



FREEDOM2000 FIREWORKS



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE: _____ 20____

APPLICANT'S NAME: _____

HOME PHONE: _____

SOCIAL SECURITY#: _____

WORK PHONE: _____

DATE OF BIRTH: _____

CELL: _____

DRIVER'S LICENSE (APPLICANT) TYPE: _____

DL #: _____

EMAIL ADDRESS: _____

SPOUSE'S NAME: _____

HOME PHONE: _____

SOCIAL SECURITY #: _____

WORK PHONE: _____

DATE OF BIRTH: _____

CELL: _____

DRIVER'S LICENSE (SPOUSE) TYPE: _____

DL #: _____

APPLICANT'S ADDRESS: _____

PERMANENT MAILING ADDRESS: _____

HOW DID YOU HAPPEN TO SEEK EMPLOYMENT WITH THIS COMPANY? _____

APPLICANT'S PARENTS NAME AND ADDRESS: _____

PHONE #: _____

SPOUSE'S PARENTS NAME AND ADDRESS: _____

PHONE #: _____

CREDIT REFERENCES

IF RENTING, LANDLORD'S NAME: _____ ADDR: _____ PHONE #: _____

IF OWN, NAME OF FINANCE CO: _____ ADDR: _____ PHONE #: _____

HOW LONG HAVE YOU LIVED IN HOUSTON? _____ IF LESS THAN 2 YRS, WHERE?

DO YOU HAVE ANY MEDICAL PROBLEMS THAT COULD AFFECT THE JOB YOU ARE APPLYING FOR?

IF ANSWER TO QUESTION IS "YES", CHECK "YES", IF "NO", CHECK "NO"

YES) (NO) HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE?

IF YES, WHEN: _____

IN THE EVENT THAT I AM CHOSEN BY THE COMPANY TO WHICH I AM MAKING THIS APPLICATION, I HEREBY AGREE THAT I WILL FULLY COOPERATE IN ANY INVESTIGATION CONDUCTED BY THIS COMPANY OR AGENTS OF THIS COMPANY, AND WILL COOPERATE IN A SPECIFIC POLYGRAPH INTERVIEW TO VERIFY THAT I AM IN NO WAY AFFILIATED WITH ANY WRONGDOINGS AGAINST THIS COMPANY.

IF ANSWER TO QUESTION IS "YES", CHECK "YES", IF "NO", CHECK "NO"

- (YES) (NO) HAVE YOU EVER OPERATED A FIREWORKS STAND?
- (YES) (NO) HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?
- (YES) (NO) HAVE YOU EVER BEEN CONVICTED OF DRIVING WHILE INTOXICATED?
- (YES) (NO) DID YOU EVER USE OR SELL NARCOTICS?
- (YES) (NO) HAS DRINKING EVER INTERFERED WITH YOUR WORK?
- (YES) (NO) HAVE YOU HAD A MOVING TRAFFIC VIOLATION IN THE LAST THREE YEARS?
- (YES) (NO) HAVE YOU EVER HAD A DRIVER'S LICENSE REVOKED OR SUSPENDED?

CHECK THE ONES THAT APPLY TO YOU:

- OWN HOME RENT
- EMPLOYED NOW UNEMPLOYED NOW
- SINGLE MARRIED
- WIDOWER WIDOW
- APARTMENT LIVE WITH PARENTS

DID YOU ANSWER ALL OF THE ABOVE QUESTIONS TRUTHFULLY? _____

WOULD YOU BE WILLING TO HAVE THESE ANSWERS VERIFIED BY TRUTH VERIFICATION? _____

EMPLOYMENT RECORD FOR THE PAST 5 YEARS

CURRENT EMPLOYER	DATE STARTED		TYPE OF WORK	PHONE NO.
PREVIOUS EMPLOYER	DATE STARTED	DATE ENDED	WHAT TYPE OF WORK DID YOU DO?	REASON FOR LEAVING?
				PHONE #: _____
				PHONE #: _____
				PHONE #: _____

I DECLARE THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE CORRECT AND UNDERSTAND THAT WILLINGLY WITHHOLDING INFORMATION OR MAKING A FALSE STATEMENT IN THIS APPLICATION WILL BE THE BASIS FOR DISMISSAL I AGREE THAT ANY POSITION WILL BE SUBJECT TO MY SUCCESSFULLY PASSING A MEDICAL EXAMINATION BY A PHYSICIAN CHOSE BY MY EMPLOYER. I AUTHORIZE EACH SCHOOL, EMPLOYER AND OTHER PERSONS NAMED HEREIN TO FURNISH INFORMATION. I AUTHORIZE POLYGRAPH EXAMINATION TO VERIFY THIS APPLICATION AND SUCH OTHER INFORMATION ARE CORRECT. I UNDERSTAND THAT IF CHOSEN, IT WILL NOT BE FOR ANY FIXED PERIOD OF TIME AND MAY BE TERMINATED BY THE COMPANY AT ANY TIME WITH OR WITHOUT CAUSE.

SIGNATURE OF APPLICANT: _____

IN CASE OF ACCIDENT, NOTIFY:
NAME: _____ ADDRESS: _____ PH.: _____

GIVE 2 NAMES OF PEOPLE YOU HAVE KNOWN OVER 5 YEARS, LIVING IN THIS CITY AND/OR STATE.
NAME: _____ ADDRESS: _____ PH.: _____

NAME: _____ ADDRESS: _____ PH.: _____

GIVE 2 NAMES OF RELATIVES AND THEIR RELATION TO YOU.
NAME: _____ ADDRESS: _____ PH.: _____

NAME: _____ ADDRESS: _____ PH.: _____