



MATERIAL HANDLING SUPPLY, INC.
 Old Salem Road, North of Creek Road
 Brooklawn, New Jersey 08030



Application for Employment

Please print clearly in ink. If you need assistance in completing the application, please let us know so that we can discuss a reasonable accommodation.

Today's Date: _____

PERSONAL DATA

Name: Last: _____ First: _____ Middle: _____

Current Address: Street and Number: _____

City _____ State _____ Zip _____

Preferred Name or Nickname: _____

Day Phone Number: () _____ Evening Phone Number: () _____

How or by whom were you referred? _____

Position Desired: 1) _____ 2) _____

Social Security No. _____

Have you applied here before? Yes No If yes, give dates: _____

If hired and under 18, can you furnish a work permit? Yes No I am over 18

If applicable: Military Service Status: Active Inactive Branch: _____

Are you legally authorized to work in the United States? Yes No

(If hired, you will be required to submit proof of your identity and legal work authorization as a condition of employment.)

Do you have any relatives employed at MHS? Yes No

If yes, give name and location employed: _____

Have you ever been employed by MHS? Yes No

If yes, give dates and location employed: _____

Do you have specific salary requirements? Yes No If yes, please indicate: _____

EMPLOYMENT DATA

Date Available for work: _____ Total hours available per week: _____

Type of hours: Full Time Part Time Days* Nights* *Hours: _____

Regular Temporary/What date will you no longer be available for work? _____

Will you work overtime if necessary? Yes No If yes, how many hours per week? _____

Are there any days or hours you are unable or unwilling to work? If yes, write specifics below:

Do you have transportation to/from work? Yes No

What is the most amount of time you wish to spend commuting to work? _____

AN EQUAL OPPORTUNITY/DRUG-FREE EMPLOYER

We are an equal opportunity employer and do not discriminate against any applicant because of race, color, religion, sex, national origin, age, disability, sexual orientation, marital status, or any other class protected by federal, state, or local law.

It is unlawful to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

EDUCATION

High School: Name _____ City _____ State _____

Circle highest grade completed: High School 9 10 11 12 College 13 14 15 16 17

Diploma or GED: Yes No

College (List all whether or not degree was obtained)

Name	Address	Major	Minor	Degree	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Academic honors, awards, or special recognition _____

Extra curricular activities _____

Other night school, correspondence, home study or courses not listed above _____

Do you have any objection to our contacting your previous schools? Yes No

If yes, explain: _____

WORKING SKILLS

If applicable, please check all your current skills:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> General Clerical | <input type="checkbox"/> Payroll | <input type="checkbox"/> Telephone Rep | <input type="checkbox"/> Secretarial |
| <input type="checkbox"/> Switchboard | <input type="checkbox"/> Stock Clerk | <input type="checkbox"/> Typing | <input type="checkbox"/> Computer Operator |
| <input type="checkbox"/> Inventory Clerk | <input type="checkbox"/> Statistical Typing | <input type="checkbox"/> Cashier | <input type="checkbox"/> Mailroom |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Sales Clerk | <input type="checkbox"/> Copy Center | <input type="checkbox"/> Accounts Receivable |
| <input type="checkbox"/> Credit/Collections | <input type="checkbox"/> General Warehouse | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Accounts Payable |
| <input type="checkbox"/> Shipping/Receiving | <input type="checkbox"/> Picker | <input type="checkbox"/> Packer | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Fork Lift Operation | <input type="checkbox"/> High Ticket Sales | | |

Typing Speed: _____ (WPM) Shorthand/Speedwriting: _____ (WPM)

Word Processing: Hardware Used: _____ Software Used: _____

Spreadsheets: _____ Graphics: _____ Other: _____

Switchboard Equipment: _____ Dictaphone: _____

Data Entry: Alpha _____ Numeric _____ Keystrokes _____

Calculator: Yes No Payroll Systems: Yes No Systems used: _____

Describe any other ability, experience or aptitude which you believe would be helpful in your job:

