



An Equal Opportunity Employer

Employment Application

Please Print Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home phone #: (\_\_\_\_) \_\_\_\_\_ Cell phone #: (\_\_\_\_) \_\_\_\_\_

Business phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

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? \_\_\_\_\_

How did you hear about us?

- Indeed
Craigslit
Employee Referral - Name: \_\_\_\_\_
Facebook
Website
Other: \_\_\_\_\_



**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 \_\_\_\_\_



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### 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:

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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.

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## 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: \_\_\_\_\_

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: \_\_\_\_\_

Reason for Leaving:  Quit  Discharged  Laid Off

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**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: \_\_\_\_\_

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: \_\_\_\_\_

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.

\_\_\_\_\_  
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\_\_\_\_\_



**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: \_\_\_\_\_



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**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:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**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.





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### 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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Drivers License # \_\_\_\_\_ State Issued: \_\_\_\_\_ Expires \_\_\_\_\_

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

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_