AMERICAN FIREWORKS

P.O. BOX 64 BASTROP, TEXAS 78602 PHONE: 512-321-4416 FAX 512-321-7272

PLEASE PRINT OR TYPE CLEARLY

PERSONAL INFORMATION			DATE:			
NAME:						
First	Middle		Last		Other	
PRESENT ADDRESS:						
Number & Street (No P.O. Boxes)			City State		Zip Code	
PERMANENT ADDRESS	:					
	Number & Street (No P.O. Boxes)		City State		Zip Code	
PHONE NUMBERS:	-	4				
	HOME		CELL MESSAGE			
SOCIAL SECURITY #	ARE YOU 18 YEAR	ARE YOU 18 YEARS		DRIVER'S LICENSE # OR ID #		
	OF AGE OR OLDE	OF AGE OR OLDER				
/ /	YES or]	NO	NUMBER:		STATE:	
		10				
EMPLOYMENT DESIRE					9	
POSITION:					A COMPANY OF A STATE OF THE PARTY OF THE PAR	
ARE YOU EMPLOYED N						
EVER APPLIED TO THIS COMPANY BEFORE:					HEN:	
REFERRED BY						
EDUCATION	NAME AND	#	OF YEARS	DID YOU	SUBJECTS	
	LOCATION OF	A	TTENDED	GRADUATE	STUDIED	
	SCHOOL					
GRAMMAR SCHOOL						
HIGH SCHOOL						
COLLEGE						
TRADE BUSINESS OR CORRESPONDENCE SCHOOL						

GENERAL INFORMATION	ON					
Subjects or special study or re	esearch					
work?						
					*	
Special skills?						
Do you have relatives or frien	nds that are currently	or have in	the past we	orked for this company	?, If so who	
Have you ever been convicted	d of a felony? If yes,	please exp	lain on sep	arate page	Yes No	
Have you ever been in the Mi	Yes No					
Are you currently active Mili	Yes No					
PRESENT AND PAST EM	MPLOYERS					
Name & Address of Employer		Salary Position		n Years Employed	Reason for Leaving	
W-10	· · · · · · · · · · · · · · · · · · ·					
			<u> </u>			
REFERENCES	· ·			*		
Name	Address & Phone #			Business	Years Acquainted	
		·				
1 9						
I certify that all the in	formation submitted	by me on	this applic	ation is true and comp	lete. I understand that if	
any misrepresentations, omis	sions or false inform	ation are di	iscovered,	my application may be	rejected and, if I am	
employed, my employment m	nay be terminated at a	any time. I	understan	d and authorize by my	signature on this	
application for American Fire	eworks or it's represe	entative to	obtain a c	riminal history backgro	und check. I further	
authorize all former employe	rs, their employees a	nd any refe	rences list	ed on this application t	o answer any questions	
and to furnish any accurate in	formation concernin	g me. I he	reby releas	se such companies and	individuals from any	
liability for such action. I have	e been given a copy	of the Ame	erican Fire	work's Alcohol & Drug	g Abuse Policy and	
Procedure statement. I have	read that statement, a	and I agree	to a pre-er	nployment alcohol & d	rug screening as	
described in that statement						
Applicant's Signature					Date	