



BLACKSTAR OPERATING, LLC
12401 WEST COUNTY RD 100
ODESSA, TEXAS 79765
432-272-3395

Personal Information

NAME (FIRST) (MIDDLE) (LAST)
ADDRESS HOW LONG? (STREET) (CITY) (STATE & ZIP CODE)
D.O.B SOCIAL SECURITY TELEPHONE NO.
EMAIL ADDRESS

Emergency Contact

NAME
RELATIONSHIP TO YOU PHONE NO.
ADDRESS (STREET) (CITY) (STATE & ZIP CODE)

Employment Desired

POSITION DATE YOU CAN START SALARY DESIRED
ARE YOU EMPLOYED NOW? YES NO
IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER YES NO
HAVE YOU EVER APPLIED TO BLACKSTAR OPERATING OR ONE OF OUR COMPANY'S BEFORE?
YES NO IF YES, WHERE? WHEN?

ONLY UNITED STATES CITIZENS OR ALIENS WHO ARE LEGALLY ALLOWED TO WORK IN THE UNITED STATES ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT, SUBMIT DOCUMENTATION VERIFYING YOUR IDENTITY AND YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

BLACKSTAR OPERATING S DOES VERIFY THROUGH E-VERIFY FOR HOMELAND SECURITY.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (INCLUDING TRAFFIC VIOLATIONS) YES NO

IF YES, PLEASE EXPLAIN

The existence of a criminal record does not constitute an automatic bar to employment unless relevant to the type of employment.

Military Service

YES NO IF YES, BRANCH AND RANK

SPECIAL TRAINING

Employment History

Company _____ Phone _____

Address _____

Supervisor _____ Job Title _____

Start Date _____ to _____ Reason for Leaving _____

Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

May we contact your previous supervisor for a reference? Yes _____ No _____

Company _____ Phone _____

Address _____

Supervisor _____ Job Title _____

Start Date _____ to _____ Reason for Leaving _____

Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

May we contact your previous supervisor for a reference? Yes _____ No _____

Company _____ Phone _____

Address _____

Supervisor _____ Job Title _____

Start Date _____ to _____ Reason for Leaving _____

Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

May we contact your previous supervisor for a reference? Yes _____ No _____

Education History

High School _____ Address _____

From _____ To _____ Did you graduate? Yes___ No___ Diploma _____

College _____ Address _____

From _____ To _____ Did you graduate? Yes___ No___ Diploma _____

Other _____ Address _____

From _____ To _____ Did you graduate? Yes___ No___ Diploma _____

References

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Blackstar Operating, LLC.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the same right. Moreover, no agent, representative, or employee of Blackstar Operating, LLC, except in a specific written contract of employment signed on behalf of the organization by its owner, has the power to alter or vary the voluntary nature of the employment relationship.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge and I understand and agree to its terms.

DATE

APPLICANT'S SIGNATURE

Authorization for Background Check

Please read and sign this form in the space provided below. Your written authorization is necessary for the completion of the application process.

I, _____, hereby authorize Blackstar Operating LLC. to investigate my background and qualifications for the purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Blackstar Operating LLC. will utilize an outside firm or firms to assist in the checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature of Applicant

Date

Applicant's printed name

MVR RELEASE CONSENT FORM
BLACKSTAR OPERATING, LLC
12401 WEST COUNTY RD 100, ODESSA, TEXAS 79765

In conjunction with my potential employment at BlackStar Operating, LLC/ Manlift Rentals, LLC,

I (applicant) FIRST _____ MIDDLE _____ LAST _____ consent to the release of my Motor Vehicle Records (MVRs) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Act", and is intended to constitute "written consent" as required by this Act.

Signed (applicant) _____ Date: _____

Social Security Number: _____ DOB: _____

Driver's License Number: _____ State: _____

Address Stated on your License:

Address: _____ CITY _____ STATE _____ ZIP _____

Signed(applicant) _____ Date _____