



All Star I & E, Inc.

523 E. Oak Hill Drive
Spring, Texas 77386
Tel: (281) 298-5757
Fax: (281) 298-6232
allstar@allstarie.com
TECL# 18220

Application for Employment

(Pre-Employment Questionnaire)

(An Equal Opportunity Employer)

Personal Information

Employee Name (Fill out completely) Date:

Last First Middle Initial

Present Address Street City State Zip

Permanent Address Street City State Zip

Phone Number Email Address
Are you 18 years or older? Yes No

Driver's License # State Social Security Number Date of Birth

Do you have an Electrician's License? If yes, what is the License #? and Expiration?

Special Questions

Do not answer ANY of the questions in this area unless the employer has CHECKED a box preceding a question, thereby indicating that the information is required for a bona fide occupational qualification, or dictated by national security laws, or is needed for other legally permissible reasons.

- Height Feet Inches Citizen of U.S. Yes No
Weight Lbs. What foreign language do you speak fluently?
Read Write

Employment Desired

Position Date you can start? Salary Desired

Are you employed now? If so, may we inquire of your present employer?

Ever applied to this company before? When? Where?
How did you hear about us? Friend Walk-In Employment Agency
Advertisement Relative Other

Table with 4 columns: Education, Name and location of School, No. Yrs Attended, Did You Graduate?, Subject Studied?
Rows include Grammar School, High School, College, Trade or Business School.

General

Subjects of Special Study or Research?

US Military or Naval Service Rank Present Membership in National Guard or Reserves

Have you ever been convicted of a crime? Yes No
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Former Employers (List below last 4 employers, starting with most recent)

Date Month & Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References Give the names of 3 persons not related to you, whom you have known for at least 1 year

Name	Address or Phone	Business	Years Acquainted
1			
2			
3			

Physical Record

Do you have any physical limitations that preclude you from performing any work for which you are being considered? ____ Yes ____ No

Please Describe: _____

In case of Emergency Notify: _____ Phone Number _____

Relationship: _____

"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 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 all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Signature _____

Date: _____

Do Not Write Below This Line

Interviewed By: _____

Date: _____

Hired: Yes _____ No _____

Position: _____

Location: _____

Wage: _____

Per Diem Rate: _____

Date Reporting to Work: _____

Approved: _____

THIS FORM HAS BEEN DESIGNED TO STRICTLY COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING EMPLOYMENT DISCRIMINATION. THIS APPLICATION FOR EMPLOYMENT FORM IS SOLD FOR GENERAL USE THROUGHOUT THE UNITED STATES. ALL STAR I & E, INC. ASSUMES NO RESPONSIBILITY FOR THE INCLUSION IN SAID FORM OF ANY QUESTIONS WHICH MAY VIOLATE STATE AND/OR FEDERAL LAW.

Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2015		
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

Please submit copies of

Drivers License,

Social Security Card, and

Electricians License.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial	Other Names Used (<i>if any</i>)	
Address (<i>Street Number and Name</i>)			Apt. Number	City or Town		State Zip Code
Date of Birth (<i>mm/dd/yyyy</i>)	U.S. Social Security Number [][]-[][]-[][][][]	E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

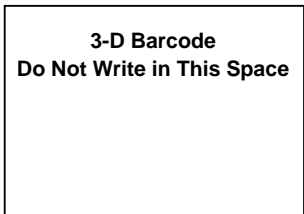
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date (<i>mm/dd/yyyy</i>):
------------------------	-----------------------------

Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (<i>mm/dd/yyyy</i>):	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)	
Address (<i>Street Number and Name</i>)		City or Town	State Zip Code



Employer Completes Next Page



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
<ol style="list-style-type: none"> 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 		<ol style="list-style-type: none"> 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 		<ol style="list-style-type: none"> 2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
<ol style="list-style-type: none"> 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 		<ol style="list-style-type: none"> 3. School ID card with a photograph 		<ol style="list-style-type: none"> 3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
<ol style="list-style-type: none"> 4. Employment Authorization Document that contains a photograph (Form I-766) 		<ol style="list-style-type: none"> 4. Voter's registration card 		<ol style="list-style-type: none"> 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
<ol style="list-style-type: none"> 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 		<ol style="list-style-type: none"> 5. U.S. Military card or draft record 		<ol style="list-style-type: none"> 5. Native American tribal document
<ol style="list-style-type: none"> 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 6. Military dependent's ID card 		<ol style="list-style-type: none"> 6. U.S. Citizen ID Card (Form I-197)
		<p>For persons under age 18 who are unable to present a document listed above:</p>		<ol style="list-style-type: none"> 7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		<ol style="list-style-type: none"> 7. U.S. Coast Guard Merchant Mariner Card 		<ol style="list-style-type: none"> 8. Employment authorization document issued by the Department of Homeland Security
		<ol style="list-style-type: none"> 8. Native American tribal document 		
		<ol style="list-style-type: none"> 9. Driver's license issued by a Canadian government authority 		
		<ol style="list-style-type: none"> 10. School record or report card 		
		<ol style="list-style-type: none"> 11. Clinic, doctor, or hospital record 		
		<ol style="list-style-type: none"> 12. Day-care or nursery school record 		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



