



# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

## PERSONAL INFORMATION

NAME			DATE
NAME			SOCIAL SECURITY NUMBER
LAST	FIRST	MIDDLE	
ADDRESS			
STREET		CITY	STATE ZIP
PHONE NO.	ARE YOU 18 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>			
HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes describe: _____			

\*\* You will not be denied employment based solely on conviction record, unless the offense is related to the job for which you have applied.

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW ?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER ?	
EVER APPLIED TO THIS COMPANY BEFORE ?	WHEN?	
HOW DID YOU LEARN OF THIS POSITION ?		
DO YOU HAVE ANY JOB RELATED SKILLS OR TRAINING? Please describe: _____		
DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____		
PLEASE DESCRIBE: _____		
SUBJECTS OF SPECIAL STUDY OR WORK: _____		

LAST

FIRST

MIDDLE

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

U.S. MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

\* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

**FORMER EMPLOYERS**

(LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES** (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	PHONE
1			
2			
3			

IN CASE OF  
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE

I hereby authorize County Fire Protection, Inc. to request and use any and all information received regarding my employment, education, and/or any other information which may be pertinent to my suitability for employment with County Fire Protection, Inc. I also understand that County Fire Protection, Inc. may procure, or have produced by third parties, investigative consumer reports, and/or other investigative reports to verify information which I have provided, and/or other information which be pertinent to my employment.

I release from all liability and responsibility those organizations or parties supplying information to County Fire Protection, Inc. including all individuals connected therewith.

**POLYGRAPH NOTICE - IT IS UNLAWFUL TO REQUIRE OR ADMINISTER LIE DETECTOR OR SIMILAR TESTS OR EXAMINATIONS AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT.**

**EMPLOYMENT AT WILL - Employees of County Fire Protection, Inc. are at-will employees, and employment may be terminated at any time, and for any or no reason by the company. No representative of the company has the authority to enter into any agreement contrary to established company policies, unless it is in writing and signed by the President of the company.**

My signature denotes my understanding of the contents herein and that any misrepresentation or deliberate omission may justify termination of this employment process or, if employed, my immediate suspension and probable discharge. A copy of this authorization shall have the same effect as the original.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Do not write below this line

INTERVIEWED BY: \_\_\_\_\_

Date: \_\_\_\_\_

DATE REPORTING TO WORK \_\_\_\_\_

STARTING WAGE: \_\_\_\_\_