



NOTICE TO APPLICANTS AND EMPLOYEES
Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

APPLICATION FOR EMPLOYMENT

Please complete all requested information. Resumes will not be accepted in place of completion of application.

Texas Star is An Equal Opportunity Employer

Date of Application: _____

Form with fields for Last Name, First Name, Middle Name, Social Security Number, Present Address, Length of Time at, Phone No., Previous Address, Street, City, County, State, Zip, and Phone No.

STATEMENT & AUTHORIZATION TO RELEASE INFORMATION
PLEASE READ THIS STATEMENT CAREFULLY BEFORE YOU COMPLETE THIS APPLICATION

The Company, in considering my application for employment or any subsequent changes such as promotion or transfer, may verify the information set forth on this application and obtain additional information relating to my background.

1. Have you ever applied for employment at Texas Star? Yes ___ No ___ If yes, month / year: _____ Location: _____

2. Do you have any relative working for Texas Star? Yes ___ No ___ If yes, answer the following: Name: _____ Position: _____ Relationship: _____

3. Only those U.S. citizens or aliens who have a legal right to work in the United States are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the United States and your identity? Yes ___ No ___

4. In case of an emergency, notify the following person: Name: _____ Phone: (____) _____ Address: _____

5. A record or conviction does not necessarily disqualify you from employment consideration. Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? Yes ___ No ___ If yes, list only conviction(s): _____

6. Position for which you are applying: _____ Salary Expected: _____ Date Available for Work: _____ Full Time ___ Regular ___ Part Time ___ Temporary ___

7. With regard to initial work location, do you have any preferences: Yes ___ No ___ If yes, specify location. Are you willing to travel? If yes, what percentage? _____ Yes ___ No ___ percentage? _____

Certain positions may require use of a motorized vehicle (car/van/truck). If use of such a vehicle is required in the job for which you are applying, would there be a problem? Yes ___ No ___

Are you over the minimum age for selling alcoholic beverages in this state? Yes ___ No ___ Have you reviewed the job description/specifications for the position for which you are applying? Yes ___ No ___ Do you understand these requirements? Yes ___ No ___ Can you perform the physical requirements with or without reasonable accommodation? Yes ___ No ___ Describe the accommodation: _____

Texas Star operates most of its stores 24 hours a day, seven days a week. Are you willing to work any day, shift or hours assigned by your supervisor? Yes ___ No ___ If no, what times/days would you be unable to work? _____ Will you work overtime if directed to do so? Yes ___ No ___

If you did not graduate from High School, circle last year completed school 5 6 7 8 9 10 11

Name and Location of School(s) Attended	Graduate? (Yes/No)	Type of Degree Awarded	Major area of study
High			
College			
Other			

List any other education, specialized training/skills, or certificates/licenses that you might have that relate to this job.

Please list ALL JOBS you have held for the past seven years, beginning with your present or last employer. Account for ALL time periods, including UNEMPLOYMENT, SELF-EMPLOYMENT, SCHOOL and U.S. MILITARY SERVICE. If space is insufficient, list on a separate page or on an additional application form.

1. Company name (or period of unemployment)	Telephone ()	Reason for Leaving
Address	Employment (Month and year) From To	
Name of Supervisor	___Weekly or ___Monthly Salary Start Final	
Home address during above employment period (include county)	Position Held	
Length of time at above address	Eligible for re-employment Yes ___ No ___	
2. Company name (or period of unemployment)	Telephone ()	Reason for Leaving
Address	Employment (Month and year) From To	
Name of Supervisor	___Weekly or ___Monthly Salary Start Final	
Home address during above employment period (include county)	Position Held	
Length of time at above address	Eligible for re-employment Yes ___ No ___	
3. Company name (or period of unemployment)	Telephone ()	Reason for Leaving
Address	Employment (Month and year) From To	
Name of Supervisor	___Weekly or ___Monthly Salary Start Final	
Home address during above employment period (include county)	Position Held	
Length of time at above address	Eligible for re-employment Yes ___ No ___	
4. Company name (or period of unemployment)	Telephone ()	Reason for Leaving
Address	Employment (Month and year) From To	
Name of Supervisor	___Weekly or ___Monthly Salary Start Final	
Home address during above employment period (include county)	Position Held	
Length of time at above address	Eligible for re-employment Yes ___ No ___	

