

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PLEASE PRINT IN INK

Applicants will receive consideration for employment without regard to any protected personal characteristic, including but not limited to race, color, creed, religion, national origin, sex, disability, age, marital or veteran status, sexual orientation and status with regard to public assistance or any other personal characteristic protected by federal, state or local law.

Applications are kept on file for a minimum of one (1) year. You may update your application upon request. Applications will be considered at the time of receipt.

This application must be completed in its entirety. Partial or incomplete applications may be cause for eliminating an applicant from consideration. A resume may be attached to the application but it will not substitute for completing the application.

It is the policy of the Flameproof Companies to conduct background checks upon acceptance of a job offer. If you are seeking employment but will not agree to such an investigation, and to disclosing the information needed to start the investigation process, it is not necessary for you to complete the Employment Application. By initialing below, you understand that, as a condition of employment, a background investigation will be conducted.

Please initial to verify that you understand the above statements: (initial)						
NAME:			DATE:			
Last	First	Middle Initial				
Have you worked under another name? YI	ES NO	If YES, give name: _				
ADDRESS:						
Number Street		City	State	ZIP		
BEST PHONE NUMBER TO REACH YOU	:		Home Mo	bile		
POSTION DESIRED:		DATE AVAIL	ABLE:			
If you are under 18 years of age, can you p	rovide require	ed proof of your eligibilit	y to work?	YES NO		
If hired, you will be required to show that yo within three (3) days of hire. Can you do the			nd to furnish	n proof of this		
Have you ever filed an application with us b	pefore? YES	NO If YES, give	date(s):			
Have you been employed by us in the past	? YES NO	If YES, give	date(s):			

Indicate all work experience beginning with your current or most recent position. Include any job-related military service assignment and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status. Complete all sections. Provide dates of employment for jobs held in the last 5 years only. A resume providing this information may be attached as a supplement. We will contact former employers for references.

May we contact your present employer? YES NO

Are you currently employed: YES NO

Employer: **Employer Telephone Number:** Job Title: Supervisor Name: Dates Employed: Final Pay: \$ per

Hour □Year Reason for Leaving: Employer: Employer Telephone Number: Job Title: Supervisor Name: per ☐ Hour ☐ Year Dates Employed: Final Pay: \$ Reason for Leaving: Employer: **Employer Telephone Number:** Job Title: Supervisor Name: Dates Employed: Final Pay: \$ per □ Hour □Year Reason for Leaving: **WORK REFERENCES:** Persons Name Company Name Phone Number Persons Name Company Name Phone Number

High School (Name/Location): Graduated? Y			duated? Yes No				
College (Name/Location): Degree Completed:			leted:				
Other Education (schools, seminars, mili	tary, etc.):						
Complete this section if a license is required to perform the duties of the job for which you are applying:							
License/Certification	State Issued	License/Certification Number	Expiration Date				
	1						
Nothing in this application or in the hiring process is to be construed as constituting a guarantee of employment. Individuals are free to resign at any time, just as Flameproof Companies is free to terminate employment at any time with or without cause or notice. While Flameproof Companies reserves the right to change an employee's position, title, job responsibilities or compensation at any time, with or without notice, the voluntary "at-will" employment relationship may not be modified by any oral or implied agreement. I agree that neither this application nor any personnel manual, which I may receive upon employment, is intended to be a contract of employment. I agree that any offer of employment is conditioned on (i) verification of my right to work in the United States; (ii) receipt of favorable references (as determined at the sole discretion of Flameproof Companies). I agree that any offer of employment may also be conditioned on (i) demonstration of physical ability to perform essential job function (all applicants are given the same testing); (ii) verification of any required license or registration and confirmation that no discipline, investigation or conditions will affect my ability to work under that license or the license of another, as determined by Flameproof Companies. AUTHORIZATIONS: I authorize all employers, agencies and other individuals or entities possessing relevant information to communicate freely with, and release information to, Flameproof Companies or its representative. A copy of this Employment Application form is valid for such authorization. I release Flameproof Companies and all individuals or entities providing information to Flameproof Companies from all claims or liabilities arising out of or related to such investigation or disclosure.							
I authorize Flameproof Companies to: (i) verify all statements contained in the Employment Application and any other information that I provide during the hiring process; (ii) make inquiries about my employment, education, military and/or criminal records; and (iii) obtain all other information it deems necessary in order to evaluate my application for employment.							
By signing below, I certify that all statements made by me in this Employment application and all other information I provide during the application process, are or will be, true and complete. I acknowledge that any misrepresentations, falsifications, or omissions may be cause to reject my application or result in termination of my employment if I am hired.							
Applicant Signature		Nate:					

APPLICANT – STOP HERE

TO BE COMPLETED AFTER HIRE ONLY

EMAIL ADDRESS:	GENDER: Male Female			
DATE OF BIRTH:	ATE OF BIRTH: SOCIAL SECURITY #:			
MARITAL STATUS: Single M	Married	Divorced W	/idowed	
ETHNICITY (Circle one): White (n	not Hispanio	c or Latino)	Black or African An	nerican
Hispanic or Latino	Asia	ın (not Hispanic or L	atino)	
American Indian or Ala	skan Native	e Native H	awaiian or Other Pacific I	slander
Two or More Races	Dec	line to Answer		
EMERGENCY CONTACT:				
NAME:				
PHONE #:		Home	Mobile	
MEDICA NEW CO DOCUMI	'S LICENSE L CARD PIES MUST	FBE BROUGHT IN U	PON RENEWAL OF EITHE	ER
SIGNATURE:			DATE:	
For Employer use only:				
BRANCH/LOCATION:				
DATE OF HIRE:		JOB TITLE:		
RATE OF PAY:		HOURLY	' SALARY	
DIRECT SUPERVISOR:				
PERSON COMPLETING FORM (Plea	ase print):			