



**TriStar Commercial L.L.C.**  
**12112-D Roxie Dr**  
**Austin, TX 78729**  
**(512) 733-0944 Fax (512) 220-3015**

## Application For Employment

### Personal Information

Last Name	First Name	M.I.	Phone #		
Date of Birth	Driver License No. / State		Social Security No.		
Present Address	Apt. No.	City	State	Zip	
Permanent Address	Apt. No.	City	State	Zip	

### Desired Employment

Position	Date you can start	Salary Desired
How were you referred to this company?		
Are you employed now? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so may we inquire of your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If no please explain		
Ever applied to this company before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Where?	When?
Ever worked for this company before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Where?	When?
Reason for leaving		
Name of last supervisor at this company		

### Education

School Level	Name and Location of School	No. of Years Attended	Did you Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

### General

Subjects of Special Study or Research Work
Special Training
Special Skills

## Former Employers

List Below All Former Employers, Starting With The Most Recent. Continue On Separate Page if Necessary

Name of Employer				
Address		City	State	Zip
Starting Date	Leaving Date		Job Title	
Starting Hourly Rate	Ending Hourly Rate	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name of Supervisor		Title		Phone
Description of Work				
Reason for Leaving				

Name of Employer				
Address		City	State	Zip
Starting Date	Leaving Date		Job Title	
Starting Hourly Rate	Ending Hourly Rate	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name of Supervisor		Title		Phone
Description of Work				
Reason for Leaving				

Name of Employer				
Address		City	State	Zip
Starting Date	Leaving Date		Job Title	
Starting Hourly Rate	Ending Hourly Rate	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name of Supervisor		Title		Phone
Description of Work				
Reason for Leaving				

Name of Employer				
Address		City	State	Zip
Starting Date	Leaving Date		Job Title	
Starting Hourly Rate	Ending Hourly Rate	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name of Supervisor		Title	Phone	
Description of Work				
Reason for Leaving				

Name of Employer				
Address		City	State	Zip
Starting Date	Leaving Date		Job Title	
Starting Hourly Rate	Ending Hourly Rate	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name of Supervisor		Title	Phone	
Description of Work				
Reason for Leaving				

### References

Below, give the names of five persons you are not related to, whom you have known at least one year.

Name	Address	Phone No.	Years Acquainted

**Criminal Record**

Have you ever been convicted of any crime other than moving violations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, explain.		

**Service Record**

Branch of Service	Discharge Date and Rank
Duties and Service Record	
	Discharge Status

**Authorization**

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

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DATE

SIGNATURE