



**SONSRAY**

An Equal Opportunity Employer

**Employment Application**

Please check the box of the company you are applying to.



Please Print and complete ALL SECTIONS (Do not put "See Resume")

Date                      Last Name                      First Name                      Middle

Address                      City                      State                      Zip

Social Security Number                      E-Mail Address

Home Phone                      Cell                      Business Phone

**Employment Desired**

Position applying for:

**Are you applying for:**

Regular full-time work                      Regular part-time work                      Temporary work (summer or holiday work)

**What days and hours are you available for work?**

**If applying for temporary work, during what period of time will you be available?**

From:                      To:

**Are you available for work on weekends?**                      Yes                      No

**Would you be available to work overtime, if necessary?**                      Yes                      No

**If hired, on what date can you start work?**

**Salary desired:**



**Employment Application**

**Personal Information**

Have you ever applied to or worked for Sonsray or its affiliated companies before? Yes      No  
If yes, when?

Do you have any friends or relatives working for Sonsray or its affiliated companies ? Yes      No  
If yes, state name(s) and relationship:

Name Relationship

Name Relationship

Why are you interested in working for Sonsray or its affiliated companies?

If hired, would you have a reliable means of transportation to and from work? Yes      No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes      No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes      No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes      No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. **Hire is subject to passing a medical examination and a thorough criminal background investigation.**)

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

How did you hear about the position?

Career Builder      LinkedIn      Craigslist      Our website      Other (Please specify)

Referred by:

**Employment Application****Education, Training, and Experience**

				No. of years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	Name				Yes	Yes
	Address				No	No
	City	St	Zip			
<b>College/ University</b>	Name				Yes	Yes
	Address				No	No
	City	St	Zip			
<b>Vocational/ Business</b>	Name				Yes	Yes
	Address				No	No
	City	St	Zip			
<b>Health Care Training</b>	Name				Yes	Yes
	Address				No	No
	City	St	Zip			

Many of our customers do not speak English. Do you speak, write or understand any foreign languages?      Yes      No

If yes, which language(s)?

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at Sonsray or its affiliated companies?      Yes      No

If so, please explain:



**Employment Application**

Answer the following questions if you are applying for a professional position

Are you licensed/certified for the job applied for? Yes No

Name of license/certification:

Issuing state: License/certification number

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

**Employment History** (All sections must be fully completed – DO NOT PUT "SEE RESUME")  
List below all present and past employment starting with your most recent employer (last five years is sufficient).  
Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer Telephone  
Type of Business Your Supervisor's Name / Title  
Address City State Zip

**Dates of Employment:**  
From: To:

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer Telephone  
Type of Business Your Supervisor's Name / Title  
Address City State Zip

**Dates of Employment:**  
From: To:

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

# Employment Application



Name of Employer

Telephone

Type of Business

Your Supervisor's Name / Title

Address

City

State

Zip

**Dates of Employment:**

From:

To:

Your Position and Duties

Reason for Leaving

**May we contact this employer for a reference?**

Yes

No

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Name of Employer

Telephone

Type of Business

Your Supervisor's Name / Title

Address

City

State

Zip

**Dates of Employment:**

From:

To:

Your Position and Duties

Reason for Leaving

**May we contact this employer for a reference?**

Yes

No

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Name of Employer

Telephone

Type of Business

Your Supervisor's Name / Title

Address

City

State

Zip

**Dates of Employment:**

From:

To:

Your Position and Duties

Reason for Leaving

**May we contact this employer for a reference?**

Yes

No

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**Employment Application**

**Military Service**

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If so, describe:

**References**

List below three professional references of who have knowledge of your work performance for your last 3 jobs

Last Name	First Name	Telephone		
Address	City	State	Zip	
Occupation	No. of Yrs. Acquainted	Relationship		

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Last Name	First Name	Telephone		
Address	City	State	Zip	
Occupation	No. of Yrs. Acquainted	Relationship		

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Last Name	First Name	Telephone		
Address	City	State	Zip	
Occupation	No. of Yrs. Acquainted	Relationship		

**Please Read Carefully, Initial Each Paragraph and Sign Below**

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize Sonsray or its affiliated companies to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company or an outside source, I am entitled to copies of any such public records obtained by the Company or outside source unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

Initials I waive receipt of a copy of any public record described in the paragraph above.

Date \_\_\_\_\_  
Applicant's Signature  
My electronic signature above certifies that I have read, understand, accept and agree with the above statements and that the information on my profile and on this application is complete and correct.

Depending on your browser.  
You may have to download  
and email to [hr@sonsray.com](mailto:hr@sonsray.com)

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**Thank You for Applying**

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PART OF THE SONSRAY MOUNTAIN MOVERS FAMILY



TOGETHER WE MOVE MOUNTAINS  
LEARN MORE AT [WWW.SONSRAY.COM](http://WWW.SONSRAY.COM)