



INDEPENDENT STAND OPERATOR APPLICATION

Name _____ Address _____

City _____ State _____ Zip _____ SS# _____ - _____ - _____ DOB ____/____/____

Telephone (day) _ (____) _____ - _____ (evening) _ (____) _____ - _____ Email Address _____

Type of Vehicle (Year, Make, Model) _____ DL# _____ DL State _____

Previous address if at current address less than three years

Address _____ City _____ State _____ Zip _____

Employment History

Name _____ Address _____ Supervisor _____ Telephone(____) _____ - _____

Name _____ Address _____ Supervisor _____ Telephone(____) _____ - _____

May we contact your present employer for a reference? _____

Are you available from June 24-July 5? _____

Personal References

Personal: Name _____ Address _____ Relationship _____ Telephone(____) _____ - _____

Personal: Name _____ Address _____ Relationship _____ Telephone(____) _____ - _____

Personal: Name _____ Address _____ Relationship _____ Telephone(____) _____ - _____

Credit History

Company _____ Address _____ Type of Credit _____ Telephone(____) _____ - _____

Company _____ Address _____ Type of Credit _____ Telephone(____) _____ - _____

Company _____ Address _____ Type of Credit _____ Telephone(____) _____ - _____

Company _____ Address _____ Type of Credit _____ Telephone(____) _____ - _____

1. Have you ever been convicted of a felony? _____ What type? _____ When? _____

2. If you do not own a van or truck, do you have access to one to transport fireworks? _____ Year, Make, Model _____

3. Have you ever worked in retail sales? _____ Company _____ Position _____

4. In what cities or areas could you operate a fireworks tent? _____

5. Can you pass a routine credit and/or background check? _____ If not, why? _____

6. Do you have anyone that can assist you in this business? _____ Name _____ Address _____

Telephone(____) _____ - _____

Filling out this application gives Heartland Associates permission to do a personal background and/or credit check on you as an individual. Please record any additional information or comments you feel the company should be aware of on the back of this form. By signing below, you are affirming that the above information is true to the best of your knowledge.

Signature _____ Date ____/____/____