



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

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

Address: _____ Apt./Unit # _____
(Street Address)

(City) _____ (State) _____ (Zip) _____

Home Phone: () _____ Cell Phone: () _____ Email: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied For: _____

If hired, will you be able to prove your identity and right to work in the U.S.? YES NO

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

Have you ever been convicted of a felony or a misdemeanor? (including, but not limited to such offenses as DUI, battery, theft, writing worthless checks, etc.)? Conviction means you were found guilty by a judge, a jury, by pleading 'no contest,' or by pleading guilty in court. A conviction may have taken place even if you did not pay a fine or spend any time in jail or prison. A conviction will not automatically disqualify you from employment.

YES NO If YES, explain: _____

EDUCATION

High School: _____ Address: _____

Did you graduate? YES NO Degree: _____

College: _____ Address: _____

Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

Did you graduate? YES NO Degree: _____

REFERENCES (Please list three of your direct supervisors)

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

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

PREVIOUS EMPLOYMENT CONTINUED

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

MILITARY SERVICE

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

DISCLAIMER AND SIGNATURE

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

_____ I hereby authorize State Fire DC Specialties to thoroughly investigate my references, work record and education and any other matter related to my suitability for employment. I authorize the references I have listed to disclose any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release my former employers and all other persons, corporations, 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 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 me and State Fire DC Specialties. 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 State Fire DC Specialties, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and State Fire DC Specialties' designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by State Fire DC Specialties, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public records described in the paragraph above.

_____ I hereby certify that I have not knowingly withheld any information that might negatively affect my changes for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that if I have omitted or misstated any material fact on this application or on any document used to secure employment, this shall be grounds to reject this application or to discharge me if I am employed, regardless of the time elapsed before discovery.

_____ I certify that I have personally completed this application.

Signature: _____ Date: _____