



Corporate Moving Systems, Inc.
 CMS Relocation & Logistics
 Sullivan Moving & Storage, Inc.
 Relocation Coordinates International LLC
 CMS Logistics
 CMS International

Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

Personal Information

NAME (Last, First, Middle)			Date	
PRESENT ADDRESS			CITY	STATE
MAILING ADDRESS (If different)			CITY	STATE
HOME PHONE NO.		CELL PHONE NO.	EMAIL ADDRESS	
SOCIAL SECURITY NO.			ZIP CODE	

Employment Desired

POSITION APPLYING FOR		DATE YOU CAN START		SALARY DESIRED	
HAVE YOU BEEN GIVEN A JOB DESCRIPTION OR HAD THE REQUIREMENTS OF THE JOB EXPLAINED TO YOU? _____ YES _____ NO		DO YOU UNDERSTAND THE JOB REQUIREMENTS? _____ YES _____ NO		CAN YOU PERFORM THE REQUIREMENTS OF THIS JOB WITH OR WITHOUT REASONABLE ACCOMODATION? _____ YES _____ NO	
HOW DID YOU FIND OUT ABOUT THIS POSITION?	EMPLOYMENT AGENCY		REFERRED BY:		
	STATE EMPL. AGENCY		WEBSITE		OTHER:
	CRAIGSLIST AD		WALK-IN		
ARE YOU CURRENTLY EMPLOYED?	YES	NO	IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
EVER APPLIED TO CMS BEFORE?	YES	NO	IF YES, WHEN?		
EVER WORKED FOR CMS BEFORE?	YES	NO	IF YES, WHEN?		

Education History / Skills

NAME & LOCATION OF SCHOOL	SUBJECTS STUDIED	DID YOU GRADUATE?		LAST GRADE COMPLETED
		YES	NO	
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				
DRIVING EXPERIENCE/LICENSE (CDL QUALIFIED?; TYPE OF VEHICLE EXPERIENCE; ENHANCED LICENSE?)				
FORKLIFT EXPERIENCE				

Employment History

DATE (MONTH AND YEAR)	NAME & CITY, STATE OF EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

Certification & Release

I certify that I have read and understand that this form is intended for use in evaluating my qualifications for employment and that this is not an employment contract. I certify that the answers given by me to the questions on this form and the statements made by me 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 authorize all persons, schools, and companies to release any information concerning my background and hereby release any said persons, school or companies from any liability for any damage whatsoever for issuing this information. I also understand that the use of federally-mandated illegal drugs/substances is prohibited during employment and I am willing to submit to drug testing to detect the use of federally-manadated illegal drugs prior to and during employment:

SIGNATURE:	DATE
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