

Application for Employment

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, handicap, marital or veteran status, sexual orientation, or any other legally protected status.



PERSONAL INFORMATION

(PLEASE PRINT)

Date of Application: _____ Position(s) Applied For: _____

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip _____

Home Telephone Number _____ Cell Phone Number _____ Social Security Number _____

EMPLOYABILITY

If you are under the age of 18 can you provide required proof of your eligibility to work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Have you ever applied for employment with us before? If yes, please give date: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Have you ever been employed with Derby Fire & Safety before? If yes, please give date: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are you currently employed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
May we contact your present employer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Have you been convicted of a felony in the 7 years? (Conviction will not necessarily disqualify an applicant from employment) If yes, Please explain: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

AVAILABILITY

On what date will you be available to begin work? _____			
Are you available to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary
Can you travel if required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

EMPLOYMENT HISTORY - Please give accurate, complete full-time employment record. Start with your most recent employer. We may contact the employer(s) listed unless you indicate those that you do not wish to be contacted.

1	_____	_____
	Company Name	Telephone #
	_____	From _____ TO _____
	Address	Dates Employed (Month & Year)
_____	_____	_____
Name of Supervisor	Beginning Salary	Ending Salary
_____	_____	
Job Title & Description	Reason for Leaving	

2	_____	_____
	Company Name	Telephone #
	_____	From _____ TO _____
	Address	Dates Employed (Month & Year)
_____	_____	_____
Name of Supervisor	Beginning Salary	Ending Salary
_____	_____	
Job Title & Description	Reason for Leaving	

3	_____	_____
	Company Name	Telephone #
	_____	From _____ TO _____
	Address	Dates Employed (Month & Year)
_____	_____	_____
Name of Supervisor	Beginning Salary	Ending Salary
_____	_____	
Job Title & Description	Reason for Leaving	

MILITARY

Did you serve in the U.S. Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, in what branch? _____
Describe any training received relevant to the position for which you are applying. _____

HOW DID YOU HEAR ABOUT US

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Relative	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Walk-In	Other: _____
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EDUCATION

Graduate

Name & Location of School: _____

Course of Study: _____

Did you graduate? YES NO / Degree Diploma

College

Name & Location of School: _____

Course of Study: _____

Did you graduate? YES NO / Degree Diploma

Business/Trade/Technical

Name & Location of School: _____

Course of Study: _____

Did you graduate? YES NO / Degree Diploma

High School

Name & Location of School: _____

Course of Study: _____

Did you graduate? YES NO / Degree Diploma

Elementary

Name & Location of School: _____

Course of Study: _____

PERSONAL REFERENCES

(Please give name address and phone number)

1. _____

2. _____

3. _____

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an Investigative Consumer reporting agency to report on my credit and personal history, I authorize you to do so. If report is obtained you must provide, at my request, the name of the agency so that I can obtain from them the nature and substance of the information contained in the report.

Signature: _____

Date: _____

**Derby Fire & Safety
157 Marvin Avenue
Brooks, KY 40109**

Applicant Information Release

Consumer reports may be obtained as part of my employment with Derby Fire & Safety, LLC. The reports may include my driving record, an assessment of my insurability under the company's insurance coverages or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time-to-time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Name (printed) _____

_____ City _____ State _____ Zip

PLEASE COMPLETE

Date of Birth: _____

State of License: _____ License # _____

Proof of Insurance Provided: YES NO

Signed (applicant): _____ Date: _____

FOR INSURANCE USE ONLY

This employee is eligible to operate a Derby Fire & Safety vehicle _____

This employee is NOT eligible to operate a Derby Fire & Safety vehicle _____

Signed: _____ Date: _____