

Eqpllt gu'Ht g'Rt qvgevkap 'Ugt xleg

APPLICATION FOR EMPLOYMENT

Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color creed, national origin, age, disability, sexual preference or any other legally protected status. If you require accommodations due to a disability in order to complete the application, please let us know what accommodation you require.

Application for Employment must be completed legibly and in full detail for you to be considered. Thank you for your interest.

PERSONAL DATA	
Position Applied For:	Date
Last Name First Middle	Home Telephone ()
Street Address	Business Telephone ()
City, State, Zip	Social Security #
Have you ever applied for employment with us? Yes No When?	Pay Expected
Is there any reason you cannot perform the duties and responsibilities of the position for which you are applying? Yes No	You may be required to work overtime as the Company determines necessary. Will you be available to work such overtime? Yes No
List any friends or relatives working for this Company and Relationship/Employee Referral:	
Are you Legally Authorized to work in the U.S.? Yes No	Are you 18 years or older? Yes No
How did you learn about us? Newspaper? Friend?	When will you be available to begin work?
Have you ever been arrested or convicted of a crime? If yes, give place, year and explanation. (An arrest or conviction is not necessarily a disqualification for employment, but failure to provide accurate information on any arrest or conviction will result in immediate discharge or withdrawal of any job offer.)	Were you previously employed by this Company? Yes No If yes, explain:

EDUCATION AND TRAINING				
Name and Location	Major	Graduated?		
		Yes/No	Degree	GPA
High School				
College				
College				
Business or Technical				
Graduate				
Other				

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Equipe Fire Protection Service, Inc.
Application for Employment

APPLICANT NAME: _____

List any additional training and graduate studies

MILITARY SERVICE

Have you served in the U.S. Armed Forces? Yes No	Date: From: _____ To: _____
Branch _____	Honorable Discharge Yes No
Final Rank _____	Special Training: _____

Can you travel if a job requires it? Yes No
 If you are currently employed, may we contact your present employer? Yes No

EMPLOYMENT HISTORY (Account for all time over the last 10 years including periods of unemployment)

Present or Last Employer		Dates	Salary
Name	Phone	From (mo./yr.)	Starting
Address (Street, City, State, Zip Code)		To (mo./yr.)	Ending
Supervisor	Reason for Leaving		
Job Title and Duties			

Employer		Dates	Salary
Name	Phone	From (mo./yr.)	Starting
Address (Street, City, State, Zip Code)		To (mo./yr.)	Ending
Supervisor	Reason for Leaving		
Job Title and Duties			

Employer		Dates	Salary
Name	Phone	From (mo./yr.)	Starting
Address (Street, City, State, Zip Code)		To (mo./yr.)	Ending
Supervisor	Reason for Leaving		
Job Title and Duties			

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Eqphkgu Fire Protection Services, Inc.
Application for Employment

APPLICANT NAME: _____

ALL OTHER POSITIONS HELD (Use additional sheets if necessary)

Name of Company	Position	Employment Dates		Salary	Reason for Leaving
		From	To		

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM.

1. I recognize that his application is not a contract of employment, nor should any of its terms be considered part of any employment contract. I understand that employment at Eqphkgu Fire Protection Service, Inc. is on an at-will basis, and that my employment may be terminated with or without cause, and without notice, at any time, at my option or at the option of Eqphkgu Fire Protection Service, Inc. I further understand that no Eqphkgu Fire Protection Service, Inc. representative has the authority to enter into a contract regarding my employment or in any way changing the at-will status of my employment, except for the President or Vice President of Eqphkgu Fire Protection Service, Inc. and then only by means of a signed written document.
2. I authorize Eqphkgu Fire Protection Service, Inc. and their agents to contact any or all of my former employers or any of the references I have supplied to them, for the purpose of verifying any information I have provided, and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment with any former employer.
3. I understand and agree that any false statement or omission of requested information made by me as part of this application, in the interview or orientation process or on any other employment form, may result in my immediate dismissal or the withdrawal of any job offer.
4. I recognize that any offer of employment is conditioned upon satisfactory results of a post offer medical examination, which includes Drug Screening.
5. I understand that any offer of employment is also contingent upon my ability to provide the documentation required by the Immigration Reform and Control Act of 1986 to substantiate that I am legally authorized to work in the United States.

