



APPLICATION FOR EMPLOYMENT

Today's Date _____

APPLICANT NOTE: This Employment Application is intended for use in evaluating your qualifications for employment. It is not an employment contract. Please answer all questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. It is the policy of this company as an Equal Opportunity Employer to ensure that there shall be no discrimination against any employee or applicant for employment on the basis of age, race, color, creed, marital status, religion, sex, national origin, disability or veteran status, or any other status protected by law.

COMPLETE ALL QUESTIONS; PLEASE PRINT CAREFULLY.

PERSONAL DATA

NAME (Last) _____ (First) _____ (Middle) _____			Social Security Number _____	
LIST ANY OTHER NAMES USED _____				
HOME ADDRESS (Number & Street) _____			City _____	
			State _____	ZIP _____
Home Phone (with area code) _____		Daytime Phone (with area code) _____		Can we contact you at work? Yes No
Years at Current Address: _____	If less than 7 years, list all other cities and states in which you lived during the past 7 years. _____			
Are you 18 years of age or older? Yes No	Are you legally eligible for employment in this country? Yes No (Proof of eligibility will be required upon employment.)			
Other than minor traffic offenses, have you ever been convicted of a crime? (A conviction record will not necessarily bar you from employment.)		Yes No	IF YES, describe in detail below including date and location of offense.	
Have you ever applied here previously? Yes No IF YES, in what year? _____				
Have you ever been employed here previously? Yes No If YES, complete information below.		Starting and Ending Dates of Employment		
Position(s) Held _____		Reason for leaving _____		
Do you have any relatives presently employed here? Yes No IF YES, complete information below.				
Name _____	Relation _____	Job Title _____	Location _____	

POSITION

Position Desired _____		Salary Expected \$ _____ Month		What Date Are You Available? _____	
Are you willing to travel? Yes No IF YES, any restrictions? _____			Work Availability Part Time Full Time Shift Work		
Are you willing to relocate? Yes No IF YES, any restrictions? _____			May we contact your current employer for Verification? Yes No N/A		
If position requires driving, Complete following:	License No. _____	State Issued _____	Expiration _____	Class _____	

APPLICANT NAME: _____

DATE: _____

EMPLOYMENT HISTORY

PRESENT OR LAST EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i>] Yes No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone Number</i>	
SECOND PREVIOUS EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i>] Yes No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone Number</i>	
THIRD PREVIOUS EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i>] Yes No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone Number</i>	

EDUCATION (If degree was received under a different name, please include.)

<i>School</i>	<i>Name of School - Street Address, City & State</i>	<i>Degree Received</i>	<i>Year Received</i>	<i>Dates of Attendance</i>	<i>Major & Minor Fields of Study</i>
<i>High School</i>					
<i>College</i>					
<i>Other, Including GED</i>					

MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran? Yes No If yes, list type of discharge _____

Dates of Service (From/To): _____

Are you a surviving spouse of a veteran who has not remarried? Yes No Are you a surviving orphan of a veteran? Yes No

If yes, complete dates of service for veteran _____

I certify that I have read and understand the "Applicant Note" on Page One of this application and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentations of the facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents including consumer reporting companies to verify any of this information. I authorize all persons, schools, companies, law enforcement agencies, and consumer reporting bureaus to release any and all information regarding my background.

<i>Applicant's Signature</i>	<i>Date</i>
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Certifications and Safety Training

FOR EMPLOYEE USE ONLY

Please list below any certification that you have obtained prior to being employed at Koetter Fire Protection International, LLC. For the certifications that you have listed below a copy of that certification must be provided to Koetter Fire Protection International, LLC before assigning a start date.

Certification Name	Completion Date	Expiration Date	Date which Koetter received copy.

FOR EMPLOYER USE ONLY

Name of New Hire (PRINT): _____ Start Date: _____

Safety Checklist: Once the following Training, Information, and PPE have been given to the new employee the Safety Manager will sign and attach all certifications and forms to be placed in Employee Folder.

Safety Training	Date of Completion
OSHA 30 Construction Outreach	
OSHA 10 Construction Outreach	
Aerial Lift (Boom lift/Scissor Lift)	
Safety Information & PPE	Date Received
Safety Manual	
Safety Manual Acknowledgment Form	
Exercise Waiver	
All Personnel Protective Equipment	

Safety Manager Signature: _____ Date: _____