Applicants for truck drivers, sales and shipping positions:

Do you have a valid Drivers License? Yes No Class: _____

Information Systems applicants:

Hardware: _____

Software: _____

Applications: _____

EMPLOYMENT RECORD INFORMATION

Please complete in full even though you may have a resume. You may include military service and any verifiable work performed on a volunteer basis

1. Current/LastEmployer: _____ Employment Dates: _____
Type of Business: _____ Job Title: _____
Address: _____ Salary: _____ per _____

Bonus/Incentive: _____
Supervisor's Name: _____ Reason for Leaving: _____
Duties/Responsibilities: _____ Co. Phone Number: () _____
May we contact? Yes No

2. Current/LastEmployer: _____ Employment Dates: _____
Type of Business: _____ Job Title: _____
Address: _____ Salary: _____ per _____

Bonus/Incentive: _____
Supervisor's Name: _____ Reason for Leaving: _____
Duties/Responsibilities: _____ Co. Phone Number: () _____
May we contact? Yes No

3. Current/LastEmployer: _____ Employment Dates: _____
Type of Business: _____ Job Title: _____
Address: _____ Salary: _____ per _____

Bonus/Incentive: _____
Supervisor's Name: _____ Reason for Leaving: _____
Duties/Responsibilities: _____ Co. Phone Number: () _____
May we contact? Yes No

4. Current/LastEmployer: _____ Employment Dates: _____
Type of Business: _____ Job Title: _____
Address: _____ Salary: _____ per _____

Bonus/Incentive: _____
Supervisor's Name: _____ Reason for Leaving: _____
Duties/Responsibilities: _____ Co. Phone Number: () _____
May we contact? Yes No

M E D I C A L

I understand that any offer of employment with MHS will be contingent upon my successful completion of any post offer pre-employment physical examination that MHS may require. I also understand and agree that I may be required to undergo and successfully pass a screening for alcohol and/or drugs during the hiring process and if employed, as required by the Company.

Signature: _____

REFERENCES

Name: _____ Date _____

Position Applied for: _____ Location: _____

Professional References

Please list 3 professional references who can verify your work history and performance. References should not be relatives and at least two must have directly supervised you at some time in your work history.

Please print:

1. Name of Supervisor _____ Title _____

Company Name and Address _____

Company Phone Number including area code and extension _____

2. Name of Supervisor _____ Title _____

Company Name and Address _____

Company Phone Number including area code and extension _____

3. Name of Supervisor _____ Title _____

Company Name and Address _____

Company Phone Number including area code and extension _____

Personal References

Please list 2 personal references (must not be a relative)

1. Name and Address _____

Phone Number including area code and extension _____

Occupation _____

Years Acquainted: _____

How do you know this individual? _____

2. Name and Address _____

Phone Number including area code and extension _____

Occupation _____

Years Acquainted: _____

How do you know this individual? _____

SECURITY

Read this carefully before answering the following questions:

You may answer "No" if your criminal record consists only of one or more of the following: (a) a sealed record on file with the Commissioner of Probation, (b) a case of delinquency or a child in need of services which did not result in a complaint transferred to Superior Court for criminal prosecution, (c) your crimes were misdemeanors and they occurred five or more years ago, or (d) your misdemeanors were limited to a first offense for drunkenness, simple assault, speeding, minor traffic offenses, disturbance of the peace, or affray.

Have you been convicted of a felony or misdemeanor? Yes No

If yes, give details including date, location (city) nature of offense and disposition. _____

Note: A conviction record will not necessarily be a bar to employment.