Signed by Applicant

Date

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Confires Fire Protection Services, Inc.
Application for Employment

APPLICANT NAME: _____

PLEASE TAKE YOUR TIME TO COMPLETE THE FOLLOWING
ARITHMETIC PROBLEMS AND QUESTIONS:

Instructions: Please solve these problems. Check your work carefully.

Sample: 6 + 4 <hr style="width: 50px; margin: 0 auto;"/> 10

$$\begin{array}{r} 27 \\ +42 \\ \hline \end{array}$$

$$\begin{array}{r} 910 \\ -350 \\ \hline \end{array}$$

$$\begin{array}{r} \text{Divide 240} \\ \text{by } 4 \\ \hline \end{array}$$

$$\begin{array}{r} 1.625 \\ +.375 \\ \hline \end{array}$$

$$\begin{array}{r} 120 \\ -30 \\ \hline \end{array}$$

$$\begin{array}{r} 211.5 \\ \times 2 \\ \hline \end{array}$$

$$\begin{array}{r} \text{Divide 360} \\ \text{by } 9 \\ \hline \end{array}$$

$$\begin{array}{r} 403 \\ \times 12 \\ \hline \end{array}$$

$$\begin{array}{r} 560 \\ + 80 \\ \hline \end{array}$$

$$\begin{array}{r} 92 \\ -14 \\ \hline \end{array}$$

Please circle the correct answer:

- 1) There are 25 boards on a tray. You need to make 500 boards. How many trays do you need to make?
a) 10 b) 20 c) 30
- 2) If you start a job at 9:00 AM and finish the same job at 11:30 AM, how much time did it take to complete?
a) 2 hours b) 2 hours & 30 minutes c) 1 hour & 45 minutes
- 3) We have received 2 pallets of material. One contains 33 cartons, another contains 42 cartons. How many cartons were received?
a) 73 b) 75 c) 70
- 4) You are picking smoke detectors to fill a customer order. The order calls for 240 pieces. The parts are packaged 12 to a bundle. How many bundles should you pick?
a) 30 b) 40 c) 20
- 5) A part should be .25". Tolerances allow the part to be .01" larger or smaller. Which of the following would be no good?
a) .26" b) .27" c) .24"

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Confires Fire Protection Services, LLC.
Application for Employment

APPLICANT NAME: _____

**APPLICANT AUTHORIZATION AND CONSENT
FOR RELEASE OF INFORMATION #1**

Please read carefully before completing.

In order to be considered for a position, we require that all applicants consent to and authorize a pre-employment verification of the background information submitted on their application and/or resume.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements or intentional omissions or misrepresentations will result in my immediate discharge or refusal of employment.

This release authorizes Confires Fire Protection Service, Inc. to administer a personality profile, conduct a verification of my education, previous employment/work history, to contact personal references, to test for the presence of illegal drugs or unauthorized drugs (i.e. the taking of a prescription drug without a proper prescription or physician's order), to check motor vehicle records (for selected job categories), to receive records concerning arrests and convictions and, if offered employment, prior worker's compensation claims. At the time an offer of employment is made, I authorize the release of prior worker's compensation claims.

Signature: _____

I authorize Confires Fire Protection Service, Inc. to make the above referenced checks and inquiries. The results of this process will be used to determine employment eligibility under the employment policies of Confires Fire Protection Service, Inc.

I authorize persons, schools, current and former employers, and other organizations and agencies to provide Confires Fire Protection Service, Inc. with all information that may be requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information or any opinion that may be provided. I agree that any copy of this document is as valid as the original.

I do hereby agree to release and discharge Confires Fire Protection Service, Inc. and its agents or representatives from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

APPLICANT:

_____ Name (typed or printed)	_____ Social Security #	_____ Date of birth
_____ Signature	_____ High School	_____ Year of Graduation

Other name under which records may be listed (i.e., Maiden Name)

Driver's License #: _____ State: _____

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Confires Fire Protection Services, LLC.
Application for Employment

APPLICANT NAME: _____

PLEASE SUPPLY US WITH THREE PERSONAL REFERENCES.

1. Name: _____ Phone: _____

Address: _____

Years Known: _____ Relationship: _____

2. Name: _____ Phone: _____

Address: _____

Years Known: _____ Relationship: _____

3. Name: _____ Phone: _____

Address: _____

Years Known: _____ Relationship: _____

Please email completed forms to:
jobs@eqphkgu.com

Please Mail printed forms to:
Eqphkgu.16e0
; 32'Qcni'Vtgg'Cxgpwg'Uqwj 'Rrcplkgif . 'P L'292: 2/7357