May we contact your current employer? _____

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFICATIONS OR INTENTIONAL OMISSIONS IN THIS APPLICATION ARE GROUNDS FOR DISQUALIFICATION FROM FURTHER EMPLOYMENT CONSIDERATION OR FOR MY DISMISSAL FROM THE COMPANY. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND UNDERSTAND THAT THIS IS NOT A CONTRACT AND, IF HIRED, I WILL BE AN "AT WILL" EMPLOYEE AND MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE OR NOTICE, AT THE OPTION OF EITHER THE COMPANY OR MYSELF. I FURTHER UNDERSTAND THAT NO PERSONNEL RECRUITER, STORE MANAGER OR INTERVIEWER OR ANY OTHER REPRESENTATIVE OF THE COMPANY, OTHER THAN IN WRITING BY THE PRESIDENT OF *TEXAS STAR*, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT WITH ME FOR EMPLOYMENT WHICH DIFFERS FROM THE FOREGOING.

CONSENT AND RELEASE FOR ALCOHOL AND DRUG TESTING

I, _____, being an applicant of *Texas Star* (hereafter the "Company"), hereby acknowledge that the Company reserves the right to require that I submit a sample of my urine for chemical or other analysis and understand that *Texas Star* may require drug testing as a part of its selection and hiring process. I also understand that such drug testing will consist of the taking of urine, or any other medically recognized test designed to detect traceable amounts of drugs in the body. I **further understand that if such testing indicates the presence of non-prescribed or illegal drugs in my body in any detectable amount, I will be disqualified from further hiring consideration.** I hereby give my consent to *Texas Star* to administer any or all of the above drug testing procedures to me, and to use the results thereof in further determining my employability with this company.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited, dangerous, controlled substances in my urine. I hereby freely and voluntarily consent to this request for a urine specimen and agree to participate in the testing program. I hereby and herewith release the Company, its employees, agents and contractors from any and all liability whatsoever arising from this request to furnish this urine sample, the testing of the urine sample, and decisions made concerning my application for employment based upon the results of the analysis. I agree to cooperate in all aspects of the testing program. I further acknowledge that the Company has provided me with an opportunity to ask questions related to its drug testing program and all my inquiries have been answered.

I hereby authorize the alcohol/drug test results be released to *Texas Star*

Signature _____ Date _____

I understand that this application will remain active for thirty (30) days from today's date. If I still desire a position with the company after this application expires, it will be my responsibility to fill out a new application and file it with the Company after that time period ends.

Witness:

Signature of Applicant

Date

Signature of Interviewer

Date

1. Employment application completed and signed. Yes___ No___ Interviewed by:_____ Date: _____
2. Interview conducted. Yes___ No___
3. Telephone reference checks made. Yes___ No___ Site Location:_____
4. Assessment surveys given. Yes___ No___ Date of Hire:_____
5. Pre-employment drug screening completed. Yes___ No___ Rate of Pay:_____
6. Proof of right to work (I-9 completed). Yes___ No___
7. Job description/specifications reviewed by applicant. Yes___ No___
8. Accommodation requested. Yes___ No___ Comments:_____

Applicant Notification / Release of Information

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for employment. I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of this consumer report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative consumer Report is conducted, I will be notified in writing with in three days from request of said report. I Believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

Please write clearly in pen only.

Name (Last) _____ (First) _____ (Middle) _____

List Any other name used in the last 7 years _____

Date of birth ____/____/____ Social Security Number ____ - ____ - ____

Drivers License # _____ State _____ Phone # (Day) (____) _____ - ____

Professional License Held _____ State _____ Lic.# _____

Signature _____ Today's Date ____/____/____

Current address

City _____ State _____ Zip _____ Dates ____/____ to ____/____

List other cities or towns you have lived in the past 7 years. Use additional form if necessary

City _____ State _____ Zip _____ Dates ____/____ to ____/____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

*****APPLICANT – DO NOT WRITE BELOW THIS LINE*****

TO BE FILLED OUT BY COMPANY REQUESTING INFORMATION:

Company Name: _____ Location # _____

Return Info To: _____ Via Fax # (____) _____ or e-mail _____

Information Requested, Please check all that you wish completed:

Criminal History Civil History Credit Report Social Security Verification Driving Report Education/Degree Verification
 Reference Check National Wants & Warrants Professional License Verification Previous Employer Verification O.I.G name search

Disclaimer:

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Texas Star Investments, Inc., and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository Texas Star Investments, Inc. can only rely on its accuracy from the public records data sources presently available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Texas Star Investments, Inc. its sources, officers, agents or employees. Furthermore you agree to indemnify Texas Star Investments, Inc., its sources, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individuals criminal records history, credit history and / or workers compensation claim history.

FAX TO: (361) 887-8971 or (888) 283-5384 – toll free