

Excellence in Fire Protection

#### **EMPLOYMENT APPLICATION**

It is the policy of Fire-Matic Systems, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

**Applicant Information:** 

Na	Name: Date:	
	Addrogge	
Da	Daytime phone: Evening Phone:	
	Cell Phone: Social Security Number:	
En	Emergency Contact:	
Na	Name: Relationship to you:	
Ac	Address:	
Da	Daytime phone: Evening Phone:	
Ce	Cell Phone:	
1)	1) Job Position Applied For:	
2)	2) Salary Desired: \$ per Hour	
3)	3) Who referred you to our company:	
4)	<ul> <li>4) Have you applied to our company previously:YesNo If yes, When?</li> </ul>	
5)	5) What is your Age:	
6)	6) How will you get to work:	
7)	7) Driver's License Number: State Issued: _	
8)	<ol> <li>Are you willing to work any shift, including nights and weekends?</li> <li>If no, please state any limitations:</li> </ol>	
9)	9) If you are offered employment, when would you be available to begin w	ork?



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10) Are you	legally eligible	for employment	nt in the United States?	Yes	No

11) Are you able to perform the essential functions of the job position with or without reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Applicant's Skills:

List any skills that may be useful for the job you are seeking. Enter the number of years of experience and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of experience Ability
	12345
	12345
	12345
	12345
	12345
	12345

Applicant Employment History:

List your current or most recent employment FIRST.

1) Employer Name:		
	Address:	
	Job Duties:	
	Reason for Leaving:	
		End Date:
2)	Employer Name:	
2)	Address:	
	Job Duties:	
	Reason for Leaving:	
	Dates of Employment (Month/Year): Start Date:	End Date:
	Dates of Employment (Month/Year): Start Date:	End Date:



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3)	Employer Name:					
	Address:					
	Job Duties:					
	Reason for Leaving:					
	Dates of Employment (Month/Year): Start Date: End Date:					
4)	Employer Name:					
	Address:					
	Job Duties:					
	Reason for Leaving:					
	Dates of Employment (Month/Year): Start Date: End Date:					
Ap	plicants Education and Training					
1)	College Name And Address:					
2)	High School Name and Address:					
La	st Grade: Diploma? Yes No					
3)	Other Training (graduate, technical, vocational)					
4)	Awards, Honors, Special Achievements:					
₽۵	ferences:					
ĸe	Terences.					
1)	Name:					
	Address:					
	Telephone:    Relationship:					
2)	Name:					
	Address:					
	Telephone:    Relationship:					



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3) Name:		
Address:		
Telephone:	Relationship:	

Please provide any other information that you believe should be considered:

#### **CERTIFICATION**

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences, immediate termination.

I authorize Fire-Matic Systems, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If am employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization, the employment relationship will be entirely voluntary in nature in other words, 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 would have the same right. Moreover, no agent, representative, or employee of Fire-Matic Systems, Inc., except in a specific written contract of employment signed on behalf of the organization has the power to alter or vary the voluntary nature of the employment relationship.

# I HAVE CAREFULLY READ THE BOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPICANT SIGNATURE

DATE