Application for Employment

Equal Employment Opportunity Statement:

Employment decisions will be based on the principles of equal opportunity. All personnel actions (recruiting, hiring, training, promotion, compensation, etc.) are administered without regard to any characteristic protected by state, federal or local law, assuming said characteristic does not interfere with the performance of essential job functions. Reasonable accommodations will be made for disabilities and religious beliefs. Please inform us of any necessary accommodations to the application process.

Please print.		
Applicant Name: First	Middle	Last
	-	
Address	City	State Zip
	\wedge	100
Telephone Number		email address
	V CC	
Position(s) Applied For	691	Date of Application
		.07
Salary Expected	Company of the Compan	- W " - 1
	- Thinks &	1
How did you learn about David	d Crockett Steam Fire Co	ompany No. 1?
☐ Ad <mark>ver</mark> tisement—Spe <mark>cif</mark> y:		☐ Employment Agency—Specify:
☐ E <mark>mplo</mark> yee Referral— <mark>W</mark> hic	th employee?	Other—Specify:
Have you applied for a positio	n with us before? No	Yes—Specify date:
Have you ever been employed	d with us before? \(\square\$ No	Yes—Specify date and position: _
	-0-	~ / / / //
Are you currently employed?	☐ No ☐ Yes	18/1
Are you curr <mark>entl</mark> y on "l <mark>a</mark> y-off"	status and subject to rec	call? 🔲 No 🔲 Yes
On what date would you be av	vailable for work?	
Are you available to work:	☐ Full-time ☐ Part-	time 🗌 All sh ifts 🔲 Tem <mark>porar</mark> y
Can you travel for work if nec	essary? Yes	No
Are you legally permitted to w	ork in the United States?	? Yes No
NOTE: Proof of eligibility w	ill be required within t	three working days of employment.
Are you 18 years of age or old	der? 🗌 Yes 🔲 No	
Are you willing to take drug te	ests at the Company's red	quest? 🗌 No 🔲 Yes
Have you ever gone by a nam		ed above?

EDUCATION

List the last 3 schools attended.

Name of College	Location
Years Completed Degree/Major	Ģ.P.A.
Diploma obtained? 🔲 Yes 🔲 No	
Name of College	Location
Years Completed Degree/Major	G.P.A.
	CID
Diploma obt <mark>aine</mark> d?	310, 7
Name of C <mark>olle</mark> ge	Location
Years C <mark>omp</mark> lete <mark>d D</mark> egre <mark>e</mark> /Major	Ģ.P.A.
Diplom <mark>a ob</mark> tained? 🔲 <mark>Y</mark> es 🔲 No	
M	ILITARY CERVICE
	ILITARY SERVICE
	☐ Yes ☐ No
NOTE: If you answered "no" to the above ques	
What was the length of your military service?	years, months
What was your rank at the time of discharge?	The Age of the Control of the Contro
What type of training and work experience did	you receive write in the military?
1. 5	The last
Describe how you must benefited from being it	n the convices
Describe how you most benefited from being in	Tute service.
Describe how you least benefited from being in	1 the service:

EMPLOYMENT HISTORY

Employer		Supervisor	
Address		Phone	
Position Title and Duties			
	C	RO-	
Starting Date	Ending Date	Starting Pay	Ending Pay
Why did you l <mark>eav</mark> e this job May we con <mark>tac</mark> t this emplo		o □ Later	10
Employer	100	Supervisor	171
Address	E India	Phone	141
Position Title and Duties	(A)	08	
Starting Date	Ending Date	Starting Pay	Ending Pay
Why did you leave this job May we contact this emplo			2/
Employer	(P.	Supervisor	
Address		Phone	
Position Title and Duties			
Starting Date	Ending Date	Starting Pay	Ending Pay
Why did you leave this job		o 🗌 Later	

REFERENCES

Name	Phone Number	Years Known

APPLICANT'S STATEMENT

I certify that the information provided in this application is true, to the best of my knowledge.

I understand that providing false or misleading information at any time during the application and interview process may lead to refusal to hire or discharge from the Company. If I become employed by the Company, I agree to follow all the rules and regulations of the Company as they develop and change.

I allow the Company to conduct investigations on me, my background and my performance, and am aware that such investigations will become a part of my employment record. With this, I authorize the Company to speak with my acquaintances, personal and professional, to gather information about me.

I authorize all former employers and references to provide any information about me to the Company and release them of liabilities and damages of all kinds for providing this information. I authorize the Company to verify the accuracy of the information within this application. I also authorize the release of my educational transcripts to the Company for education verification purposes.

I release David Crockett Steam Fire Company No. 1 from liability for collecting information about me and using it to make employment decisions.

If I become employed by the Company, I understand that the employment relationship will be "at will," and that the "at will," status may not change at any time unless specifically approved, in writing, by the CEO of the Company.

I agree that if I become indebted to the Company, I will be responsible for repaying the total owed upon termination from the Company. If I do not repay the sum prior to my final paycheck being received, the money owed will be deducted from my pay.

This application for employment is valid for the next 90 days. I understand that if I wish to be considered for employment after this period of time, I must apply again.

Signature of Applicant	Da	te