

CAPITAL FIRE PROTECTION, LLC - APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION							
Last Name		First Name		Middle Initial		Social Security Number	
Street Address		City / State		Zip Code		Phone Number	
If hired, can you provide evidence of legal eligibility to work in the U.S.?				Any offer of employment is contingent upon completing a form I-9 and providing the appropriate documents for identity and work authorization.			
Position Desired		Wage / Salary Desired		Full Time? Part Time?			
Have you ever been convicted of a felony or misdemeanor involving any violent act, use or possession of a weapon, of act of dishonesty for which the record has not been seal or expunged, or do you have such a case pending?				If yes, when?		If yes, where?	
Date you can begin work?		Are you 18 years of age or older?		If under 18 years of age, you will be required to submit a birth or work certificate as required by federal law.			
EDUCATION							
Name of High School Attended		City & State		Graduate		GED	
Name of College or Technical School		City & State		Graduate		Major	
Are you presently enrolled in school?		If yes, give name & address of school and expected degree date.					
JOB RELATED SKILLS							
List an job-related skill or accomplishments, including military service.							
AVAILABILITY FOR WORK							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
Total Hours Per Week You Are Available for Work			Do you have any special requests or needs for a work schedule?				
REFERENCES							
Name & Occupation			How do you know them and for how long?			Phone Number	
EMPLOYMENT HISTORY							
Name of Employer				Job Title			
				Duties			
Address				Dates of Employment			
				From			
City, State, Zip Code				Hourly Pay or Salary			
				Starting Pay			
Supervisor				Reason for Leaving			
Telephone							
Name of Employer				Job Title			
				Duties			
Address				Dates of Employment			
				From			
City, State, Zip Code				Hourly Pay or Salary			
				Starting Pay			
Supervisor				Reason for Leaving			
Telephone							
Name of Employer				Job Title			
				Duties			
Address				Dates of Employment			
				From			
City, State, Zip Code				Hourly Pay or Salary			
				Starting Pay			
Supervisor				Reason for Leaving			
Telephone							
DISCLAIMER							
By submitting and signing this application, you agree that the information contained in this application are true and correct to the best of your knowledge. False or incomplete information may disqualify applicants for being considered for employment and may result in immediate discharge if discovered at a later date. Also, by signing, you agree to authorize Capital Fire Protection to contact references and former employers contained in this application. You release all such persons and organizations from legal liability for any statements made. Any potential employment is considered "at will". This means that employees may resign at any time, and that Capital Fire Protection, LLC may terminate employment at any time, with or without cause, and with or without advance notice.							
Signature				Date			

PHYSICAL FITNESS ADDENDUM - FIELD & SHOP POSITIONS ONLY

PHYSICAL REQUIREMENTS

- * You may be required to work in environments without air condition or heating.
- * You may be required to lift up to 50 pounds without assistance.
- * You may be required to lift 50 pounds or more with the assistance of another employee.
- * You will be required to demonstrate that you can safely ascend and descend ladders.
- * For full time employees, you will be required to work a minimum of 8 hours per day, 5 days per week contingent on customer demand.

Would you require any special accommodations to perform the work described above in a safe manner?

If yes, describe what special accommodations you would need to perform the work above.

For the safety of our employees, we are unable to consider employees for field or shop positions who are prone to fainting, seizures, or other losses of consciousness.

DISCLAIMER

By submitting and signing this page, you agree that you have answered the above questions truthfully and to the best of your knowledge.

Signature

Date