

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO (Conviction will not necessarily disqualify an applicant from employment)

If yes, explain: _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____
College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____
Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____
Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____
Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Emergency Contact

Name	Phone Number	Address	Relation
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Experienced In

	YES	NO	#Years	Note type of work done in each area
Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Fire Alarms	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sprinkler Systems	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Clean Agent Systems	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Kitchen Systems	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____
Estimating/Drafting	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	_____

Do you have your own tools necessary to perform the job you are applying for?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have your own, reliable transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have limitations getting to and from work	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you able to work odd hours and weekends?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any physical or emotional limitations that may affect your job performance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes Explain _____		

Have you received any formal training in the fire protection industry?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes Explain _____		

Do you hold any current fire protection licenses?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes what kind and what company name are they with? _____		

Please explain why you are qualified for this job and why we should hire you: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Office Use Only

Hire Date	_____
Starting Pay	_____
Remarks	_____