

# EMPLOYMENT APPLICATION

Total Office Solutions, LLP Family of Companies



Check the  
Appropriate  
Company Box

Office Furniture Plus  
 Move Solutions  
 Total Office Solutions

## Important:

Please read each section carefully prior to filling out. Please print your answers. If your application is not completely filled out, it will not be considered. Your complete application will be given every consideration, but its receipt does not imply that you will be employed. In the event you are not employed, your application will be kept on file for sixty days, after that time you will need to reapply.

## Personal Information:

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
D/L# \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Emergency Telephone # (\_\_\_\_) \_\_\_\_\_  
Contact Name \_\_\_\_\_

## General Information:

Position Applied for: \_\_\_\_\_ Full Time? \_\_\_\_ Part Time? \_\_\_\_ Weekends Only? \_\_\_\_ Travel? \_\_\_\_  
How did you hear of us? \_\_\_\_\_ Have you worked for MSL before? \_\_\_\_\_ If yes, when did you  
leave? \_\_\_\_\_ What was your reason for leaving? \_\_\_\_\_  
Are you now or do you expect to be engaged in any other business or employment? \_\_\_\_ If yes, describe \_\_\_\_\_  
Are you legally authorized to work in the U.S.? Yes \_\_\_\_ No \_\_\_\_ Are you under 18? If yes, give age and birth date \_\_\_\_\_  
Are any of your relatives employed by Total Office Solutions, LLP? \_\_\_\_ If yes, who and where? \_\_\_\_\_  
Is there any reason you could not stand, sit, and/or lift up to 50 pounds for a prolonged period, with or without an accommodation?  
\_\_\_\_\_  
Have you ever been convicted of a theft or violence related offense? \_\_\_\_ If yes, what and when was the offense? \_\_\_\_\_  
Do you have a valid Driver's License? \_\_\_\_ If yes, what State? \_\_\_\_ Type of Driver's License \_\_\_\_\_ Driver's License #  
\_\_\_\_\_  
Salary / Hourly Wage Desired? \_\_\_\_\_ When would you be available to work? \_\_\_\_\_

## Education / Activities:

Complete High School? \_\_\_\_\_ If not, give highest grade achieved and explain. \_\_\_\_\_  
Years of College? \_\_\_\_\_ If some, give year completed and what your Major was. \_\_\_\_\_  
Other training or important seminars, etc. \_\_\_\_ If so, describe \_\_\_\_\_  
Sports, Organizations or Activities: \_\_\_\_\_

## Military Experience:

Were you ever in the armed forces? \_\_\_\_\_ If yes, which branch? \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_ If not honorable, explain why: \_\_\_\_\_  
Date of Discharge: \_\_\_\_\_ Rank at Discharge \_\_\_\_\_ Length of Service: \_\_\_\_ Years: \_\_\_\_\_  
Overseas Duty? \_\_\_\_\_ If yes, where? \_\_\_\_\_ Type of Military Experience/Training: \_\_\_\_\_

**IMPORTANT: COMPLETE AND SIGN REVERSE SIDE**

## Background / Work Experience:

Provide information on your three most recent jobs.

#1) Company: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Position: \_\_\_\_\_

Worked From \_\_\_\_\_ to \_\_\_\_\_

Primary Supervisor Name: \_\_\_\_\_ Telephone # Supervisor can be reached at: \_\_\_\_\_

Last Salary / Wage: \_\_\_\_\_ Were you terminated or asked to resign from this position? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Did you give notice? \_\_\_\_\_

#2) Company: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Position: \_\_\_\_\_

Worked From \_\_\_\_\_ to \_\_\_\_\_

Primary Supervisor Name: \_\_\_\_\_ Telephone # Supervisor can be reached at: \_\_\_\_\_

Last Salary / Wage: \_\_\_\_\_ Were you terminated or asked to resign from this position? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Did you give notice? \_\_\_\_\_

#3) Company: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Position: \_\_\_\_\_

Worked From \_\_\_\_\_ to \_\_\_\_\_

Primary Supervisor Name: \_\_\_\_\_ Telephone # Supervisor can be reached at: \_\_\_\_\_

Last Salary / Wage: \_\_\_\_\_ Were you terminated or asked to resign from this position? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Did you give notice? \_\_\_\_\_

Have you had any gaps in employment longer than one month? If so, please explain: \_\_\_\_\_

Have you ever been terminated or asked to resign from a job? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

## Subjective Response:

How do you handle things that go wrong at work? \_\_\_\_\_

How do you handle an angry person who is being disrespectful to you? \_\_\_\_\_

I certify that I have read and fully completed both sides of this application and that the information contained on this application is correct to the best of my knowledge. I acknowledge that any omissions or erroneous information is grounds for not hiring me or, if hired, termination of my employment. I authorize Total Office Solutions, LLP and my past employers and Supervisors to give any and all information concerning my employment and release all parties from liability for any damage that may result from furnishing the information. I release Total Office Solutions, LLP from liability for releasing information regarding actions while employed to other parties. I understand that this application does not imply employment or create contractual obligation between Total Office Solutions, LLP and myself. I understand that my prospective employment would be employment at will, leaving both myself and Total Office Solutions free to terminate the employment relationship at any time. I understand that the taking of drug or alcohol tests are a condition of employment and that the refusal to take such tests immediately upon request will be grounds for my immediate termination from employment with Total Office Solutions, LLP. I understand that any and all information, processes and procedures provided to me and used during my employment with Total Office Solutions, LLP is proprietary, secret and confidential and that sharing, use or delivery by myself to others outside of my employment with Total Office Solutions, LLP is strictly prohibited. I understand that no one in the company is authorized to enter into either a written or verbal employment contract with me for any definite period of time without the express written consent of the President of the company. I understand that Total Office Solutions, LLP has the right to amend or modify its policies at any time, without prior notice. Total Office, Solutions, LLP processes background inquiries on all applications before hiring. I authorize Total Office Solutions, LLP to perform background checks prior to and during my employment. I understand that this information may be shared with Total Office Solutions, LLP customers and suppliers at the sole discretion of Total Office Solutions, LLP.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date of application: \_\_\_\_\_