

# Two Guys Moving/ Two Gals Packing

3112 Knolin Dr.  
Bossier City, Louisiana 71112  
(318) 741-6683

## APPLICATION FOR EMPLOYMENT

All applications will remain on file for 90 days from date received. Employees of TGM/TGP, and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, sex, or age.

PLEASE TYPE OR PRINT IN INK  
PLEASE FILL IN ALL BLANK SPACES

**Substance Abuse Policy Notification** – Each application requires an original signature.

I understand that TGM/TGP has established the goal of a 100 percent drug-and alcohol-free workplace and that all applicants will be required to undergo drug testing prior to employment and will be subject to further urine and breath alcohol testing throughout their period of employment. If employed in a safety sensitive position, I understand that I will also be subject to random alcohol and drug testing.

I further understand that TGM/TGP may be required to provide information concerning my application for employment and my employment history to Federal or State agencies for use in any employment-related investigations or inquiries.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Position Applying For \_\_\_\_\_

Do you have a CDL? ☐ Yes ☐ No

CDL Class? \_\_\_\_\_

Is your Driving Record Attached? ☐ Yes ☐ No

Do you have a Class D ☐ Yes ☐ No

### PERSONAL DATA:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you over the age of 18? ☐ Yes ☐ No

## EDUCATION:

Have you completed high school or a high school equivalent program?

☐ Yes

☐ No

If yes, specify name, city, and state of school: \_\_\_\_\_

Circle number of years of post high school completed

1 2 3 4 5 6 7 (vocational, college, etc.)

Name/Location of Institution	Hrs. Completed	Degree Received	Major or Specialty	Minor	Dates Attended

## FOR OFFICE USE ONLY:

DATE OF INTERVIEW \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_

## EXPERIENCE:

Starting with the most recent position, describe ALL paid, military and applicable volunteer experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.

1. Job Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Address/Phone Number \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
Salary (start)\$ \_\_\_\_\_ per \_\_\_\_\_  
(Ending)\$ \_\_\_\_\_ per \_\_\_\_\_  
May we contact this employer? ☐ Yes ☐ No  
Dates: from (mo/yr) \_\_\_\_\_ to \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

2. Job Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Address/Phone Number \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
Salary (start)\$ \_\_\_\_\_ per \_\_\_\_\_  
(Ending)\$ \_\_\_\_\_ per \_\_\_\_\_  
May we contact this employer? ☐ Yes ☐ No  
Dates: from (mo/yr) \_\_\_\_\_ to \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_



## ADDITIONAL WORK EXPERIENCE (use as many pages as necessary)

3. Job Title \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address/Phone Number \_\_\_\_\_  
 \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Immediate Supervisor \_\_\_\_\_  
 Salary (start) \$ \_\_\_\_\_ per \_\_\_\_\_  
 (Ending) \$ \_\_\_\_\_ per \_\_\_\_\_  
 May we contact this employer? ☐ Yes ☐ No  
 Dates: from (mo/yr) \_\_\_\_\_ to \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

5. Job Title \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address/Phone Number \_\_\_\_\_  
 \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Immediate Supervisor \_\_\_\_\_  
 Salary (start) \$ \_\_\_\_\_ per \_\_\_\_\_  
 (Ending) \$ \_\_\_\_\_ per \_\_\_\_\_  
 May we contact this employer? ☐ Yes ☐ No  
 Dates: from (mo/yr) \_\_\_\_\_ to \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

4. Job Title \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address/Phone Number \_\_\_\_\_  
 \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Immediate Supervisor \_\_\_\_\_  
 Salary (start) \$ \_\_\_\_\_ per \_\_\_\_\_  
 (Ending) \$ \_\_\_\_\_ per \_\_\_\_\_  
 May we contact this employer? ☐ Yes ☐ No  
 Dates: from (mo/yr) \_\_\_\_\_ to \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

6. Job Title \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address/Phone Number \_\_\_\_\_  
 \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Immediate Supervisor \_\_\_\_\_  
 Salary (start) \$ \_\_\_\_\_ per \_\_\_\_\_  
 (Ending) \$ \_\_\_\_\_ per \_\_\_\_\_  
 May we contact this employer? ☐ Yes ☐ No  
 Dates: from (mo/yr) \_\_\_\_\_ to \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Computer and related experience (specify hardware, software and years of experience): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been asked to resign? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

License (to include driver's and commercial driver's license, if applicable), certificate or other authorization to practice a trade or profession:

Class	License Number	Expiration Date	State

If you have a valid commercial driver's license, what class is it?

☐ A ☐ B ☐ C ☐ Endorsements \_\_\_\_\_

Have you ever worked for a transportation company? ☐ Yes ☐ No

If yes, give name of company, dates employed and position(s) held \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you able to provide your own transportation if necessary for your employment? ☐ Yes ☐ No

Effective August 1, 2001, the Federal Transit Administration's U.S. DOT's 49 CFR Part 40 regulations state that all DOT regulated employers are required to obtain specific information pertaining to applicant's drug and alcohol test records.

Please answer the following questions. Failure to provide accurate information to the questions below can disqualify you for a position with Two Guys Moving/ Two Gals Packing.

1. During the past two years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive work covered by the DOT agency's drug and alcohol testing rules?

\_\_\_\_\_ Yes \_\_\_\_\_ No

2. Have you ever tested positive for a drug or alcohol test administered by a DOT regulated employer?

\_\_\_\_\_ Yes \_\_\_\_\_ No

3. If you answered yes to any of the above questions, please document successful completion of a return to duty process, including follow-up tests. Please give Substance Abuse Professional's name, address, and phone number for further assistance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I hereby authorize the above Substance Abuse Professional to release any and all documentation pertaining to my return to duty process to:

Two Guys Moving/ Two Gals Packing  
3112 Knolin Dr.  
Bossier City, Louisiana 71112  
Attn: David Trahan, Owner

## MISCELLANEOUS

Check appropriate box(es):

Do you currently have any relatives employed by Two Guys Moving/ Two Gals Packing? ☐ Yes ☐ No

If yes, who: \_\_\_\_\_

Have you ever been in the U.S. Armed Forces? ☐ Yes ☐ No (If yes, attach DD Form 214)

Date(s) of Enlistment: \_\_\_\_\_ Branch: \_\_\_\_\_

Date and Type of Discharge: \_\_\_\_\_

Rank on Date of Separation: \_\_\_\_\_

Do you have a Reserve Obligation? (Explain) \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying? ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

Have you ever been convicted of a law violation(s), including moving traffic violations, but excluding offenses committed before your 18<sup>th</sup> birthday which were finally adjudicated in a Juvenile court or under a youth offender law? ☐ Yes ☐ No



If yes, list all such convictions, including court location and approximate date: \_\_\_\_\_

Who would we contact in case of emergency? (Name, Address, Telephone Number, and Relationship) \_\_\_\_\_

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills: \_\_\_\_\_

**CERTIFICATION (Each application requires an original signature.)**

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

I certify that I have read, understand, and agree to the above.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_