

All-State Fence & Supply

12116 Slide Road, Lubbock, TX 79424

Date: _____

APPLICATION FOR EMPLOYMENT

NAME (Last) _____ (First) _____ (Middle) _____ Social Security Number _____

Address (No., Street, Apt.) _____ (City) _____ (State) _____ (Zip Code) _____

Home Phone Number _____ Phone Number where you can be contacted _____

Email _____ Emergency Contact _____ Emergency Contact Number _____

Position Desired _____ Date Available for Employment _____ Salary Desired _____

Are You 18 years of age or older? YES NO Previously applied with this Company? YES NO

Previously worked for this Company? YES NO If yes, when _____

Are you currently employed? YES NO May we contact your current employer? YES NO

Referred by: _____

Do you have friends or relatives employed with this Company? YES NO

If yes, name & relationship: _____

Are you either a United States citizen or an alien with the legal right to work in the United States? YES NO

EDUCATION

SCHOOL LEVEL	NAME & LOCATION	NO. YEARS ATTENDED	GRADUATED	COURSE/MAJOR
GRAMMAR			YES NO	
HIGH SCHOOL			YES NO	
COLLEGE			YES NO	
BUSINESS/TRADE			YES NO	
OTHER			YES NO	

SPECIAL STUDIES: _____

SPECIAL TRAINING OR SKILLS: _____

All-State Fence & Supply is an Equal Opportunity Employer and does not discriminate in hiring or promotion of employees on the basis of race, color, national origin, ancestry, citizenship, religion, sex, age, pregnancy, marital status, physical disability, mental disability, or medical condition.

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EMPLOYMENT HISTORY

List your previous employers beginning with the most recent. Attach additional sheets if necessary.

Name of Company:			Phone	
Address:	City:	State:		Zip
Position:	Supervisor: May we contact? Yes No	Starting Date:	Leaving Date:	Salary
Type of Business:				
Describe your duties:				
Reason for leaving:				

Name of Company:			Phone	
Address:	City:	State:		Zip
Position:	Supervisor: May we contact? Yes No	Starting Date:	Leaving Date:	Salary
Type of Business:				
Describe your duties:				
Reason for leaving:				

Name of Company:			Phone	
Address:	City:	State:		Zip
Position:	Supervisor: May we contact? Yes No	Starting Date:	Leaving Date:	Salary
Type of Business:				
Describe your duties:				
Reason for leaving:				

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REFERENCES

Below, give the name of three individuals that you have known at least one year.

NAME	ADDRESS	PHONE	YEARS KNOWN

MILITARY RECORD

BRANCH	RANK	DISCHARGE DATE

PERSONAL

Occasionally the form of an application makes it difficult for an individual to adequately describe his/her background. Please use this space to summarize any additional information necessary to describe your full qualifications.

IF APPLYING FOR A DRIVING RELATED POSITION:

Driver's License Number: _____ State: _____

All applicants applying for a driving position will be required to furnish a copy of their valid driver license with this application.

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Please read carefully:

AUTHORIZATION

I hereby certify that all information provided on this application form is true and complete to the best of my knowledge. I understand that falsification or omission of material information provided on this application is grounds for disqualification for further consideration or immediate dismissal from employment if hired.

I authorize **ALL-STATE FENCE & SUPPLY** to verify all statements contained in this application through interviews with former employers, personal friends, associates, and other listed references or any persons who may be able to verify information which may help evaluate me as a potential candidate for employment. I understand that this investigation may include information about my education, employment history, credit, character, reputation, personal characteristics, mode of living, and financial responsibilities. I also authorize discussion of information with any other Company employees involved in the hiring process.

In addition, I give my consent for all persons contacted, including current and former employers, schools, consumer reporting agencies, and any other organizations or agencies to provide information relevant to this application or my ability to perform the duties of the position for which I have applied or future positions I may be considered for. I hereby release each of these persons, organizations, or agencies from any and all liability for damages that may result from providing information to **ALL-STATE FENCE & SUPPLY** as well as any use or disclosure of information by the Company, its agents, employees, or representatives. I understand that I have a right to make a written request to **ALL-STATE FENCE & SUPPLY** to learn the complete nature and scope of this investigation.

