



VALLEJO, CA * DAVIS, CA * SAN RAFAEL, CA *
NOVATO, CA * WOODLAND, CA * PLACERVILLE, CA *
SPARKS, NV * CHICO, CA * FAIRFIELD, CA *
SACRAMENTO, CA * CARSON CITY, NV *

Great reasons to apply for employment at All Star Rents!

- All Star Rents has a Profit Sharing system that enables eligible employees to receive bonuses based on increases in sales and/or profit. This system insures that you will be part of the "TEAM" and be rewarded for your performance!
- All full-time employees who have worked 6 continuous months are eligible to enroll in the company medical and dental insurance plans. 70 % of the employees' premium is paid by All Star Rents.
- After one year of employment, the company offers paid vacations to all eligible employees.
- After 90 days, the company offers 5 paid holidays per year to all full time employees.
- All Star Rents offers participation in a matching pension plan called a 401k to all eligible employees.
- The company has a Safety Incentive Bonus to reward stores and employees with exemplary safety records.
- Company uniform shirts are provided.
- Training is provided.
- Advancement opportunities. All Star Rents is a growing company with positions opening company wide.

Thank you for taking the time to apply for a position at this store.

Please read the following requirements for employment.

Our insurance company requires a valid California driver's license (a valid Nevada driver's license for our Nevada locations) with no more than 2 moving violations &/or chargeable accidents within the past three years. No DUI's within the past 3 years. **An original printout from the DMV is required at the interview.**

This job requires eligibility for bonding as it involves handling money and/or equipment. A background check is required.

Our company enforces a 'NO DRUGS or ALCOHOL' policy. A pre-employment drug test must be completed. Drug and breath alcohol testing may be requested at any time during employment.

Please complete the attached application. Fill in all the information requested, sign it, and return it. An Application Test must also be completed and submitted in order to be considered for employment.



EMPLOYMENT APPLICATION

Last Name		First	Middle	Date
Street Address				Home Phone ()
City, State, Zip				Business Phone ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No			Social Security #:	
How did you hear about us? <input type="checkbox"/> walk in <input type="checkbox"/> newspaper <input type="checkbox"/> online <input type="checkbox"/> referral				
If you heard about us from a newspaper or online ad, which one? _____				
If you were referred to us by one of our employees, please provide name: _____				
Position Desired:			Pay Expected:	
Apart from absence for religious observance, are you available for full time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			Valid CA or NV Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No License# _____	
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work?	

The information requested is needed for a legally permissible reason, including without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Right Act of 1964 prohibits discrimination in employment because of race, color, religion, sex and national origin. The Age Discrimination in Employment Act of 1967 prohibits discrimination based on individuals over 40. California Fair Employment Act prohibits discrimination based on race, color, ancestry, religious cree, national origin, sex, physical handicap, medical condition, age and marital status.

EDUCATION

Provide names and addresses of schools you attended:				
High School	Grade:	9	10	11 12
College	Year:	1	2	3 4
Other				

PERSONAL

What was your previous address?	How long at previous address? years
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long at present address? years
If not, can you submit a work permit after employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, with which employers? _____	
Have you ever been convicted of a crime in the past ten years which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full: (An affirmative answer will not necessarily exclude you from consideration.) _____	
State names of relatives and friends, other than spouse, working for us. _____	
Are you able to perform the duties of the job(s) as stated in the company's job description? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In case of emergency, who may we contact: Name _____ Phone# _____	

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed (Month & Year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and describe your work:	Reason for leaving

2	Company Name	Telephone ()
	Address	Employed (Month & Year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and describe your work:	Reason for leaving

3	Company Name	Telephone ()
	Address	Employed (Month & Year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and describe your work:	Reason for leaving

4	Company Name	Telephone ()
	Address	Employed (Month & Year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and describe your work:	Reason for leaving

5	Company Name	Telephone ()
	Address	Employed (Month & Year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and describe your work:	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not Contact:

Company	Reason
Company	Reason

MILITARY

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES.	
Describe your duties and any special training relevant to the job applied for:	Branch of Service

SOCIAL

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (Exclude those which may disclose your race, color, religion or national origin.)

SIGNATURE

I understand that any misrepresentations or falsification of information on this form may be cause for termination by the company the time of discovery. I also understand that the employment and compensation of any employment of this Company can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or the employee. There is no agreement express or implied between the Company and the employee for continuing or long term employment. While supervisors and managers have certain hiring authority, no supervisor or manager or representative of the Company has any authority to alter the at-will relationship. I understand that an offer of employment may be pending passing a physical examination which may include a drug and/or alcohol screen.

I hereby authorize all current and/or former employers and their employees and representatives to provide any and all information that deem appropriate regarding my employment, and job performance to ALL STAR RENTS and any of its employees, representatives, and agents. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment. I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure or release of such information by any person or party whether such information is favorable or unfavorable to me.

I authorize ALL STAR RENTS to request the release of school transcripts from any school, college university, or any other educational institution.

I also understand that part of this investigation may include a consumer credit report, for which I give permission. If employment denied as a result of this report, I also understand I have a right to a copy of this report under the Fair Credit Reporting Act.

SIGNATURE

DATE

NAME (Printed)