



Employment Application
Equal Opportunity Employer and Drug Free Workplace
We are an E-Verify Participant

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Social Security #: _____ Date of Birth: _____

Phone #: _____ Email: _____

Present Address: _____
Street Address Apartment/Unit #

City State Zip Code

Permanent Address: _____
Street Address Apartment/Unit #

City State Zip Code

Position Desired: _____ Date Available: _____

Have you ever worked for this company? Yes ☐ No ☐ If yes, when? _____

Are you currently employed? Yes ☐ No ☐ If yes, may we inquire of your present employer? Yes ☐ No ☐

Do you smoke? Yes ☐ No ☐ Do you use other tobacco products? Yes ☐ No ☐

Do you have a vehicle? Yes ☐ No ☐ Driver's License # _____

Are you a United States citizen? Yes ☐ No ☐ If no, are you authorized to work in the U.S.? Yes ☐ No ☐

Are you currently employed? Yes ☐ No ☐ If yes, may we inquire of your present employer? Yes ☐ No ☐

Have you ever been convicted of a crime? Yes ☐ No ☐ If yes, when? Yes ☐ No ☐

Have you ever been charged with a DUI? Yes ☐ No ☐ Any at-fault accidents in last 7 years? Yes ☐ No ☐

Any moving violations on last 7 years MVR? Yes ☐ No ☐

Are you subject to any garnishments? Yes ☐ No ☐



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EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Degree: _____

Work History

Current Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Previous Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐



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Previous Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Previous Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Military

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

References

List the names of three people, not related to you, whom you have known for at least one year.

Name: _____ Phone: _____

Business: _____ City, State: _____ Years Known: _____



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Name: _____ Phone: _____

Business: _____ City, State: _____ Years Known: _____

Name: _____ Phone: _____

Business: _____ City, State: _____ Years Known: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize investigation of all statement contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for a specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an officer of the company.

I also understand that this company is a drug-free workplace and all job applicants and employees are subject to testing. Offenders using or possessing illegal drugs will be denied employment and or subject to termination.

I also understand that this company conducts criminal and or employment background checks. These background checks are conducted through Lowndes County Sheriff's Department and may take up to 48 hours to process.

Signature: _____ Date: _____

***Below for Allstar Garage Doors Use (do not write below)**

Interviewed by: _____ Date: _____

Remarks: _____

Will this person drive a company vehicle? Yes ☐ No ☐ Hire Date: _____

Hire Date: _____ Department: _____ Position: _____ Salary: _____