SIGNATURE

READ CAREFULLY BEFORE SIGNING:

1. I understand that the receipt of this application does not imply that I will be employed.
2. The statements and information furnished by me in this application are true and complete. I understand that I will be subject to immediate dismissal or refusal to hire if at any time MHS discovers any material falsification, omission, or misrepresentation of fact in this application.
3. I authorize MHS to conduct a background inquiry to verify the statements and information on this application, other documentation that I have provided, and other areas that may include prior employment, consumer credit, criminal convictions, motor vehicle history, and other reports. I authorize all previous employers or other persons who have knowledge of me, or my records, to release such information to MHS. I hereby release any individual, agency, and MHS from all claims or liabilities whatever that may arise from the disclosure of such information.
4. I understand that I may be required, depending upon my position, to sign a non-compete, confidentiality, and/or business ethics agreement as a condition of my employment.
5. I understand that all employees of MHS are employees at will. If hired, I will be free to resign at any time. Likewise, MHS will have the right to terminate my employment at any time with or without any reason or notice, regardless of the date of payment of my wages or salary. Neither this application, or any other documents given to employees is intended to create, nor should such documents be construed as creating, an express or implied contract.

My Signature Certifies That I Have Read And Agree With The Above Statements.

Signature of Applicant _____ Date _____

**AUTHORIZATION TO OBTAIN
MOTOR VEHICLE REPORTS**

I, _____, hereby authorize Material Handling Supply, Inc. to request Motor Vehicle Reports detailing my driving history. I understand and acknowledge that Material Handling Supply, Inc. will use this information only for the purpose of confirming that I qualify, and continue to qualify, as a driver in accordance with their corporate Driving Policy. Should it be deemed that I no longer qualify as a driver based on information contained in the reports, I acknowledge and agree that Material Handling Supply, Inc. has the right to enforce disciplinary actions as outlined in their Driving Policy.

I also understand that upon request, I will be provided with a copy of the Motor Vehicle Reports obtained and will have the right to dispute any information contained therein. I further understand that I will be given the name of the provider of the information, if desired.

Printed name as it appears on driver's license

Driver's License Number & State of Issuance

Signature of Employee and/or Applicant of
Material Handling Supply

Date

*A copy of the employee's driver's license must be attached to this authorization form.

EXHIBIT "A"

**NOTICE AND AUTHORIZATION TO OBTAIN
A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

This is to notify you that in connection with your application for employment or as a condition of your continued employment with MHS Lift ("MHS Lift"), MHS Lift may obtain a consumer report and/or investigative consumer report and may rely on that report for employment purposes including its decision to hire, promote, reassign, or continue your employment. Your authorization to obtain a consumer report and/or investigative consumer report is required by federal law. By signing this form, you grant such authorization to MHS Lift.

The term "consumer report" means any written, oral, or other communication by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, general reputation, personal characteristics, or mode of living which is expected to be used or collected in whole or in part for employment purposes. The term "investigative consumer report" means a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, associates, or others who may have knowledge concerning such information. A criminal background check may constitute a consumer and/or investigative consumer report. Should an investigative consumer report be requested, you have the right to request from MHS Lift a complete and accurate disclosure of the nature and scope of the investigation within a reasonable period of time after receiving notice that a report has been requested. You also have a right to receive a written summary of your rights as a consumer from the consumer reporting agency.

AUTHORIZATION

I hereby authorize MHS Lift to obtain a consumer report and/or investigative consumer report on my behalf as part of the pre-employment background investigation and at any time during my employment. I am aware that my consumer and/or investigative consumer report will be used by MHS Lift to decide whether to hire, promote, reassign, or retain me and I agree to such use. I understand that the information contained in that report will not be used in violation of any applicable federal or state law or regulation. I also understand that I will be notified by MHS Lift if information contained in my consumer report and/or investigative consumer report results in an adverse action, and in that case, I will be given a copy of the report, and I have the right to receive a written summary of my rights as a consumer from the consumer reporting agency. I understand and agree that this authorization shall remain on file and shall serve as an ongoing authorization to procure these reports at any time during my employment, if hired.

Applicant: (Please Print) <Applicant/Employee Name>

Signature: _____ Date: _____

Material Handling Supply, Inc.

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