Number:		
Job Title:		
Job Duties:		
Dates Employed:	From:	To:
Wage Rate:	Starting:	Ending:
Describe any specialized training, apprenticeship, or skills you received at this job:		
Reason for Leaving:		

Explanation of Gaps in Employment – Please explain why you were not employed if there are gaps in your employment history. (Use back of sheet if necessary)

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Explanations of Terminations – If you ever had your employment terminated or if you ever quit in lieu of being terminated, please explain. (Use back of sheet if necessary)

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Education – List your education, starting with high school.

Name of School:	Last Grade Completed: _____
Type of School: <input type="checkbox"/> High School <input type="checkbox"/> Trade <input type="checkbox"/> College/University <input type="checkbox"/> Other _____	
Location of School:	
Diploma / Degree Earned: <input type="checkbox"/> General <input type="checkbox"/> GED <input type="checkbox"/> Other _____	
Describe Course Of Study:	
Describe any specialized training or activities you engaged in:	
Describe any honors you received:	

Name of School:	Last Grade Completed: _____
Type of School: <input type="checkbox"/> High School <input type="checkbox"/> Trade <input type="checkbox"/> College/University <input type="checkbox"/> Other _____	
Location of School:	
Diploma / Degree Earned: <input type="checkbox"/> General <input type="checkbox"/> GED <input type="checkbox"/> Other _____	
Describe Course Of Study:	
Describe any specialized training or activities you engaged in:	
Describe any honors you received:	

Name of School:	Last Grade Completed: _____
Type of School: <input type="checkbox"/> High School <input type="checkbox"/> Trade <input type="checkbox"/> College/University <input type="checkbox"/> Other _____	
Location of School:	
Diploma / Degree Earned: <input type="checkbox"/> General <input type="checkbox"/> GED <input type="checkbox"/> Other _____	
Describe Course Of Study:	
Describe any specialized training or activities you engaged in:	
Describe any honors you received:	



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Special Skills and Qualifications – Provide any additional information, such as special skills and qualifications not already mentioned, that you feel may be helpful in considering your application.

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Job Limitations – List any essential functions of the job you cannot perform with or without accommodation.

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Schedule Availability

<i>Hours Available</i>	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
<i>From:</i>							
<i>To:</i>							

I am available to work as documented above and would like to work _____ hours per week.

Are you aware of anything that would cause your availability to change? Yes No
If yes, please explain.

NOTE: Work schedules are subject to change, and working on holidays and/or overtime may be required. No one is hired for any guaranteed number of hours or work time.



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References – Please provide three references that can provide information about your work skills and work habits. Do not include relatives.

Name:	Phone Numbers
Address:	Work:
Place of Employment: (if Co-Worker or Supervisor)	Home:
Current or Past Relationship: <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-Worker <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	

Name:	Phone Numbers
Address:	Work:
Place of Employment: (if Co-Worker or Supervisor)	Home/Mobile:
Current or Past Relationship: <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-Worker <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	

Name:	Phone Numbers
Address:	Work:
Place of Employment: (if Co-Worker or Supervisor)	Home:
Current or Past Relationship: <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-Worker <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	

CERTIFICATION AND RELEASE

I certify that I have read and understand the NOTICES TO JOB APPLICANT on page one of this application and that the answers given by me to the foregoing questions and the statements made by me during the interview process are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment.

I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representations to the contrary, the employment relationship between Easy Lift Transportation, Inc. and me is terminable at-will, so that both Easy Lift and I remain free to choose to end our work relationship at any time for any or no reason. Any changes in this employment relationship can only be made by the Executive Director and must be made in writing.

I also state that I am fully qualified and able to perform the job being applied for, except as I have written above.

Signature: _____

Date: _____



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RELEASE AUTHORIZATION
FOR PROCUREMENT OF CONSUMER REPORT

I have carefully read and understand the “Background Check Notice and Disclosure” I have been given, and this Authorization form. By my signature below, I consent to the release of consumer reports to Easy Lift Transportation, Inc. (“Easy Lift”), for employment purposes and/or as part of the pre-employment background investigation.

I understand that, to the fullest extent allowed by law, information contained in my employment application or otherwise disclosed to Easy Lift by me in the hiring process or during my employment may be utilized for the purpose of obtaining consumer reports.

If hired, or if already employed, this authorization shall remain on file and shall serve as an ongoing authorization for Easy Lift to obtain consumer reports, at any time during my employment, for employment purposes. Further, if hired, or already employed, my signature below authorizes Easy Lift to supply my employment history with Easy Lift to a consumer reporting agency.

My signature below signifies my receipt and understanding of the “Background Check Notice and Disclosure” and authorizes the Company to obtain consumer reports regarding me.

Name: _____
Last First Middle Initial

Signature: _____

Date: _____

Maiden/Previous Name(s): _____

Home Address: _____
Street Apt.
City State Zip Code

Social Security Number: _____ Date of Birth: _____

Driver’s License Number: _____ Issuing State: _____

Email Address: _____