

4101 Rider Trail N.  
 Earth City, MO 63045  
 (314) 291-7440  
 Fax: (314) 291-6127

57 Marsh Dr.  
 Belleville, IL 62220  
 (618) 235-5561  
 Fax: (618) 235-9353

503 W. Chestnut  
 Dixon, MO 65459  
 (800) 234-1724  
 Fax: (573) 759-2610

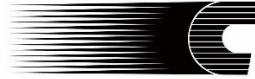
3264 Democrat Rd, Ste 5  
 Memphis, TN 38118  
 (901) 370-6400  
 Fax: (901) 375-1476

[www.cordmoving.com](http://www.cordmoving.com)

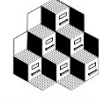


[www.stlfurnituretransfer.com](http://www.stlfurnituretransfer.com)

4238 Rider Trail N.  
 Earth City, MO 63045  
 Phone: (314) 739-9777  
 Fax: (314)-739-9778



**Cord Trucks**  
 4125 Rider Trail N.  
 Earth City, MO 63045  
 Phone: (314) 595-0560  
 Fax: (314) 291-6504



**THE FILE ROOM**  
[www.thefileroom.com](http://www.thefileroom.com)

4107 Rider Trail N.  
 Earth City, MO 63045  
 Phone: (314) 209-0600  
 Fax: (314) 209-0120

## APPLICATION FOR EMPLOYMENT

Position applying for \_\_\_\_\_ Application Date: \_\_\_\_\_

### Applicant information

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Legal Middle Name: \_\_\_\_\_

Nick name/name you prefer to be called: \_\_\_\_\_

List All Other Names (maiden name, etc.): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you ever applied with Cord Moving & Storage, Cord Trucks, The File Room or St. Louis Furniture Transfer before?

\_\_\_\_ Yes \_\_\_\_ No If Yes, when and which location? \_\_\_\_\_

Have you ever been employed by Cord Moving and Storage, Cord Trucks, The File Room or St. Louis Furniture Transfer?

\_\_\_\_ Yes \_\_\_\_ No If Yes, when and which location? \_\_\_\_\_

### How were you referred to us?

**Employee referral** – full name of employee who referred you: \_\_\_\_\_

**From one of the following sources:**

- |                                                             |                                                                    |
|-------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Previously Employed                | <input type="checkbox"/> Walk In/Word of Mouth                     |
| <input type="checkbox"/> Newspaper: _____                   | <input type="checkbox"/> TV advertisement                          |
| <input type="checkbox"/> Radio Station: _____               | <input type="checkbox"/> Job Fair                                  |
| <input type="checkbox"/> Website (name) _____               | <input type="checkbox"/> College Job Board: (specify school) _____ |
| <input type="checkbox"/> Online Job Board: (specify) _____  | <input type="checkbox"/> Cord website                              |
| <input type="checkbox"/> Social media site: (specify) _____ | <input type="checkbox"/> Jobs.MO.gov or Jobs4TN.gov                |
| <input type="checkbox"/> Truck                              |                                                                    |

Other, describe: \_\_\_\_\_

## Availability

Please indicate the times you are available to work:

	Start time	End time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Are you available to work weekends?  Yes  No

Are you available to work overtime?  Yes  No

## Position Details

Company interested in:  Cord Moving & Storage (location \_\_\_\_\_)  The File Room  Cord Trucks  St. Louis Furniture Transfer

I am looking for  Full-time  Part-time  As needed  Summer only COMMENTS: \_\_\_\_\_

If offered a position, I would be able to start:  ASAP  After 1 week  After 2 weeks  After 30 days

## Employment References

Please list the name, email address and phone number of three **work related** references who have specific knowledge of your skills, qualifications, and abilities to perform the position you are applying for. If you have no work history, please list instructors or other individuals who can vouch for your character. Please do not list family members.

Name	Email and daytime phone number	How do you know them?	
		<input type="checkbox"/> Current Supervisor <input type="checkbox"/> Current co-worker <input type="checkbox"/> Instructor/teacher	<input type="checkbox"/> Previous Supervisor <input type="checkbox"/> Previous co-worker <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Current Supervisor <input type="checkbox"/> Current co-worker <input type="checkbox"/> Instructor/teacher	<input type="checkbox"/> Previous Supervisor <input type="checkbox"/> Previous co-worker <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Current Supervisor <input type="checkbox"/> Current co-worker <input type="checkbox"/> Instructor/teacher	<input type="checkbox"/> Previous Supervisor <input type="checkbox"/> Previous co-worker <input type="checkbox"/> Other: _____

## Education

	Name and location	Last year completed	Did you graduate?	Course of study
High school (GED)		1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> College <input type="checkbox"/> Tech/Vocational		1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> College <input type="checkbox"/> Tech/Vocational <input type="checkbox"/> Graduate school		1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Special Skills and Training

Do you have any special licenses, certification, training, experience or skills that are relevant to the position that you are applying for?

