



**Employment Application**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  Background check will be performed. Must fill out fair credit reporting act disclosure and authorization attached.

If yes, explain: \_\_\_\_\_

**In Case of Emergency**

*Please list two contacts in case of emergency.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

\_\_\_\_\_





**INVESTIGATIVE AND CONSUMER REPORT  
DISCLOSURE AND AUTHORIZATION**

In connection with my application for Contracting or continued Contracting with **Stevens Van Lines, Inc** (Contracted Business), I understand that the Contracted Business may inquire itself, or request a consumer report and/or an investigative consumer report from a third party, that may include, but not be limited to, information as to my credit worthiness, credit standing, credit capacity, character, employment history, general reputation, personal characteristics, mode of living, police record, education, qualifications, motor vehicle record, work habits, performance, and any other information that may be included in a "consumer report" and "investigative consumer report," as those terms are defined in the Fair Credit Reporting Act, 15 U.S.C. § 1681, et seq (FCRA). I further understand that this information may be obtained in various ways, including, but not limited to, by interviewing former employers, friends, associates, and/or references. I understand that in compliance with applicable law and as directed by Contracted Business policy and consistent with any job that I may hold, the Contracted Business may request information from public and private sources about, but not limited to, my: driving record, court record, education, credentials, credit, on-line activity, and references. If Contracted Business policy requires, I am willing to submit to drug testing to detect the use of illegal drugs, controlled substances, or abuse of prescription over-the-counter medications prior to and during contractual relations with Stevens Van Lines. Medical and workers' compensation information may also be requested; but such information will only be requested post-offer of contract and only in compliance with the Federal Americans with Disabilities Act (ADA), the Michigan Persons with Disabilities Civil Rights Act (PWDCRA), and/or any other applicable federal or state laws.

I understand that the Contracted Business may request information from various federal, state, and other agencies that maintain records concerning my past activities and history. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to my potential or continued relationship, before making the adverse decision, I understand that the Contracted Business will provide me with a copy of the consumer report and a description in writing of my rights under the FCRA. I understand that I have the right to request from the Contracted Business a complete and accurate disclosure of the nature and scope of the investigation being conducted for purposes of procuring an investigative consumer report, along with a written summary of my rights under the FCRA.

I hereby authorize the Contracted Business to procure a report that includes the above-mentioned information and I hereby authorize any party or agency contacted by this Contracted Business to furnish the above-mentioned information, as permitted under the FCRA. Please note that this authorization for release of information to Contracted Business does not waive any rights I may have under the FCRA.

Print Your Full Name: \_\_\_\_\_ (include aliases, maiden name, etc.)

Address: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_ Date