## **AMERICAN FIREWORKS**

P.O. BOX 64 BASTROP, TEXAS 78602

PHONE: 512-321-4416 FAX 512-321-7272

## STAND/STORE OPERATOR APPLICATION

PLEASE PRINT OR TYPE CLEARLY

☐ INDIVIDU	JAL INFORMATION OR	R □ ORGANIZ	ZATION INFORMAT	ΓΙΟΝ	
ORGANIZATION NAME	·.			<del></del>	
INDIVIDUAL <b>OR</b> ORGA	NIZATION'S AUTHORIZE	D REPRESENT	TATIVE INFORMAT	ΓΙΟΝ	
NAME:					
First	Middle			Other	
PRESENT ADDRESS:					
	Number & Street (No P.O. Boxes)		y State	Zip Code	
PERMANENT ADDRESS	S:				
	Number & Street (No P.O. Boxes)	City		Zip Code	
MAILING ADDRESS: (1F	DIFFERENT THAN PRESENT OR PERMAN	IENT)			
			t OR P.O. Boxes City State	Zip Code	
SOCIAL SECURITY #	DATE OF BIRTH	DL#ORID#STATE		·	
1 1	/ /	CDL#	CDL# HAZMAT#		
CO-APPLICANT OR SPOU	SE INFORMATION				
NAME:					
First	Middle	Las	Last		
PRESENT ADDRESS:					
-	Number & Street (No P.O. Boxes)	Cîty	State	Zip Code	
PERMANENT ADDRESS:					
-	Number & Street (No P.O. Boxes)	City	State	Zip Code	
MAILING ADDRESS: (IF	DIFFERENT THAN PRESENT OR PERMAN	IENT)			
	Number & Street OR P.O. Boxes	City	State	Zip Code	
SOCIAL SECURITY #	DATE OF BIRTH	DL / ID #:			
/ /	/ /		HAZMAT#:		
TELEPHONE NUMBERS	- LIST ALL PHONE NUMB	ERS WHERE Y	OU CAN BE REACH	IED	
APPLICANT	CO-APPLICANT		OTHER - PLEASE I		
Home ( ) -	Home ( )	-	Name ( )	-	
Cell ( ) -	Cell ( )	-	Name ( )	-	
Fax ( ) -	Fax (		Name	) <u>-</u>	

## EMPLOYMENT – LIST PRESENT EMPLOYER FIRST

Name & Address of Employer		Salary	Position	Years Employed	Reason for Lea	ving
GENERAL INFORMATION – Have you ever been in the Militar	τι?)				Yes	No
Are you currently active Military,		erves?			Yes	No
High School Graduate or GED?					Yes	No
College/University Technical/Vo					Yes	No
Have you ever been convicted of	a felony?				Yes	No
If yes, explain:  Have you ever filed for bankrupto FIREWORKS INFORMATION	Yes	No				
Have you ever operated or manag If so, for whom: Person/Company	Yes	No				
Reason for leaving:						
Do you have relatives or friends t		e in the past so	_		Yes	No
If so for whom: Person/ Company Do you have your own transporta			Dates:		Yes	No
If so please complete the following					200	110
Make	Model/Type	<u></u>	Zear –	License Number		
Do you own or are you purchasin					Yes	No
Do you own your own property/p If so, please list:	roperties/OR business?				Yes	No
Do you own or have access to sor (RV, Motor Home, Camper, Pop-		g the fireworks	season?		Yes	No
If so please indicate the following						
Make Are you committed to be available	Model/Type		Year	License Number	Yes	No
Will you be at the fireworks stand Total number of people who will	l / location 24 hours a d be working on the busic	ay for the dura	tion of the sel	ling period?	Yes	No
(Do not include children under the What source referred you to Ame						
what source referred you to Affic	REFERENCES	(Must be aca	uainted with	for 5+ years)		
Full Name		e Address		Phone Number	Occupation	
	-	pplication				
		SE READ				~
I hereby certify that all the foregounderstand and authorize by my s						
criminal history background chec						
to answer any questions and to fu individual from any liability for s	rnish any accurate infor					
Applicant's Signature				Date		
Co-Applicant's Signature		-		Date	<u> </u>	<b>-</b>
Do you have an email address y	ou would like to share	with America			EARLY	
EMAIL:						