

Work

Are you at least 18 years old? _____ Yes _____ No

How will you get to work? _____ Drive myself _____ Other – explain: _____

If applicable, are you available to work overtime? _____ Yes _____ No

If you are offered employment, when would you be available to begin work? _____

If hired, are you able to submit proof that you are legally eligible for employment in the United State? _____ Yes _____ No

Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? _____ Yes _____ No

What reasonable accommodation(s), if any, would you 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



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

Applicant Signature

Date