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Spring, Texas 77386
Tel: (281) 298-5757
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TECL# 18220

Authorization for Direct Deposit - Employee Form

Type of Automatic Deposit Transaction: Create Change

Authorization Agreement

I hereby authorize **All Star I & E, Inc.** to initiate automatic deposits to my account at the financial institution named below. I also authorize **All Star I & E, Inc.** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **All Star I & E, Inc.** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **All Star I & E, Inc.** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Employee Contact Information

Printed Name: _____ Phone Number: _____

Mailing Address: _____

Mandatory

E-mail Address: _____

Account Information

Please deposit my **entire net pay** (100%) directly into the existing account listed below.

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature: _____ Date: _____

Printed Name: _____ Date: _____

Please attach a **VOIDED CHECK** or **SAVINGS ACCOUNT DEPOSIT SLIP** and return this form to the Payroll Department.

Please allow 10 business days for processing.



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157
1-800-803-9202 - (512) 463-6599 - FAX (512) 475-2871
www.license.state.tx.us - CS.Electricians@license.state.tx.us

APPLICATION FOR:

APPRENTICE ELECTRICIAN LICENSE APPLICATION

PURSUANT TO TITLE 8, OCCUPATIONS CODE, CHAPTER 1305

Do Not Write in the Fee Area Immediately Below

Table with 5 columns: FEE, RECEIPT NUMBER, FEE AMOUNT, PMT. AMOUNT, MONEY TYPE. Row 1: License Fee, \$20.00, All fees are non-refundable.

DO NOT WRITE ABOVE THIS LINE

IF ALL REQUIREMENTS FOR A LICENSE ARE NOT MET WITHIN TWELVE (12) MONTHS OF THE FILING DATE, THE APPLICATION WILL BE CLOSED.

1. Full Name:

Last First Middle Initial Suffix (JR, SR, III)

2. Date of Birth: 3. Female Male

4. Social Security No.:

See Note 1 on instructions

5. Mailing Address : (USED FOR ALL CORRESPONDENCE)

(P.O. Box is allowed for this address.)

Number, Street, Suite No., Apt. No. or P.O. Box

City State Zip Code Area Code Phone Number

Physical Location: (P.O. Box is not allowed for this address)

Number, Street, Suite No., Apt. No.

City State Zip Code Area Code Phone Number

Fax Number and Email Address:

FAX Number: Area Code Phone Number E-mail Address (Ex: johndoe@aol.com) See Note 2 on instructions

6. Have you ever been convicted of a criminal offense? Yes No

If YES, attach a "Criminal History Questionnaire" to this application. Include all felonies and misdemeanors other than minor traffic violations.

Have you ever had an occupational license, certification or registration suspended, revoked, probated or denied in any state? (This does NOT include a driver's license.) I

If YES, attach a "Disciplinary Action Questionnaire" with this application. Yes No

STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable provisions of the Electrician Act; Texas Occupation Code, Chapter 1305 and Chapter 51;Tex. Admin. Code, Chapter 60; and the Electricians Administrative Rules, Tex. Admin. Code, Chapter 73.

I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

Date Signed

Signature of Applicant



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division

P.O. Box 12157 • Austin, Texas 78711 • (512) 463-6599 • (800) 803-9202 • fax (512) 475-2871

Web site: www.license.state.tx.us

CRIMINAL HISTORY QUESTIONNAIRE

The Department must review your criminal history to determine if you are eligible to obtain or retain a license. Depending on your criminal history, review can take from one to six weeks to complete. The assigned Department representative will contact you if necessary.

Complete this form if you have been convicted of a felony or misdemeanor, other than a minor traffic violation, or pleaded guilty or no contest (resulting in a deferred adjudication) to any criminal offense. Be specific and provide exact details. **Attach a separate form for each crime.**

Questions regarding this form may be addressed to the Department's Enforcement Division at enforcement@license.state.tx.us, or by phone at (512)539-5600.

Name: First _____ Middle _____ Last _____ SSN: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ DOB: _____ E-mail: _____

County of conviction or deferred adjudication: _____ Court: _____
(example: Travis County) (example: 300th District Court)

Date crime committed: _____ Date of conviction or deferred adjudication: _____

Exact crime you were convicted of or received a deferred adjudication for: _____

What exactly did you do (crime) and why? (If you need more space to write, attach additional sheets) _____

Sentence or action imposed by the court: (example: six months in Travis County Jail) _____

For renewals, did this conviction occur since your license was last issued: ____ yes ____ no

Are you currently on probation? ____ yes ____ no Are you currently on parole? ____ yes ____ no

If so, list your reporting officer's name: _____ phone number: _____

Intentional failure to provide full and accurate information could result in delay of issuance or denial of your license.

Signature: _____ Date: _____

Please download

1) the Employee Handbook

(another file)

2) the EHS Handbook

(another file)

3) the Safety Orientation

(another file)

and turn the signed
pages into the office.