DEFENSE
FIRE PROTECTION

Employment Application

Please Print Date _____

Name _____
Last First Middle

Home Telephone (_____) _____

Social Security No. _____-_____-_____

Present Address

_____
No. Street City State Zip

Permanent Address if different from present address

_____
No. Street City State Zip

Employment Desired

Position applying for: _____

Are you applying for:
Regular full-time work? ……..Yes ____ No____
Regular part-time work? ……Yes ____ No____
Temporary work, e.g. summer or holiday work?…….…… .Yes ____ No____

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?
From _____

Are you available to work on weekends? ……Yes ____ No ____

Are you available to work night shift? ……Yes ____ No ____

Would you be available to work overtime, if necessary? ……. …… Yes ____ No ____

If hired, on what date can you start work?…….……

Personal Information

Have you ever applied to or worked for Defense Fire Protection before?……Yes____ No____

If yes, when?_____

Do you have any friends or relatives working for Defense Fire Protection.?……Yes____ No____

If yes, state name(s) and relationship: _____

Why are you applying for work at Defense Fire Protection?

_____

Salary desired_____

If hired, would you have a reliable means of transportation to and from work?……Yes____ No____

Are you at least 18 years old?……Yes____ No____
(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?……Yes____ No____

Are you able to perform the essential functions of the job for which you are applying?…Yes____ No____

If no, describe the functions that cannot be performed:

_____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill agility tests.)

Drivers License No.: _____

Have you received any violations in the last three years?……Yes____ No____

If yes, explain:

_____

_____

_____

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (convictions for marijuana-related offenses that are more than two years old need not be listed.)……Yes____ No____

If yes, state nature of the crime(s), when and where convicted and disposition of the case: _____

_____

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed?……...Yes____ No____
If so, may we contact your current employer?……. Yes____No____

Education, Training and Experience

School	Name and Address	Course of Study	No. of Years Completed	Did You Graduate ?	Degree or Diploma
High School				Yes____ No_____	
College/ University				Yes____ No_____	
Vocational/ Business				Yes____ No_____	
Health Care				Yes____ No_____	

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages?……Yes____ No____

If yes, which language(s)?_____

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Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Defense Fire Protection? If so, please explain.

_____
_____
_____

Answer the following questions if you are applying for a professional position

Are you licensed/certified for the job applied for?…….Yes____ No____

Name of license/certification_____

Issuing State_____

License/certification number_____

Has your license/certification ever been revoked or suspended?_____

If yes, state reason(s), date of revocation or suspension and date of reinstatement:

_____
_____

Employment History

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer_____

Address_____
No. Street City State Zip

Type of Business_____

Telephone No. (_____) _____

Your Supervisor's name_____

Your Position and duties_____
_____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____



Reason for Leaving:
_____

Name of Employer_____

Address_____
No. Street City State Zip

Type of Business_____

Telephone No. (_____) _____
Your Supervisor's Name_____

Your Position and duties_____
_____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving:
_____

Name of Employer_____

Address_____
No. Street City State Zip

Type of Business_____

Telephone No. (_____) _____Your Supervisor's Name_____

Your Position and Duties_____
_____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving:
_____

Name of Employer_____



Address_____
No. Street City State Zip

Type of Business_____

Telephone No. (_____) _____ Your Supervisor's Name_____

Your Position and Duties_____
_____
_____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving:
_____

Military Service

Have you obtained any special skills or abilities as the result of service in the military?…….Yes____ No____

If so, describe:
_____
_____

Emergency Contact:

Name:_____

Relationship:_____

Phone:_____

Name:_____

Relationship:_____

Phone:_____

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References

List below three persons not related to you who have knowledge of your work performance within the last three years. Please indicate if the reference is a personal or business reference.

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ Number of Years Acquainted _____

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ Number of Years Acquainted _____

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ Number of Years Acquainted _____

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Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company, my former employers and all other persons, corporation, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between the company and myself. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Date _____

Applicant's Signature_____

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NOTES:

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