

**APPLICATION FOR EMPLOYMENT**

If you need help filling out this Application for Employment, please notify the person you obtained it from. \_\_\_\_\_ will undertake reasonable efforts to accommodate your needs promptly. Kistler O'Brien Fire Protection is an equal opportunity employer. Kistler O'Brien Fire Protection does not discriminate on the basis of religion, race, creed, color, national origin, sex, age, disability, handicap, marital status, or any other applicable legally protected category. No questions on this Application are intended to secure information to be used for any discrimination prohibited by applicable law.

**PLEASE PRINT OR TYPE**

Name (Last, First, MI)		
Present Address – Street		Telephone No. (    )                      -
City/State/Zip		Best time to reach you AM            PM
Date available for employment	Position applying for	Salary Desired
Are you on Lay Off/Subject to recall  <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, name of company	
Can you produce proof that you are eligible to work in the USA?  <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you willing to work SATURDAYS, SUNDAYS and HOLIDAYS?  <input type="checkbox"/> YES <input type="checkbox"/> NO (explain)	Are you willing to work OVERTIME?  <input type="checkbox"/> YES <input type="checkbox"/> NO (explain)	Type of employment applying for:  <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
Have you ever been employed by this company before? If yes, when & where.  <input type="checkbox"/> NO	Are you willing to be "on call" and work nights and/or emergencies?  <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever applied for employment for this company? If yes, when & where.  <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of a crime within the last 7 years (other than minor traffic violation)?  <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, give details:		
Are you 19 years old or older? <input type="checkbox"/> YES <input type="checkbox"/> NO If less than 19, give date of birth.                      _____		

EDUCATION					
SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. YEARS	GRADUATE?	DEGREE/DIPLOMA
HIGH SCHOOL					
COLLEGE					
OTHER					
LIST THREE REFERENCES (PREVIOUS SUPERVISOR PREFERRED)					
Name and Relationship		Occupation	Address		Telephone No.
Name and Relationship		Occupation	Address		Telephone No.
Name and Relationship		Occupation	Address		Telephone No.

**EMPLOYMENT RECORD**

From	Company Name/Address	Telephone	Pay Rate	Reason for Leaving
To				
From	Company Name/Address	Telephone		Reason for Leaving
To				
From	Company Name/Address	Telephone		Reason for Leaving
To				
From	Company Name/Address	Telephone		Reason for Leaving
To				

**Periods of Unemployment**

Please account for all periods of unemployment of one month or more. You may OMIT any references to periods of disability. Include military service and summer part-time jobs. If a person was part-time or temporary, please indicate that status. If you need more space, please continue on a separate sheet of paper.


Are you currently employed?  YES     NO

If so, may we inquire of your present employer?  YES     NO

STATEMENT

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that a false or misleading statement or omission during any interview of me or on this form may be a cause for rejection of my application or may be cause for my employment to be terminated, if I am hired. I authorize investigation of all statements contained in this application and authorize the references listed in this application to give you any and all information concerning my previous employment, and all pertinent information they may have, personal or otherwise, and I release all parties from all liability for any damage that may result from furnishing that information to Kistler O'Brien Fire Protection. I acknowledge that if I have not fully completed this application, I will not be considered for potential employment.

By me signing my name below, I understand that nothing contained in this application or in the interview process (if I am interviewed) is intended to create an employment contract between Kistler O'Brien Fire Protection and me. If I am offered and accept a job with Kistler O'Brien Fire Protection, I have the right to end my employment at any time and for any or no reason, and Kistler O'Brien Fire Protection retains the right to end my employment at any time for any or no reason. I understand that no representative of Kistler O'Brien Fire Protection, other than the President, has any authority to make any agreement with me for any specified period of time or to guarantee some job-related term or benefit. I understand that any guarantee, term or benefit shall be valid only if it is included in an employment contract for me with Kistler O'Brien Fire Protection that is signed by the President of Kistler O'Brien Fire Protection. I understand that this entire statement (both paragraphs) applies to the period before and after I may become employed. I acknowledge that I have read and understand each of the above two paragraphs (including this paragraph) as well as the entire Application form.

I understand that the use, possession, distribution, purchase or sale of illegal drugs and the illegal use of drugs is prohibited during employment by Kistler O'Brien Fire Protection. I also understand that the use of alcohol or being under the influence of alcohol while at work is also prohibited. If Kistler O'Brien Fire Protection requires, I am willing to submit to drug testing to detect use of illegal drugs or the illegal use of drugs prior to and/or during (if I am hired) employment. I am also willing to submit to alcohol testing.

Date: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Applicant's Name \_\_\_\_\_

[PRINT]

WORKING AT \_\_\_\_\_

Thank you for your interest in working at Kistler O'Brien Fire Protection . Serving our customers is our #1 priority. Some things which may be required of our employees:

- lift bulky items
- lift heavy items
- read and understand maps/directions
- maintain a safe working environment for the protection of all employees and customers
- maintain a clean vehicle
- work throughout all weather conditions (unless deemed unsafe by management)
- complete a variety of paperwork
- attend Safety Meetings
- work HOLIDAYS, SATURDAYS and SUNDAYS

Can you perform the essential function(s) for which you are applying with or without reasonable accommodation?

YES       NO

You are considered able to perform a job function if you can perform it with reasonable accommodation. If you are not sure of the essential functions of the job(s) for which you are applying, please request to speak with management.

If applicable, state below the reasonable accommodation, if any, you seek in order to perform the essential function(s) of the job(s) for which you are applying:

**IMPORTANT:** All applicants who are able to perform the essential functions of the job(s) applied for, with or without reasonable accommodation, will be considered equally, without regard to any disability.

RELEASE AND AUTHORIZATION TO CHECK APPLICANT'S CREDENTIALS

I authorize Kistler O'Brien Fire Protection, which is also referred to as the Company, to perform all checks of my credentials and background as allowed by law, including, but not limited to, discussions with present and/or former supervisors, co-workers, friends, business associates and/or other individuals that Kistler O'Brien Fire Protection, in its sole discretion, believes may have relevant information regarding my suitability for employment.

I also authorize such other investigation as Kistler O'Brien Fire Protection and/or its agents and consumer reporting bureaus to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background, and I release all said persons, schools, companies, employers and law enforcement authorities from all liability for any damage whatsoever for issuing this information.

Please print

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

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