



Mover or Packer Job Information

Date: _____

Name: _____

Address: _____

City: _____, State: _____, Zip: _____

Phone: _____

Phone: _____

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Phone: _____

Social Security Number: _____

Driver's License State: _____, Driver's License Number: _____

Own reliable Transportation Make and Model: _____

License Plate Number: _____

Reference 1: _____

Reference 2: _____

Reference 3: _____

By my signature below I state that the above is true and correct and further state that I am drug free and further agree to random or not random drug tests. I give my consent for a criminal background check. Please text your photo ID to: 251-223-9997

I understand that this is an occasional labor job. That none of my taxes are withheld and that I will receive a 1099 and NOT a W2. I understand that the work load varies. I am physically fit and able to do the work of a household goods mover and or packer.

Signature: _____ Date: _____

The best hours and days for me to work are: _____