

CANTON CHAIR RENTAL - MALONEY & ASSOCIATES, INC.

An Equal Opportunity Employer
DRUG FREE WORKPLACE

APPLICATION FOR EMPLOYMENT

**"We don't just rent tables & chairs
We Rent Events"TM**

"We provide quality rental equipment, materials and expertise to enable our customers to produce outstanding special events."

PERSONAL INFORMATION

Date: _____

Name _____ Soc. Sec. Number _____
Last First Middle

Present Address _____
No. Street City State Zip

Years lived at this address: _____ Present Phone Number _____

E-Mail Address _____

If your address has changed in the last (5) years, list your previous address(es) during that period:

No. Street City State Zip Years at this address

No. Street City State Zip Years at this address

Are you age 18 or over? Yes _____ No _____ If yes can you verify your birth date? Yes _____ No _____

Are you legally authorized to work in the U.S.? Yes _____ No _____

If yes, can you verify your identity and eligibility to work in the United States? Yes _____ No _____

Have you been discharged or asked to resign from a job? Yes _____ No _____ If yes, please explain circumstances:

Have you ever been convicted of any crime under civilian or military law, other than minor traffic violations? Yes _____ No _____

If yes, list the dates and nature of each offense (although such conviction does not necessarily exclude applicant from all employment categories):

If related to anyone in our company, state name and relationship: _____

Driver's License Number _____ Do you have any points on your license? Yes _____ No _____

If yes, list date(s) and nature of offense(s) and number of points: _____

Position _____ Date you can start _____ Salary Desired _____

Are you employed now? _____ If so may we contact your present employer? _____

Ever applied to this company before? _____ Where? _____ When? _____

Referred By _____

EDUCATION

	Name and Location of School	No. of Years Attended	Did You Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business, or Correspondence School				

GENERAL

Subjects of special study or research work _____

Special Skills _____

Activities: (Civic, Athletic, Etc.) _____
Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color, nation of origin of its members.

U.S. Military or Naval Service _____ Rank _____
 Present membership in National Guard or Reserves _____

FORMER EMPLOYERS (List below three employers, starting with the last one first)				
DATE Month/Year	Name and Address of Employer	Last Salary	Position(s)	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Which of these jobs were your favorite? _____

What did you like most about this job? _____

What did you like least about this job? _____

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.				
NAME	ADDRESS	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED

In case of emergency notify:

Name	Relationship	Address	Phone No.
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Attach additional sheets, if necessary, and or include a resume.

APPLICANT'S STATEMENT OF UNDERSTANDING AND AUTHORIZATION

I understand that acceptance of my application for employment does not commit Canton Chair Rental/Maloney & Associates, Inc. ("The Company") in any way to hire me; and that nothing in my application, or in any other communication or document, creates or implies a contract or promise of employment requiring that I be hired or retained by the Company in any position for any period of time.

I authorize the Company to investigate all written or oral statements by me and to obtain such information and reports as reasonably shall be required by the Company concerning me. Furthermore, I release all such parties from any claim, damage, or liability resulting from their furnishing such information to the Company.

I understand that, if employed, I will be required to abide by all rules and regulations of the Company.

I understand that, if I am hired, my employment with the Company will be at will and for no definite period; and that such employment may be terminated at any time, by me or by the Company for any reason not specifically prohibited by law, regardless of the date of payment of my wages or salary. I further understand and agree that no representative of the Company has the authority to enter into any agreement for employment contrary to the foregoing, unless such action is taken in writing by the President (or the Vice President).

I certify that the information given by me on this application is true and complete (as is the information which I have provided to the Company in any document or interview); and that I have not withheld any fact which, if disclosed, would unfavorably effect my qualifications for employment. I agree that any false or substantially misleading information furnished by me on or in connection with this application, or in any related interview or document, shall be sufficient reason for rejection of my application, or termination of my employment, as appropriate.

I have carefully read the foregoing application and understand its contents.

Date Signature of Applicant

CANTON CHAIR RENTAL/MALONEY AND ASSOCIATES, INC.
APPLICATION/EMPLOYEE UNDERSTANDING REGARDING
MOTOR VEHICLE INSURANCE RATES & DRUG FREE WORKPLACE

MOTOR VEHICLE INSURANCE RATES

I, _____ (Print), the undersigned applicant/employee, understand and agree that my hiring or continued employment by Canton Chair Rental/Maloney & Associates, Inc., is contingent upon the Company being able to insure me at normal rates for motor vehicle insurance. I further understand that if at any time the Company is unable to insure me at normal rates for motor vehicle insurance, I will be rejected for employment, or my employment will be terminated.

Signed

Date

DRUG FREE WORKPLACE

I, _____ (Print), the undersigned applicant/employee understand that Maloney & Associates (DBA Canton Chair Rental and Scott Costume) is a DRUG FREE WORKPLACE and if offered a position I will be required to submit to a pre-employment drug screen. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of a drug screen may result in the withdrawal of any employment offer or termination of employment if already employed.

Signed

Date

INVESTIGATIVE AND CONSUMER REPORT
DISCLOSURE AND AUTHORIZATION

In connection with my application for employment or continued employment with **Canton Chair Rental** (Company), I understand that the company 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 character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, work habits, and performance. I further understand that this information may be obtained in various ways, including, but not limited to, by interviewing former employers, neighbors, friends and/or references, by accessing social networking sites including, but not limited to, MySpace, Facebook, Friendster, Xanga, LinkedIn, and search engines and other Internet sites such as Google.com, Yahoo.com, Classmates.com, and Peoplefinders.com. I understand that in compliance with applicable law and as directed by Company policy and consistent with any job that I may hold, the Company 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 Company 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 employment. Medical and workers' compensation information will only be requested post-offer of employment 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 Company 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 employment, before making the adverse decision, I understand that the Company will provide me with a copy of the consumer report and a description in writing of my rights under the Fair Credit Reporting Act (FCRA).

I authorize without reservation any party or agency contacted by this Company to furnish the above- mentioned information, and I further release and hold harmless any agency or Company and/or its representatives from all liability for doing so and/or releasing such information to this Employer for its consideration. I further waive any notice requirements for disclosing the information under any applicable state or federal law.

Print your Full Name: _____

Signature: _____ Date _____

Driver's License Number: _____

Social Security Number: _____

Company Representative Signature

Date

MALONEY & ASSOCIATES, INC.

For Office Use Only!

Person accepting application, please fill out upon receipt of application, and verify with management if background interview can be given at that time.

Full Time _____ Part Time _____

Year Round _____ Seasonal _____ (if so, what _____)

When available for interview _____

Comments: