



APPLICATION FOR EMPLOYMENT
 Liberty Party Rental, a CE Rental, Inc. Company
 444 Brick Church Park Drive, Nashville, TN 37207
 P: 615-822-4392 F: 615-822-3011

EQUAL OPPORTUNITY EMPLOYER. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religious creed, sex, national origin, disability, age, marital status, veteran status, or any other protected status, except where a reasonable, bona fide occupational qualification exists. Any applicant requiring reasonable accommodation in the application and/or interview process should request to speak with a member of the Company's Human Resources Department.

INSTRUCTIONS: Please complete this application as fully as you can. All highlighted areas must be completed. If you have any questions, please feel free to ask for help. If you are applying for a position as a **DRIVER**, there is additional information you will be asked to provide at the end of this application. **Please print legibly.**

APPLICANT INFORMATION:

Full Name _____ Date: _____

Position applied for: _____ Date available to start: _____

Street Address _____

City: _____ State: _____ Zip: _____

Phone _____ Additional Phone (if any): _____ Email (if any): _____

Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are under 18, can you provide a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time; Temporary or Seasonal	If part time specify days /hours available: _____	If Temporary or Seasonal, for how long can you work? _____ Months or End Date
Have you worked for this Company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", when and where? _____	If "yes", reason for leaving? _____

WORK HISTORY:

INSTRUCTIONS: List employers in reverse order starting with the current or most recent. List the current or former employer's complete mailing address, street number, city, state, and zip code. Incomplete information could disqualify you from further consideration. (Please do not list "See Resume")

ALL APPLICANTS: PLEASE PROVIDE AT LEAST THE PAST THREE YEARS WORK HISTORY – ATTACH ADDITIONAL SHEETS IF NEEDED. If you do not have any work history to report, please list "NONE".

DRIVER APPLICANTS: PLEASE DO NOT LEAVE ANY GAPS AND ACCOUNT FOR ALL YOUR TIME. If you were not working, please explain what you were doing during this time, for example; "looking for work" or "caring for family" or "out of the country".

EMPLOYER NAME	DATES OF EMPLOYMENT			
STREET ADDRESS	FROM			TO
	MO.	YR.		MO. YR.
CITY	STATE	ZIP		SALARY/WAGE
CONTACT PERSON	PHONE NUMBER			POSITION HELD
DESCRIBE JOB RESPONSIBILITIES				
REASON FOR LEAVING				
DRIVER APPLICANTS WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER NAME	DATES OF EMPLOYMENT	
STREET ADDRESS	FROM MO. YR.	TO MO. YR.
CITY STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NUMBER	POSITION HELD	
DESCRIBE JOB RESPONSIBILITIES		
REASON FOR LEAVING		
DRIVER APPLICANTS: WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYER NAME	DATES OF EMPLOYMENT	
STREET ADDRESS	FROM MO. YR.	TO MO. YR.
CITY STATE ZIP	SALARY/WAGE	
CONTACT PERSON PHONE NUMBER	POSITION HELD	
DESCRIBE JOB RESPONSIBILITIES		
REASON FOR LEAVING		
DRIVER APPLICANTS: WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION, SKILLS, AND QUALIFICATIONS:

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____
 (NAME) (CITY, STATE)

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. _____

Computer Skills (check appropriate boxes and indicate level of experience (beginner, intermediate, advanced) None to Report

Skill	Level of Experience
<input type="checkbox"/> Word/word processing	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
<input type="checkbox"/> Excel	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

Skill	Level of Experience
<input type="checkbox"/> Visio	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
<input type="checkbox"/> Outlook/E-mail/Calendar	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
<input type="checkbox"/> Other _	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

REFERENCES

List names and telephone number of three business/work references who are NOT related to you. If not applicable list three school or personal references that are NOT related to you:

Name	Relationship to you	Phone	Years Known

APPLICANT STATEMENT / ACKNOWLEDGMENT:

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I expressly authorize without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no questions on this application are used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it may be necessary for me to reapply and fill out a new application. If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer’s Chief Executive Officer or Chief Financial Officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer’s service, whenever it is discovered.

I understand that if I am hired, I will be placed in a position of trust with respect to the employer and its clients’ property and may have access to private property of employer’s clients. I understand the employer will obtain a background check as a condition to any hiring decision. I understand I may want to discuss with my interviewer any concerns I may have with respect to my background which may cause the employer to not be in a position to hire me into a position of trust.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

SIGNATURE OF APPLICANT: _____ DATE _____