

# **Moran Industries, Inc.**

## **WAREHOUSE & DISTRIBUTION SERVICES**

202 E. 7<sup>TH</sup> STREET  
WATSONTOWN, PA 17777  
PHONE: (570) 538-5558  
FAX: (570) 538-1432

### **APPLICATION FOR EMPLOYMENT**

Moran Industries, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, veteran status or any other legally protected category.

This application must be filled out completely. Please print in ink. The conditions of employment are stated at the end of this form. Please read carefully before signing. Thank you.

**Position You Seek (circle all that apply):** CDL Driver, Forklift, Clerical, Supervisory, Team Associate

**Date of Application:** \_\_\_\_\_

#### **GENERAL INFORMATION**

Name (last, first, middle initial)		
Street Address		City, State, Zip
Home Phone No.	Work Phone No.	Message Phone No.
Are you authorized to work in the United States? (Proof of authorization will be required post hire.) Yes    No		
Have you ever been discharged or asked to resign from any employment? Yes    No		
If Yes, Please Explain: _____		
Have you ever worked for Moran Industries, Inc.? Yes    No		
If Yes, what position(s) did you hold: _____ What were the dates of your previous employment for Moran Industries, Inc.: _____		

#### **EDUCATION & TRAINING**

NAME	Did you Graduate	GED/Degree/Certification & Subject
High School or Preparatory:		
College/ Graduate School:		
Business/Technical School:		

#### **ADDITIONAL SKILLS Describe skills relevant to the job for which you are applying**

SKILL	TYPE OF EXPERIENCE	LEVEL OF EXPERTISE
Office equipment, computer software (typing speed, programs, etc.)		
Technical skills, professional licenses		
Heavy equipment, machinery		
Other		

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Can you perform the essential functions of the job should you require reasonable accommodation?    Yes                  No

Please list any other skills, military experience, leadership experiences, qualifications or hobbies, which you believe should be taken into consideration when evaluating your application for employment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### BACKGROUND INFORMATION

**EACH CASE IS CONSIDERED SEPARATELY BASED ON JOB DUTIES AND PERFORMANCE AREAS**

Do you have a valid Pennsylvania State driver's license?    \_\_\_\_\_ Yes                  No \_\_\_\_\_

Do you have a valid driver's license from a different state? \_\_\_\_\_ Yes                  No \_\_\_\_\_  
If so, what state? \_\_\_\_\_

If you applying for a position that involves driving, have you been convicted, pleaded to no contention, or paid a fine for any traffic violations in the past three (3) years?                  Yes                  No                  If yes, please explain including the dates involved:

Have you ever been convicted of a crime or violation other than a minor traffic violation?    Yes                  No  
(A Conviction Record will not necessarily be a bar to employment. Factors such as job relations, age, and time of offense, seriousness and nature of violation and rehabilitation will be taken into account.) If Yes, Please Explain:

### How/where did you hear about the position for which you are applying? (Check one)

\_\_\_\_\_ Newspaper ad                          \_\_\_\_\_ Friend or relative                          \_\_\_\_\_ Other please specify

Which? \_\_\_\_\_                          Who? \_\_\_\_\_

### EMPLOYMENT HISTORY

Beginning with your present or most recent employment, list your employment history. Include self-employment, military service, volunteer experience, and periods of unemployment.

Employer:	Employed from:	To:
Address:	Supervisor:	
Phone:	Hours worked/week:	Starting salary:
Position:		Last salary:

Primary Duties (Please Explain in Detail):

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Number of employees you supervised:	May we contact this employer:	Supervisor's Name & Phone:
Reason for leaving:		

Employer:	Employed from:	To:
Address:	Supervisor:	
Phone:	Hours worked/week:	Starting salary:
Position:		Last salary:
Primary Duties (Please Explain in Detail):		

Number of employee you supervised:	May we contact this employer:	Supervisor's Name & Phone:
Reason for leaving:		

Employer:	Employed from:	To:
Address:	Supervisor:	
Phone:	Hours worked/week:	Starting salary:
Position:		Last salary:
Primary Duties (Please Explain in Detail):		

Number of employee you supervised:	May we contact this employer:	Supervisor's Name & Phone:
Reason for leaving:		

Employer:	Employed from:	To:
Address:	Supervisor:	
Phone:	Hours worked/week:	Starting salary:
Position:		Last salary:
Primary Duties (Please Explain in Detail):		

Number of employee you supervised:	May we contact this employer:	Supervisor's Name & Phone:
Reason for leaving:		

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Please Describe/Provide Examples of why you would be a high performing employee and do "What Ever It Takes" to do the best job for our customers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Applying for a job with Forklift Responsibilities, please describe/provide examples of (1) Certification, (2) Types of Forklift, (3) Length of Experience, (4) Pace:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

<b>PROFESSIONAL REFERENCES</b>		<b>Please list below any people in addition to supervisors listed above who can responsibly evaluate your work performance</b>	
Name and Relation to You	Place of employment	Phone	

It is understood and agreed that the foregoing is true to the best of my knowledge, and that my falsification of this application will be grounds for elimination from further consideration, or if employed by Moran Industries, Inc., for dismissal.

I authorize Moran Industries, Inc. to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all references I have given on my application. I release all parties and persons connected with any such request for information from all claims, liabilities, and damages that may arise out of the furnishing of such information. If employed, I release Moran Industries, Inc. from any liability for future references it may provide regarding my work history at the company.

I understand that employment with Moran Industries, Inc. is "at-will," which means that either Moran Industries, Inc. or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by law. All employment is continued on that basis.

As previously stated in the beginning of the application, Moran Industries, Inc. does not discriminate in its employment practices based on race, color, national origin, sex, sexual orientation, disability, age, religion, ancestry, union membership, or any other legally protected category. This policy is in accordance with state law, including the Pennsylvania Human Relations Act, and with federal law, including Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1967 and the Americans with Disabilities Act of 1990.

I acknowledge that I have read and understand the above statements.

*Applicant's signature* \_\_\_\_\_ *Date* \_\_\_\_\_