

**FIELD'S Fire Protection, Inc.**  
**Employment Application**  
*Identification and General Information*

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Social Security Number</b>	
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Primary Telephone Number</b>	<b>Alternate Telephone Number</b>	<b>Alternate Contact Method</b>		

<b>I am applying for the following position(s):</b>		<b>Date I am available to start work:</b>
<b>Have you ever worked here?</b> Yes No	<b>Have you ever applied with us?</b> Yes No	<b>If you have applied with us before, when?</b>
<b>Are you eligible for employment in this country?</b> Yes No	<b>Are you 18 years of age or older?</b> Yes No	<b>What schedule are you available to work?</b>
		<b>Do you require any accommodations?</b> Yes No

Note: Answering **Yes** to the following questions will not necessarily disqualify you from employment. Each situation will be evaluated individually. Please explain any **Yes** answers in the space below.

<b>Have you ever been convicted of, or pleaded "No Contest" to a criminal violation?</b>	<b>Yes</b> <b>No</b>
<b>Are there any criminal charges pending against you?</b>	<b>Yes</b> <b>No</b>
<b>Have you ever been dishonorably discharged, or discharged under "less than honorable" circumstances from military service?</b>	<b>Yes</b> <b>No</b>
<b>Has your Drivers' License ever been suspended or revoked?</b>	<b>Yes</b> <b>No</b>

**Explain Yes Answers Here:**

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*Employment History (Use additional sheets if necessary)*

<b>Employer Name</b>		<b>Telephone Number</b>	<b>City</b>	<b>State</b>
<b>Start Date</b>	<b>End Date</b>	<b>Start Wage</b>	<b>End Wage</b>	
<b>Reason for Leaving</b>				
<b>List positions, duties, training or other information that will assist our evaluation:</b>				
<b>Employer Name</b>		<b>Telephone Number</b>	<b>City</b>	<b>State</b>
<b>Start Date</b>	<b>End Date</b>	<b>Start Wage</b>	<b>End Wage</b>	
<b>Reason for Leaving</b>				
<b>List positions, duties, training or other information that will assist our evaluation:</b>				
<b>Employer Name</b>		<b>Telephone Number</b>	<b>City</b>	<b>State</b>
<b>Start Date</b>	<b>End Date</b>	<b>Start Wage</b>	<b>End Wage</b>	
<b>Reason for Leaving</b>				
<b>List positions, duties, training or other information that will assist our evaluation:</b>				

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*Education*

High School	City and State	Did you graduate? Yes No	How many years?
Course of Study			
College	City and State	Did you graduate? Yes No	How many years?
Course of Study			
Additional	City and State	Did you graduate? Yes No	How many years?
Course of Study			

*Military Service*

Branch of Service	Type of Discharge	Entry Date	Discharge Date
List positions, rank, duties, training or other information that will assist our evaluation			

*Signature*

I declare that the information provided by me is complete and true. I am aware that any misrepresentation, omission of or discrepancy in facts may preclude an offer of employment, result in withdrawal of an employment offer or result in separation from employment.

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

Date of Application: \_\_\_\_\_

**FIELD'S Fire Protection, Inc.**  
**Applicant Certification and Instructions**

**Welcome**

Thank you for your interest in employment with Field's Fire Protection, Inc. (FFPI). This form provides you with important information about our company and instructions for completing our employment application. Please review this form carefully, check with us if you have any questions, and acknowledge the information with your signature at the bottom of this form.

**Equal Opportunity Employment**

We are proud to be an equal opportunity employer. We have a policy of making employment decisions without regard to race, color, gender, religion, national origin, citizenship, age or disability. Your opportunity for employment depends on the qualifications you demonstrate through our employment process. Should you require a reasonable accommodation in employment due to a disability, you must inform our organization in writing and attach it to the employment application. Please include, to the best of your knowledge, any specific accommodation necessary.

**Application Form Instructions**

Applicants will be considered for employment only if these instructions are followed:

- This applicant instruction and disclaimer form **must be signed and dated**.
- The **employment application** must be **fully completed**.
- Every question on the **employment application** must be **answered in full**.
- **Do not** use statement like "refer to resume" or "see resume" to answer a question.
- The **employment application** must be **signed and dated**.
- Applications are only valid 60 days from the date of completion. After 60 days, you must complete a new application for continued consideration.

**Applicant Certification of Agreement and Understanding**

I understand that no part of the employment process, documentation, relationship, handbook, benefit plan or other workplace practice shall serve to create an actual or implied contract of employment, or confer any right to remain an employee of FFPI. I agree to abide by, and understand FFPI may change or revise at any time without notice, compensation plans, benefit plans, or employment policies, procedures and practices. I understand that if hired, my employment is At-Will. This means that I, or FFPI, may end the employment relationship at any time, for any or no reason, with or without notice. This At-Will policy can only be modified in writing by the President of FFPI.

I authorize investigation of all statements, written or oral, that I make to FFPI during the employment process. I understand that misrepresentation, omission of facts or discrepancy between facts may lead to non-selection for or immediate separation from employment. I authorize FFPI to contact schools, previous employers (unless otherwise indicated), consumer credit entities, law enforcement agencies or any other source necessary to complete a background investigation. I release FFPI and any source contacted in the employment process from any liability, damages, causes of action, complaints or charges resulting from providing or using this information.

**Applicant Name (printed):** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_