

Absolute Fire Protection, LLC

107 N. Phillippi St. Boise, ID 83706
(208) 631-9934 Fax (877) 779-2954

Application for Employment

Notice to All Applicants: Our Company is an Equal Opportunity Employer and does not discriminate due to race, sex, religion, national origin, age, handicap or status as a disabled veteran or veteran of the Vietnam era.

Date: _____ Position Sought: _____ Fitter's License#: _____

Name (Last, First, MI, Name used): _____

Soc. Security No. _____ Birth Date _____ Eligible to work in US? _____

Address _____ Zip Code _____ City _____ State _____

Home Phone _____ Cell Phone _____

How were you referred to us? _____

EDUCATION/TRAINING/CERTIFICATIONS

Name/location of school	Courses studied	Graduated?

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

DO YOU HAVE A DRIVER'S LICENSE? Yes No

Do you have a reliable means of transportation to work? Yes No

Driver's license number _____ State of issue _____

Expiration date _____

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No Specialty _____

Date Entered _____ Discharge Date _____

How often were you late for work? _____

How often were you absent from work during the past year? _____

Are you able to read a tape measure? Yes No

Are you able to read construction blue prints? Yes No

Are you able to read fire sprinkler blue prints? Yes No

Are you able to furnish own gloves and proper footwear? Yes No

Are you able to lift 100 lbs. repetitively? Yes No (If NO answer below)

If not could you do so with reasonable accommodations? Yes No

Why? _____

REFERENCES

Name	Phone Number	Relationship

EMPLOYMENT HISTORY

(List all jobs held within the past 10 years, with most recent job listed first. Use extra sheets if necessary) – ***Please attach resume with included jobs you have ran in the past two years.***

Company Name	Positions Held	Last Supervisor	Reason for Leaving
Address/Phone		Final Pay rate	If laid off, will you accept recall?

Company Name	Positions Held	Last Supervisor	Reason for Leaving
Address/Phone		Final Pay rate	If laid off, will you accept recall?

Explanation for gaps: _____

Other training or experience: _____

I certify that the above information is correct and truthful, and that falsification of this application is grounds for rejection of the application or immediate discharge if I have been hired. I authorize you to contact any prior employers, and release them and you from any liability arising from disclosure of information concerning my past employment history. I understand that, as a condition of employment, I may be asked to pass a medical exam and that, if employed, I will be employed "at will".

Applicant Signature _____