Please list and provide details, dates, and current status: \_\_\_\_\_

\_\_\_\_\_

**Technical applicants:** please indicate skill areas:  Mechanics  Electronics  Optics  Other \_\_\_\_\_

List all machines or equipment that you are qualified to repair. \_\_\_\_\_

\_\_\_\_\_

## Employment History (list CURRENT or MOST RECENT first)

attach additional sheet if necessary

**\*\*Resumes may be attached but do not replace information requested\*\***

Business name:		Business phone number (required)	Ending salary: \$ _____ per
Employment dates: FROM: / / TO: / / <input type="checkbox"/> currently employed	Address of business:	Position held:	Supervisor name and title:
Job Duties:			
Reason for leaving:			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?			

Business name:		Business phone number (required)	Ending salary: \$ _____ per
Employment dates: FROM: / / TO: / / <input type="checkbox"/> currently employed	Address of business:	Position held:	Supervisor name and title:
Job Duties:			
Reason for leaving:			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?			

Business name:		Business phone number (required)	Ending salary: \$ _____ per
Employment dates: FROM: / / TO: / / <input type="checkbox"/> currently employed	Address of business:	Position held:	Supervisor name and title:
Job Duties:			
Reason for leaving:			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?			

Business name:		Business phone number (required)	Ending salary: \$ _____ per
Employment dates: FROM: / / TO: / / <input type="checkbox"/> currently employed	Address of business:	Position held:	Supervisor name and title:
Job Duties:			
Reason for leaving:			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?			

***Please explain any gaps in employment:***

## Legal information

Please read carefully before answering:

***The Civil Rights Act of 1964 and other federal laws prohibit discrimination in employment because of race, color, creed, religion, sex, national origin, age, citizenship, disability, veteran status, sexual orientation or familial status. The following information is needed for the position for which you are applying for a legally permissible reason, including but not limited to security requirements, affirmative action, a bona fide occupational qualification, or business necessity.***

Are you age 18 or older?  Yes  No *Employment is subject to verification of minimum legal age.*

Are you legally entitled to work in the United States?  Yes  No

Based on the job description or posted requirements, are you able to perform the duties of the position you are applying for?  Yes  No

Do you have a current driver's license?  Yes  No Type/endorsements: \_\_\_\_\_

Do you have a clear driving record?  Yes  No Do you have a vehicle (if required for position)?  Yes  No

Are you able to pass a criminal background check?  Yes  No

## Pre-Employment Statement *(please read and sign where indicated)*

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or other materials, or during any interviews, can be justification for refusal to consider my application further, or, if employed, termination from employment.
2. Any offer of employment I may receive is contingent upon my successful completion of the company's total pre-employment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of a physical examination that the company may require.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening as set forth in the company's substance abuse policy.
4. In processing my application for employment, the company may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to the company, I will be informed of whether an investigative consumer report was requested and will be given full information as to the nature and scope of this investigation.
5. **I authorize and request that all of my present and former employers furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment, and hereby release them from any and all liability for damages arising from furnishing the requested information.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

6. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company, other than a President or a Vice President, has any authority to enter into any agreement with me for employment for any specified period or time or to make any agreement different from or contrary to the foregoing, **unless** that designee has been appointed in writing by the President or Vice President. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **AFFIRMATIVE ACTION VOLUNTARY INFORMATION**

In an effort to comply with requirements regarding record keeping, reporting and other legal obligations which may apply, we request that you complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY** and failure to provide it will not subject you to any adverse personnel decision or action.

This form will be separated from any application materials upon receipt and the information therein will be used and kept confidential in accordance with applicable laws and regulations. The survey is not to be used for interview purposes, is not considered part of your official application, and will not be used in any hiring decision.

We consider all applications for all positions without regard to race, color, religion, sex, national origin, sexual orientation, age, familial status, veteran status, or other similarly protected status.

Your cooperation is appreciated.

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Applicant information (please print):

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

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

---

CITY

STATE

ZIP

Date applied: \_\_\_\_\_

Position applied for:    Mover/helper    Driver    Warehouse    Mechanic  
                                   Management    Office/clerical    Sales    Other \_\_\_\_\_

*Check one:*    Full-time    Part-time

Gender:    Male            Female

Veteran:    Yes            No

Disabled:    Yes            No

Please check **ONE** of the following Equal Employment Opportunity Identification Groups:

White (not of Hispanic/Latino Origin)

American Indian/Alaskan Native

Black (not of Hispanic/Latino Origin)

Hawaiian or Pacific Islander

Hispanic or Latino

Asian

Two or more of the above races