

Falcon Fire Protection, Inc. Employment Application



Date: _____

General Information:

Last Name: _____ First Name: _____ Initial: _____

Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Cell Phone: _____ Home Phone: _____

Position Applying For: _____ Salary Desired/Hr. _____

Date Available: _____ Hours Available: _____

FULLTIME PARTIME TEMPORARY

If hired, will you be able to work overtime? YES NO

Education Information:

High School: _____

Vocation/Business/Other: _____

College/University: _____

College/University: _____

Graduate: _____

Other Special Knowledge, Skills or Qualifications (list any construction or manufacturing equipment, office skills, technical equipment or training):

Military Service (list dates, ranks and training):

Are you able to perform the essential job functions of the position you are applying for with or without reasonable accommodations? YES NO

It may be necessary to commute to multiple places during any given work day. Do you have reliable transportation that will enable you to get to and from work including potential multiple locations in one day without relying on others to take you to and from work? YES NO

Employment History:

List all employers, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Most Recent Employer: _____

Is this your current employer? _ NO _ YES

May we contact this employer for references? _ NO _ YES

Employed From: _____ Employed To: _____ Job Title: _____

Starting Salary: _____ Ending Salary: _____

Employer Name: _____ Employer Address: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Job Duties and Responsibilities: _____

Reason for Leaving: _____

Next Most Recent Employer: _____

May we contact this employer for references? _ NO _ YES

Employed From: _____ Employed To: _____ Job Title: _____

Starting Salary: _____ Ending Salary: _____

Employer Name: _____ Employer Address: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Job Duties and Responsibilities: _____

Reason for Leaving: _____

Next Most Recent Employer: _____

May we contact this employer for references? _ NO _ YES

Employed From: _____ Employed To: _____ Job Title: _____

Starting Salary: _____ Ending Salary: _____

Employer Name: _____ Employer Address: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Job Duties and Responsibilities: _____

Reason for Leaving: _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? A yes response does not automatically disqualify your application. If yes, please explain. YES NO: _____

Other Information:

Volunteer Activities (list organization, type of service, dates): _____

Hobbies, Interests, any other information you would like to submit (optional):

Certification and Authorization:

The above information is true and correct.

I authorize the Company to inquire into my education, past employment history, and references as needed to research my qualifications for this position. If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for the completion of Form I-9. I hereby acknowledge that I have read and agree to the above statements.

Signature: _____ Date: _____