

EMPLOYMENT APPLICATION

Please Answer All Questions. Resumes are not a substitute for a completed application. Applicants will be considered without discrimination because of race, color, sex, age, religion, national origin, disability or any other basis prohibited by Federal, State or Local Laws. Anderson Rentals, Inc. also provides reasonable accommodation to qualified individuals with disabilities in accordance with the Americans with Disabilities Act (ADA) and applicable State & Local Laws.

Date	· 	Position Applying for:			
Name:	LAST	FIRST	M.		
Address:					
	(Street Apt or	· Unit Number)	City		
State:	Zip:	Phone			
Social Security	/ #:				
	tes? Form I-9 mus		cation of your legal right to work in than three business days after hire		
If you are a minor, o	can you produce the work	certificate necessary to obtain e	employment? Yes No No		
Full Time	Part Time	Shift: Day Ev	rening Desired Salary		
When are you	able to begin work	ś?			
that have been		rwise exonerated or era	nestion does not apply to convictions dicated. (A conviction will not		
•	e fully the criminal since the conviction		e nature of offense(s) and your		
	, foreign language ; r which you are ap		ence which you feel qualifies you for		
Driver License License Type:	Number:		State of License: Expiration Date:		

APPLICANT CERTIFICATION

I certify that all the information provided is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification for employment or disciplinary actions which could lead to termination.

I understand this application is not a contract, offer, or promise of employment. I acknowledge that employment with Anderson Rentals, Inc. is on an at will basis. This means the company is free to terminate employment without cause or advance notice at any time. This At Will provision may be modified at any time between Anderson Rentals & me.

I authorize and consent to, without any reservation, any party or agency contacted by this employer to furnish all information to the company or it's duly authorized representative pursuant to this authorization from any liability, claims, causes of action which I may have as a result of delivery or disclosure of the above requested information. I hereby release liability, the employer or representative for seeking such information and all other persons, corporations for furnishing such information.

I understand that, as a condition to my employment and to the extent permitted by federal, state, and local laws I may be required confidentiality, non-complete and/or conflict of interest statement.

I understand that the employer may now have or establish a drug free workplace or drug and/or alcohol testing program with applicable federal state and local law. If the employer has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post offer) drug and or alcohol test is positive the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent, with applicable federal, state & local laws. I also understand that all employees of the location, pursuant to the employers policy and federal state & local law, may be subject to urinalysis and/or blood screen or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed I understand that the taking of alcohol and/or drug test is a condition of continual employment and I agree to undergo alcohol and / or drug testing consistent with the employers policies and applicable federal, state & local law.

I understand this company hires only individuals who are legally eligible to work in the United States.

This application will be held on file for up to two years. Please make sure you keep us updated with current contact information. At the conclusion of this time, we appreciate your interest of employment with our company.

Applicant Signature_	 Date:

c

EDUCATION	SCHOOL NAME & LOCATION	COURSE OF STUDY		GRADUATE	YEARS	
WORK EXPERIENCE: Ple	ease list below your last the	nree (3) employ	yers beginnin	g with the most re	cent.	
Name & Address of Compa	any: (Describe business ty	rpe)				
NAME			ADD	ADDRESS		
CITY	STATE	ZIP	REAS	REASON LEFT		
PHONE	DATE EMP	LOYED	DATE TERMINATED			
SUPERVISOR'S N	AME		COMPENSATION			
Name & Address of Compa	any: (Describe business ty	rpe)				
NAME				ADDRESS		
CITY	STATE	ZIP	REAS	REASON LEFT		
PHONE	DATE EMP	DATE EMPLOYED		DATE TERMINATED		
SUPERVISOR'S N Duties		COM	COMPENSATION			
Name & Address of Compa	any: (Describe business ty	rpe)				
NAME			ADD	ADDRESS		
CITY	STATE	ZIP	REAS	REASON LEFT		
PHONE	DATE EMP	ATE EMPLOYED		DATE TERMINATED		
SUPERVISOR'S N			COMPENSATION			