Allstar Acquisitions, LLC dba: Allstar Garage Doors is an equal opportunity employer. We adhere to making all employment decisions without regard to race, color, religion, sex, national origin, age, disability, veteran status, marital status, citizenship, sexual orientation, physical appearance, or any other protected classification which may be applicable under the law of the particular state or locality in which you are applying for employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

PERSONAL INFORMATION

Last Name:	**First Name, MI:**	**Date of Application:**
Street Address:	**City/State:**	**Zip Code:**
Contact Number:	**Email:**	

POSITION INFORMATION

Position Desired:	**Date Available:**	**Desired Pay:**

Work Status Desired: ☐ Full Time ☐ Part Time ☐ Temporary	**Days Available:** ☐ MON ☐ TUE ☐ WED ☐ THUR ☐ FRI ☐ SAT
Hours Available: From: _______________ to _________________	**Flexible: (Please Explain)**

EMPLOYMENT HISTORY

Employer Name:	**Position Held:**	**Dates Employed:** From: _______________ to ______________
Street Address:	**City/State:**	**Zip Cde:**
Contact Info. Name:	**Phone:**	**Email:**
Job Summary/Duties:	**Reason for Leaving:**	
Employer Name:	**Position Held:**	**Dates Employed:** From: _______________ to ______________
Street Address:	**City/State:**	**Zip Cde:**
Contact Info. Name:	**Phone:**	**Email:**
Job Summary/Duties:	**Reason for Leaving:**	
Employer Name:	**Position Held:**	**Dates Employed:** From: _______________ to ______________
Street Address:	**City/State:**	**Zip Cde:**
Contact Info. Name:	**Phone:**	**Email:**
Job Summary/Duties:	**Reason for Leaving:**	

EDUCATION	
SCHOOL	**DEGREE/COURSE OF STUDY**

PROFESSIONAL LICENSES OR CERTIFICATIONS (attach copies)	
License or Certification:	**Expiration Date:**

OTHER SKILLS AND QUALIFICATIONS	

PROFESSIONAL REFERENCES		
Name:	**Contact Number:**	**Email:**
Title:	**Work Relationship:**	
Name:	**Contact Number:**	**Email:**
Title:	**Work Relationship:**	
Name:	**Contact Number:**	**Email:**
Title:	**Work Relationship:**	

ACKNOWLEDGMENTS

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omission or misrepresentations are discovered, my application may be rejected. and if I am employed, my employment may be terminated at any time. If hired, I agree to conform to DBM rules and regulations, and I understand that these rules and the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated with or without cause and with or without notice, at any time, either at mine or Turners' option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause or notice by DBM. I authorize DBM or representative of DBM to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to DBM any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release DBM, my former employers and all other persons and companies *from* any and all claims, demands or liability for gathering and using truthful and non-defamatory information in a lawful manner.

This application remains current for 30 days.

Signature of Applicant: _____ Date: _____