ALL-STATE FENCE & SUPPLY is committed to providing a safe productive work environment for its employees. Employees are responsible for performing assigned tasks safely and responsibly in compliance with established company policies, procedures, rules, verbal commands, and safety regulations. All work related injuries are promptly and thoroughly investigated. Employees who falsify a work related injury, misrepresent information regarding an injury, report an injury that did not happen at work, or receive worker's compensation benefits while working will be prosecuted to the extent of the law. Rewards may be paid for information leading to the arrest or indictment of individuals committing fraud.

I understand and agree that, if hired, I will abide by all Company policies, procedures, rules, standards, and regulations as amended periodically at the Company's sole discretion.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. I understand that employment and compensation with **ALL-STATE FENCE & SUPPLY** can be terminated at any time, with or without cause, and with or without advance notice, at the option of either the Company or myself. This is an "at will" employment relationship and may not be changed by any verbal agreement.

I understand that all offers of employment will be contingent upon successful completion of a drug screen, satisfactory driving record (MVR), satisfactory responses to reference requests, and satisfactory proof of identity and legal authorization to work in the United States. I understand that successful completion of this drug screen, driving record verification, reference verification, and proof of identity is not a guarantee of employment. I understand that my refusal to participate in the drug screening procedure, driving record verification, reference verification, or proof of identity is the equivalent of withdrawing this application for employment.

I ACKNOWLEDGE BY MY SIGNATURE BELOW THAT I HAVE READ, UNDERSTAND, AND CONSENT TO THIS AUTHORIZATION.

Signature

Date

ALL-STATE FENCE & SUPPLY

MOTOR VEHICLE RECORD RELEASE OF LIABILITY AND INFORMATION

I understand that I have applied for a position that may require my vehicle driving abilities and it is necessary for my driving record to be investigated by ALL-STATE FENCE & SUPPLY and its insurance carrier. I understand that my employment is contingent on favorable results of this report.

In accordance with ALL-STATE FENCE & SUPPLY's Driver Safety Program, I understand that no driver will be allowed to operate a company vehicle when their Motor Vehicle Record includes one or more "Type A" violations or two or more "Type B" violations within the past two years. If at any time my MVR contains these violations, I may be terminated if a non-driving position is not available or at the discretion of the company.

I hereby authorize the release of information contained in the Motor Vehicle Record to the management of ALL-STATE FENCE & SUPPLY and its insurance carrier.

I release ALL-STATE FENCE & SUPPLY, its employees, management, and insurance carrier from any and all claims or causes of action resulting from this report, the release of information to such persons, and any decisions resulting there from.

Date: _____

Signature: _____

Print Name: _____

Driver's License Number: _____

State: _____

Type A Violations

Driving while intoxicated

Driving under the influence of drugs

Hit and run

Failure to report an accident

Negligent homicide involving the use of a vehicle

Operating a vehicle during a period of suspension or revocation

Using a motor vehicle to commit a felony

Operating a motor vehicle without owner's authority (grand theft)

Permitting an unlicensed person to drive

Reckless driving

Contest of speed

Type B Violations

All moving violations not listed as "Type A" violations

Driving without motor vehicle liability insurance

ALL-STATE FENCE & SUPPLY

**DRUG TEST
RELEASE OF INFORMATION AND LIABILITY**

I understand that in accordance with [ALL-STATE FENCE & SUPPLY's](#) policy of providing and maintaining a safe and healthful working environment for all its employees, that I will submit, without argument, to a drug and/alcohol screening test.

I hereby release the results of the test to the Medical Review Officer, the management of [ALL-STATE FENCE & SUPPLY](#), and the Employee Assistance Program.

I release [ALL-STATE FENCE & SUPPLY](#), its employees, management, Medical Review Officer, and Employee Assistance Program from any and all claims or causes of action resulting from this test, the release of information to such persons, and any decisions resulting there from.

Signature: _____

Printed Name: _____

Social Security No.: _____

This statement witnessed by: _____

ALL-STATE FENCE & SUPPLY
DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

As part of our hiring background and investigation, ALL-STATE FENCE & SUPPLY (and its affiliates) may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Consumer Rights under the Fair Credit Reporting Act.

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws. I hereby authorize and permit ALL-STATE FENCE & SUPPLY (and its affiliates) to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations. Section 382.413, information concerning alcohol and controlled substances for the past 2 years;
4. Verification of my academic and/or professional credentials and information;
5. and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as ALL-STATE FENCE & SUPPLY (and its affiliates) from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize ALL-STATE FENCE & SUPPLY (and its affiliates) to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application.

Print Full Name: _____
(please print clearly)

Signature: _____

SS#: _____

Date: _____