



# EMPLOYMENT APPLICATION



The PAXTON Companies Springfield Office: 5300 Port Road, Springfield, VA 22151 Phone (703) 321-7600 FAX (703) 321-0352  
 (Circle appropriate Division, if known) ACCT ADMIN GOVT HHG HR INT'L MKT OMD RR

<b>PERSONAL INFORMATION</b>		SSN: ____/____/____	Date: ____/____/20__	
Last Name: _____		First Name: _____		Middle Initial: _____
Street: _____		City: _____	State: _____	Zip Code: _____
Home Phone #: (____) ____ - _____		Referred by: _____		
Cell Phone #: (____) ____ - _____		Email Address: _____		
Position Applied For: _____		Availability Date: ____/____/____	Annual Salary Desired: \$ _____	
Have you ever been employed by Paxton Van Lines before? (check one) No ___ Yes ___ If yes, further indicate below				
Location: _____ From: ____/____/____ to ____/____/____				
<b>EDUCATION</b>	<b>Name of School Location of School</b>	<b>Years Attended</b>	<b>Date Graduated</b>	<b>Subjects Studied</b>
<b>Grammar School</b>	_____	____	____/____/____	_____
	_____	____	____/____/____	_____
<b>High School</b>	_____	____	____/____/____	_____
	_____	____	____/____/____	_____
<b>College</b>	_____	____	____/____/____	_____
	_____	____	____/____/____	_____
<b>Trade, Business, Correspondence School</b>	_____	____	____/____/____	_____
	_____	____	____/____/____	_____
Foreign Language? _____ Speak Fluently? Y or N Read? Y or N Write? Y or N Available for Translation Y or N				
DOB ____/____/____ City of Birth _____ State/Country of Birth _____ Country of Citizenship _____ US Citizen? Y or N				
Have you ever been convicted of a felony? Yes or No Type _____				
U.S. Military Service? (check one) Yes or No From ____/____/____ to ____/____/____ Rank @ Discharge _____				
<b>Emergency Notification:</b> Name _____ Phone # (____) ____ - _____				
<b>FORMER EMPLOYERS</b>		List last four employers below, in order of last to first		
<b>Dates</b>	<b>Name and Address of Employer</b>	<b>Salary</b>	<b>Position</b>	<b>Reason for leaving</b>
From: ____/____/____	_____	Starting: _____	_____	_____
To: ____/____/____	_____	Ending: _____	_____	_____
From: ____/____/____	_____	Starting: _____	_____	_____
To: ____/____/____	_____	Ending: _____	_____	_____
From: ____/____/____	_____	Starting: _____	_____	_____
To: ____/____/____	_____	Ending: _____	_____	_____
From: ____/____/____	_____	Starting: _____	_____	_____
To: ____/____/____	_____	Ending: _____	_____	_____
I authorize investigation of all statements contained in this application, and understand that misrepresentation or omission of facts called for is cause for dismissal. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated any time, without any previous notice by either the company or myself.				
Date: ____/____/____ Applicants Signature: _____				
Interviewed By: _____ Title: _____ Date: ____/____/____				
Use reverse side for further remarks by interviewer - The PAXTON Companies is an Equal Opportunity Employer - EOE/M/F/D/V				

