



An Equal Opportunity Employer

Employment Application

Please Print Date: _____

Name: _____

Home phone #: (____) _____ Cell phone #: (____) _____

Business phone #: (____) _____ - _____

Present Address, City, State, Zip Code: _____

Permanent Address, if different from present address: _____

Employment Desired: _____

Position applying for: _____

Are you applying for:

Regular full time work? Yes _____ No _____

Regular part time work? Yes _____ No _____

Temporary work? (e.g. summer or holiday work) Yes _____ No _____

What days and hour are you available for work? _____

If applying for temporary work, during what period of time will you be available? From: _____

Are you available to work on weekends? Yes _____ No _____

Would you be available to work overtime, if necessary? Yes _____ No _____

If hired, on what date can you start work? _____

Salary desired? _____



Personal Information:

Have you ever applied to work for ALL AMERICAN LOCK CORPORATION before?Yes _____ No_____

If yes, when? _____

Do you have any friends or relatives working for ALL AMERICAN LOCK CORPORATION?Yes _____ No_____

If yes, state name(s) and relationship(s): _____

Why are you applying for work at ALL AMERICAN LOCK CORPORATION? _____

If hired, would you have a reliable means of transportation to and from work? Yes _____ No_____

Are you at least 18 years old? Yes _____ No_____ (If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present proof of your legal rights to live and work in this country?Yes _____ No_____

Are you able to perform the essential functions of the job for which you applying with or without a reasonable accommodation?

Yes _____ No_____

If no, describe the functions that cannot be performed: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to a medical examination, and to skill and agility tests.)

Are you currently employed?Yes _____ No_____

If so, may we contact your current employer? Yes _____ No_____



DOORS • DOCKS • GLASS & GLAZING

Education, Training and Experience

School	Name and Address	# of Years to Complete	Did you graduate?	Degree or Diploma
High School			Yes or No	
College/University			Yes or No	
Vocational/Business			Yes or No	

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at ALL AMERICAN LOCK CORPORATION? If so, please explain:

Answer the following questions if you are applying for a professional position.

Are you licensed/certified for the job applied for? Yes _____ No _____

Name of license/certification: _____

Issuing state: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended? Yes _____ No _____

Are you computer literate?.....Yes _____ No _____

Describe all secretarial functions you have performed.



DOORS • DOCKS • GLASS & GLAZING

Employment History

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume. Note: Attach any additional page(s), if necessary.

Name of employer: _____

Address: _____

Type of Business: _____

Telephone Number: (____) _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From: _____ To: _____

Weekly Pay: Starting: _____ Ending: _____

Reason for Leaving: Quit Discharged Laid Off

Please explain: _____

Name of employer: _____

Address: _____

Type of Business: _____

Telephone Number: (____) _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From: _____ To: _____

Weekly Pay: Starting: _____ Ending: _____

Reason for Leaving: Quit Discharged Laid Off

Please explain: _____



DOORS • DOCKS • GLASS & GLAZING

Employment History Continued:

Name of employer: _____

Address: _____

Type of Business: _____

Telephone Number: (____) _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From: _____ To: _____

Weekly Pay: Starting: _____ Ending: _____

Reason for Leaving: Quit Discharged Laid Off

Please explain: _____

Name of employer: _____

Address: _____

Type of Business: _____

Telephone Number: (____) _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From: _____ to: _____

Weekly Pay: Starting: _____ Ending: _____

Reason for Leaving: Quit Discharged Laid Off

Please explain: _____



Military Service

Have you served in the military?Yes _____ No _____

Have you obtained any special skills or abilities as the result in the military?Yes _____ No _____

If so, describe: _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name: _____

Address: _____

Occupation: _____

Telephone Number: (____) _____ Number of Years Acquainted: _____

Name: _____

Address: _____

Occupation: _____

Telephone Number: (____) _____ Number of Years Acquainted: _____

Name: _____

Address: _____

Occupation: _____

Telephone Number: (____) _____ Number of Years Acquainted: _____

THIS SECTION MUST BE COMPLETED FOR CONSIDERATION!

In order to help us in determining the right people to fill our available positions, please write one or two paragraphs about yourself. Include why you want the position, why you are qualified, and why we should we hire you.



Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize ALL AMERICAN LOCK CORPORATION 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 ALL AMERICAN LOCK CORPORATION any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release ALL AMERICAN LOCK CORPORATION, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and ALL AMERICAN LOCK CORPORATION. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, and with or without cause, at the option of either myself or ALL AMERICAN LOCK CORPORATION, and that no promises or representations contrary to the foregoing binding on ALL AMERICAN LOCK CORPORATION unless made in writing and signed by me and ALL AMERICAN LOCK CORPORATION.

Applicant's signature: _____ Date: _____



Background Check Authorization

I hereby authorize All American Lock Corporation, its affiliates and/or agents to procure a Consumer Report, as defined in the federal Fair Credit Reporting Act, about me for purposes of evaluating my application for service or for employment purposes.

By providing the information below, and by my voluntary signature, I hereby acknowledge that I have reviewed, understand, and agree with, the above Credit Report Consent and this Authorization.

First Name: _____

Last Name: _____

Middle Name: _____

Suffix: _____

Address: _____

Social Security Number: _____

Driver's License Number: _____/STATE _____

Company Requesting Check (End User): All American Lock Corporation

Authorized Signature: _____

Print Name: _____

For purposes of evaluating your application for employment purposes, All American Lock Corporation, its affiliates and/or agents may obtain a Consumer Report, as defined in the federal Fair Credit Reporting Act, from a consumer reporting agency. To include, but not limited to: Consumer Credit Report and State Driving Record aka MVR report Depending upon the position for which you are applying, the consumer reporting agency may investigate, and the Reports may include information about your driving record, including any such information maintained in all public records. You further agree to immediately report any license suspensions, serious accidents or offenses, or any other condition to my pastor, principal, or supervisor that may affect my ability to drive a vehicle.



DOORS • DOCKS • GLASS & GLAZING

MVR Authorization Form Construction and Service Personnel

This form authorizes All American Lock Corporation corresponding insurance agent/broker permission to release my motor vehicle report information to ALL AMERICAN LOCK CORPORATION.

Print Name _____ Date of Birth _____

Drivers License # _____ State Issued: _____ Expires _____

My signature below demonstrates I have read and understand ALL AMERICAN LOCK CORPORATION MVR Authorization.

Name (print): _____

Signature: _____

Date: _____