



## Application *Applicant completes*

This is an equal opportunity employer. Applicants will be considered regardless of race, color, national origin, religion, gender, age, marital, or veteran status; medical condition, disability; or any other legally protected status. Equal access to the hiring process, services, and employment is available to all individuals. Applicants requiring accommodations to the application and/or interview process should contact the Human Resource Representative.

Each question should be answered completely and accurately. No action will be taken on this application until all questions have been answered and the application has been signed and dated. Verification of eligibility to work in the U.S. will be required if an employment offer is made.

Date:

Name:                      Last                                      First                                      Middle

Address:                      Address                                      Apt. #                                      City                                      State                                      Zip Code

Primary Phone #:                                      Secondary Phone#:

Email Address:

Position(s) applying for:

Salary Expectations:                                      Referral Source:

Are you over the age of 18?    Yes        No

Are you eligible to work in the United States?    Yes        No

Are you fluent in a foreign language (if applicable)?    Yes        No                      List:

Are you currently employed:    Yes        No                      Date available for work:

Are you available to work:    Full-time        Part-time        Shift work        Temporary

Have you applied here before:    Yes        No                      If yes, give date:

Have you been convicted of a felony/misdemeanor, other than traffic violations?    Yes        No

If yes, please complete the following (will not necessarily disqualify you as an applicant):

Conviction:                                      Location:                                      Date:

Result or outcome:

**EDUCATION:**

School Level	Name & Location of School	Years Attended	Did you Graduate?	Degree or Certification
GED- High School				
Trade School				
College				
Graduate				



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**WORK HISTORY:** List your four most recent employers, list most recent first.

Employer:

Telephone Number:

Address:

Address

City

State

Zip Code

Dates Employed: From

To

Job Title:

Salary: Start

Final

Supervisor:

May we contact: Yes No J

Job Duties Performed:

Reason for Leaving:

Employer:

Telephone Number:

Address:

Address

City

State

Zip Code

Dates Employed: From

To

Job Title:

Salary: Start

Final

Supervisor:

May we contact: Yes No

Job duties Performed:

Reason for Leaving:

Employer:

Telephone Number:

Address:

Address

City

State

Zip Code

Dates Employed: From

To

Job Title:

Salary: Start

Final

Supervisor:

May we contact: Yes No

Job Duties Performed:

Reason for Leaving:



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**WORK HISTORY CONTINUED:**

Employer:

Telephone Number:

Address:

Address

City

State

Zip Code

Dates Employed: From

To

Job Title:

Salary: Start

Final

Supervisor:

May we contact: Yes No

Work Performed:

Reason for Leaving:

**MILITARY SERVICE RECORD:**

Branch of Service:

Discharge date and rank:

List job-related accomplishments, projects, and awards. (Exclude information that would reveal race, color, national origin, religion, gender, age, marital, or veteran status; medical condition, disability; or any other legally protected status.)

List additional information you would like us to consider.

**REFERENCES:**

List three professional references, (business or work) which are not relatives that you have known for at least one year. List at least one previous supervisor.

Name Company Best # to reach Years acquainted & relationship

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Name Company Best # to reach Years acquainted & relationship



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**AUTHORIZATION:**

I understand that Professional Fire Alarm Systems is making no employment offer at this time. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment or for termination, if employed.

I authorize PFAS to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, credit history, driving record, and other relevant information, if job-related. I give my full consent for all contacted individuals, including former employers, to provide information concerning this application, and I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to PFAS. I acknowledge that a facsimile and/or photocopy of this form is as valid as the original.

An employer-paid drug test and/or physical examination may be required. I understand that any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered for which no reasonable accommodation can be made.

I understand that this application is current for 60 days. At the conclusion of this time, if I have not heard from PFAS and still wish to be considered for employment, it will be necessary to complete a new application.

I understand that if I am hired, my employment at PFAS is "at-will" and may be terminated by myself or by PFAS at any time, with or without cause or notice, for any reason or for no reason. I understand that no representative of PFAS has the authority to make any assurance to the contrary.

Signature

Date

For purposes of this document, a typed signature will serve as the official signature.