



# Best Fire Equipment Company

## APPLICATION FOR EMPLOYMENT

We consider all applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Position(s) Applied For:	Date of Application:
How were you referred to our company?	

<b>PERSONAL DATA</b>			
Last Name, First, Initial	Home Phone No.	Business Phone No.	
Present Address	City/State/Zip	Years at Present Address	
If you have ever worked under any other names, please list			
Are you 21 yrs old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Availability for work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Day <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating			

<b>EDUCATION</b>																	
School Name and Location	Elementary School				High School				Trade School, Community College, College				Graduate/ Professional				
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study and Any honors Received																	
<hr/> <hr/>																	
List additional job related training, skills or experience																	
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<b>REFERENCES</b>
Give name, address and telephone number of three professional references we may contact, who are not related to you and who have knowledge of your abilities.

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**References:**

1.				
2.				
3.				
<b>WORK EXPERIENCE</b> -List most recent job first, Account for all periods of work and unemployment				
1. Company Name		Address		Phone
From Date	To Date	Type of Business	Position	Supervisor
Starting Salary	Last Salary	Reason for leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe the work you did				
2. Company Name		Address		Phone
From Date	To Date	Type of Business	Position	Supervisor
Starting Salary	Last Salary	Reason For Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe the work you did				
3. Company Name		Address		Phone
From Date	To Date	Type of Business	Position	Supervisor
Starting Salary	Last Salary	Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe the work you did				
Have you ever been convicted of a felony? (The existence of a criminal record does not constitute an automatic bar to employment): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:				
Details:				

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All information provided by me is true and complete to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application, or if employed, may result in subsequent dismissal.

I authorize investigation of all statements contained in this application as necessary and any background check investigations in arriving at an employment decision. As part of the investigation, I authorize prior employers, educators and contacts to release requested information and agree not to hold them or their organization legally liable for released information pertaining to my application for employment at this organization.

I understand that in the event I am employed, my employment shall be completely voluntary and may be terminated at any time by either myself or the company; no one can make a guarantee of employment. If employed, I agree to comply with all rules of the company as a condition of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date