

# APPLICATION FOR EMPLOYMENT

Please fill out form completely for employment consideration. Print and fax or mail when completed  
*Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or disability/handicap. We are an equal opportunity employer*

## PERSONAL INFORMATION

DATE :

LAST NAME	FIRST NAME	MIDDLE NAME	Date of birth
SOCIAL SECURITY NUMBER:		Driver's License # / Exp Date / State issued / /	
STREET ADDRESS (Including city, state & zip)		How long at this address?  Yrs      mos	Phone numbers (    ) - (    ) -
<b>POSITION YOU ARE SEEKING:</b>			
Are you employed now?  <b>Y    N</b>	Current Employer & Reason for leaving:		
Have you ever been convicted of a crime, that has not been annulled or expunged by a court? <b>Y    N</b>		If "Y", describe in full (use back of page if necessary):	
Do you have a reliable means of transportation? <b>Y    N</b>	Have you ever been denied automobile insurance or deemed "un-insurable" <b>Y    N</b>		
Do you currently have any motor vehicle violations on your record? <b>Y    N</b>		If "Y", please provide approx dates & details(use back of page if necessary):	
Service/Shop work at our facility requires employees to be able to lift more than 50lbs, as well as have the ability to work in various positions both inside and outside of a vehicle or person's home. If you are applying for one of these positions, are there any reasons for which you might not be able to perform these job duties? If "Y", please explain <b>Y    N</b>			

## EDUCATION

	Name & City/State of School	Degree/Course of Study	Number of yrs completed	Did you Graduate?
COLLEGE			<b>1   2   3   4   +</b>	<b>Y   N</b>
HIGH SCHOOL			<b>1   2   3   4</b>	<b>Y   N</b>
TRADE SCHOOL			<b>1   2   3   4</b>	<b>Y   N</b>
OTHER			<b>1   2   3   4</b>	<b>Y   N</b>



Job Title & duties	Reason for leaving:
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**REFERENCES** -- Give names and information of three persons not related to you as personal references

NAME	ADDRESS	PHONE	YRS ACQUAINTED

By signing below, I attest that the information provided in this Application for employment is true, correct, and complete, to the best of my knowledge. If employed, any misstatements or omissions of fact on this application can result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I understand that Griffin Mobility is a drug-free workplace, and that if I am offered employment, I will be required to pass drug screening at the discretion of management.

My signature is my authorization for any investigative consumer reporting credit check or personal history background check. If a report is obtained, I may request the name and address of such agency so that I may retrieve from them the nature and substance of the information contained in the report.

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Signature

Date

**PLEASE COMPLETE & RETURN SIGNED APPLICATION TO:**

Griffin Mobility  
 213 Chestnut Street NW  
 Hartselle, AL 35640  
 FAX: 256-751-3668

Please take the time to research the type of products and services we provide  
[www.GriffinMobility.com](http://www.GriffinMobility.com)

Email: [LGriffin@GriffinMobility.com](mailto:LGriffin@GriffinMobility.com)