



Employment Application

It is the policy of Cline Fire to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

Applicant I	nformation
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Full Name	Social Security Number
Home Address	City/State/Zip
Daytime Phone Number	Driver's License (State/Number)
Email Address	
Emergency Contact	
Who should be contacted if you are involved in an	emergency?
Contact Name	Relationship to You
Address	City/State/Zip
Phone Number	
Cline Fire	
Position Applying For	Number of Hours Desired
Pay Rate Desired	Who referred you to our company?
List any friends or relatives who work here.	
Have you applied to our company previously?	YesNo
If yes, when?	

Work

Are you at least 18 years old?	YesNo
How will you get to work? Drive myself	Other – explain:
If applicable, are you available to work overtime?	YesNo
If you are offered employment, when would you be a	vailable to begin work?
If hired, are you able to submit proof that you are leg State?	ally eligible for employment in the UnitedYesNo
Are you able to perform the essential functions of the reasonable accommodation?	e job position you seek with or without YesNo
What reasonable accommodation(s), if any, would ye	ou request?

Skill Areas

Circle the number that corresponds to your ability in each particular skill area. (1 represents poor ability and 6 represents exceptional ability.)

Customer service	1	2	3	4	5	6
Verbal communication	1	2	3	4	5	6
Written communication	1	2	3	4	5	6
Computer usage (e.g., Word, Excel, Adobe)	1	2	3	4	5	6
Technology/Electronics	1	2	3	4	5	6
Mechanical	1	2	3	4	5	6
Electrical	1	2	3	4	5	6

Do you currently hold a license in any of these areas? Please check those that apply.

 Fire extinguishers	 Fire alarms
 Backflows	 Sprinklers
 Pre-engineered systems	 Engineered systems
 NICET	

Please list any other skills that may be useful for the job you are seeking.



Employment History

List all jobs (including self-employment and military service) you have held, beginning with your current or most recent. If additional space is needed, please attach additional paper.

Company	Supervisor's Name
Beginning Date of Employment (month/year)	Ending Date of Employment (month/year)
Company Address	City/State/Zip
Title and Job Duties	
Reason for Leaving	
Company	Supervisor's Name
Beginning Date of Employment (month/year)	Ending Date of Employment (month/year)
Company Address	City/State/Zip
Title and Job Duties	
Reason for Leaving	
Company	Supervisor's Name
Beginning Date of Employment (month/year)	Ending Date of Employment (month/year)
Company Address	City/State/Zip
Title and Job Duties	
Reason for Leaving	

Education and Training

College/University Name and Location			
Did you receive a degree? No	Yes, please list:		
High School Name and Location			
Did you receive a diploma? No	Yes		
Other Training (e.g., graduate, technical)			
Please indicate any current professional licenses o	r certifications that you hold:		
Please indicate any awards, honors, special achieve	ements you have received:		
Military Service No Yes,	branch:		
References List three non-relatives who would be willing to provide a professional reference for you.			
Name	Relationship to You		
Address	City/State/Zip		
Phone			
Name	Relationship to You		
Address	City/State/Zip		
Phone			
Name	Relationship to You		
Address	City/State/Zip		
Phone			



Additional Information

Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current or previous employer, including a non-compete.

Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information is basis for rejection of my application or, if employment commences, immediate termination.

I authorize Cline Fire to contact former employers and educational organizations regarding my employment and education. I authorize my former and current employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of Cline Fire by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the same right. Moreover, no agent, representative, or employee of Cline Fire, except in a specific written contract of employment signed on behalf of Cline Fire by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

Additionally, I understand and agree to the fact that employment at Cline Fire is subject to and conditioned upon a satisfactory (i) background check, (ii) drug screening test, (iii) driving record (when applicable to the position applied for or offered), and (iv) documentation indicating eligibility to work within the United States pursuant to The Immigration Reform and Control Act of 1986.

I HAVE CARFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant Signature

Date