

## **OF LAS VEGAS**

## **Job Questionnaire**

APPLICANT INFORMATION		DATE
LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS		APARTMENT/UNIT#
CITY	STATE	ZIPCODE
PHONE	EMAIL	
DATE AVAILABLE	DESIRED SALARY OR HOURLY RATE	
POSITION(S) APPLIED FOR  DRIVER MOVER OTHER		
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE US?  YES NO		
HAVE YOU EVER WORKED FOR THIS COMPANY? IF YES, WHEN?  YES NO		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, EXPLAIN.  YES NO		
TELL US ABOUT YOUR PROFESSIONAL MOVING EXPERIENCE [NAME OF PREVIOUS EMPLOYER, LENGTH OF EMPLOYMENT, JOB(S) OR TASKS PERFORMED]		
888 947,7974		
2507 Med.com		

If your background and qualifications are suitable for our open positions, we will be in touch to schedule an interview and have you complete an employment application.