

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED, **EXCEPT SIGNATURE**

Tel: 570.253.8368 Fax: 570.253.6434

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PA	AGES 1-5		DATE		
Name					
	Last	First	Middle	Maiden	
Present Address					
	Number Street	City		State Zip	
How Long at present add	ress		Security Number	_ -	
Landline Telephone ()	Cell Phone (_)		
Email Address (we may us	e this)				
If under 18, please list ag	e				
			Days/hours available to work		
Position applied for (1)_			No Pref Thurs		
And salary desired (2)_		danduma may ba	Mon Fri		
(Be specific; depending o required to be completed		_	Tues Sat Wed Sun		
required to be completed	and submitted with this g	eneral application)	weu Suii_		
How did you learn of this	opening?				
How many hours can you		Can you w	ork nights?		
		PART-TIME ONLY		IE	
When available for work?					
TYPE OF SCHOOL	SCHOOL NAME	LOCATION	NUMBER OF YEARS	MAJOR & DEGREE	
TIPE OF SCHOOL	SCHOOL NAME	(Complete mailing address)	COMPLETED	& CERTIFICATIONS	
		(Complete maining address)	OOWII EETED	d obliviii io/viioivo	
High School					
College					
Business, Trade or					
Professional Schooling					
. Totodolorial dolloding					
HAVE YOU EVER BEEN CONVICTED OF A CRIME?NoYes					
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were					
committed, sentence(s) in	nposed, and type(s) of rel	habilitation			

Applicant Name



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DO YOU HAVE A DRIVERS LICENSE?Yes	No			
Driver's license number	_ State of issue	Operator _	Commercial (CDL)	Chauffeur
Expiration Date For driving pos	itions, please list Mont	h and Date of Birth	(Do <i>NOT</i> list year)	
What is your means of reliable transportation to	work?			
Our auto insurance requires that all drivers be o	f 21 years of age or old	ler. If you are apply	ing for a position which r	may require
driving a company vehicle, do you meet the age	requirement?Yes	No		
Have you had any accidents during the past thre	e years?Yes!	No	If so how many?	
Have you had any moving vehicle violations duri	ng the past three year	s?YesNo	If so how many?	
Please describe accidents/moving violations				
Please list two references other than relatives of	r previous employers.			
Name		Name		
Relationship to Applicant		Relationship to Ap	plicant	
Position	osition Position			
Company Company				
Address Address				
Telephone ()		Telephone ()_		
An application form sometimes makes it difficult	for an individual to ade	quately summarize a	a complete background. L	Jse the space below
to summarize any additional information necessa	ry to describe your full	qualifications for the	e specific position for whi	ch you are applying.

Applicant l	Name	



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		MILITAF	RY			
HAVE YOU EVER BEEN IN THE ARMED FORCES?		YesNo				
ARE YOU NOW A	MEMBER OF THE NATIONAL GUARD?	Yes	No			
Specialty		Date En	ntered			
Discharge Date_		Type of	Discharge			
Work Experience If you were self employed, give firm name. Attach additional sheets if necessary. Please be advised that your signature on page 5 of this application grants your permission for Rent-E-Vent to obtain references from all past employers, unless otherwise indicated.						
Name of employer			Name of last supervisor	Employment Dates	Pay or Salary	
Address				From	Start	
City, State, Zip Co	ode			То	Final	
Phone Number			Your last job title			
11101101101100	Phone Number					
Reason for leavir	ng (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						
				1		
Name of employer			Name of last supervisor	Employment Dates	Pay or Salary	
Address				From		
City, State, Zip Code		-		То		
Phone Number			Your last job title			
Reason for leavir	ng (be specific)					
List the jobs you	held, duties performed, skills used or learno	ed, advand	cements or prom	notions while you worked a	at this company.	

Дp	plicant	Name
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Name of employer	Name of last supervisor	Employment Dates	Pay or Salary	
Address		From	Start	
City, State, Zip Code		То	Final	
510,7, 51010, 2.15 5532	Your last job ti	tle		
Phone Number				
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, adva	ncements or pron	notions while you worked	at this company.	
Name of employer	Name of last supervisor	Employment Dates	Pay or Salary	
Address		From	Start	
City, State, Zip Code		То	Final	
Your last job title				
Phone Number				
Reason for leaving (be specific)	•			
List the jobs you held, duties performed, skills used or learned, adva	ncements or pron	notions while you worked	at this company.	
Name of employer	Name of last supervisor	Employment Dates	Pay or Salary	
Address		From	Start	
City, State, Zip Code		То	Final	
Your last job title				
Phone Number				
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, adva	ncements or pron	notions while you worked	at this company.	
May we contact your present employer?YesNo Did you complete this application yourself?YesNo If no	t, who did?			

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PLEASE READ CAREFULLY

APPLICATION FORM WAVER

In exchange for the consideration of my job application by Rent-E-Vent/Rent-E-Quip, Inc. (hereinafter called "the company", I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employer handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Rent-E-Vent/Rent-E-Quip, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/ General Manager of the Company. Both the undersigned and Rent-E-Vent/Rent-E-Quip, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the company and my previous employer(s) from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant_	_Date	

This company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.