

# ESSENTIAL FIRE PROTECTION SYSTEMS, INC – APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap. We perform pre-employment drug screening on all prospective applicants.

## PERSONAL INFORMATION:

APPLICATION DATE:		POSITION APPLIED FOR:	
		SOCIAL SECURITY NUMBER: X X X - X X - _ _ _ _	
LAST NAME:		FIRST NAME:	MI:
MAILING ADDRESS:			
CITY:		STATE:	ZIP:
HOME PHONE:	CELL PHONE:	REFERRED BY:	

## CONDITIONS DESIRED:

Available date for work? Salary Desired:	Do you seek full-time or part-time employment?
Have you applied at this company before?	If yes, indicate dates:
Relatives and/or friends employed by this company?	If yes list all names (first and last):
Do you have special skills, experience, and/or qualifications related to position applied for (include languages spoken)?	If yes please list:
Do you have any physical limitations, which would hinder your performance in position applied for?	If so please list:

## EDUCATION:

High School:	FROM:	TO:	DID YOU GRADUATE? YES NO
Location:		Type of Diploma?	
College or Trade School:	FROM:	TO:	DID YOU GRADUATE? YES NO
Location:		Type of Diploma:	

**EMPLOYMENT HISTORY:** List your work history beginning with your present or most recent job.

Employer:	From:	To:	Hrs/week:	Job Title:
Address:	Phone:	Supervisor:	Is this your current employer? May we contact this employer?	
Reason for leaving:				
Employer:	From:	To:	Hrs/week:	Job Title:
Address:	Phone:	Supervisor:	May we contact this employer?	
Reason for leaving:				
Employer:	From:	To:	Hrs/week:	Job Title:
Address:	Phone:	Supervisor:	May we contact this employer?	
Reason for leaving:				

**PERSONAL REFERENCES:** (Please list non-relatives whom you have know for at least one year)

Yrs. Known	Name/Address	Phone #	Relationship

**IN CASE OF EMERGENCY NOTIFY:**

Name & Relationship	Phone #	City, State, & Zip Code			
I certify that I am a U.S. citizen, permanent resident or a Foreign National with authorization to work in the United States.		YES	—	NO	—
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?		YES	—	NO	—
If YES please explain.					

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for my dismissal. Further, I understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. Upon consideration of employment I agree to take a pre-employment drug test and understand that the outcome to those results will determine my eligibility for employment.

<b>Signature</b>	<b>Date</b>
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\*The civil rights act of 1964 prohibits discrimination in employment because race, color, religion, sex or national origin. Some states prohibit discrimination because of age. The age discrimination in employment act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40, but less than 65 years of age. If this state prohibits the request of any information on this form, this information will not be used to discriminate against possible employment.