



TOTAL FIRE PROTECTION, INC.

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80 GATEWAY CIRCLE | BERTHOUD, CO 80513
5610 ZIP DRIVE | FORT MYERS, FL 33905

Application For Employment

To: All Applicants

Effective: June 1, 2021

To the Applicant: We appreciate your interest in our Company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgement, best meets your qualifications.

- 1. Applications must be filled out completely.** If your application cannot be filled out completely, explain why before leaving our office. Incomplete applications will be put on reserve for 30 days or until completed, whichever comes first. Applications will stay in our office. No copies of applications are given or accepted.
- 2. Current Address and Previous Address** should include: street address, city, state, and zip code.
- 3.** Business references refer to owners or managers of businesses who know you from personal experience.
- 4.** Applicants may attach a resume to this application, but a complete, signed Company application is required for employment consideration.
- 5.** Applications are active for **30 days**. After 30 days, the applicant must reapply. It is the responsibility of the applicant to keep track of the time schedule for applications. The Company will not notify you of an applications expiration.
- 6. Carefully read all statements on the application and sign page 6.** Applications that do not authorize statements 1 through 11 will **not** be processed.
- 7.** For your information: We base our hiring decisions on a variety of factors, including skills and ability to perform the job, prior employment with us, employment references as to character and willingness to work, willingness to accept the offered salary, and personal interviews. Further, our need to hire may change without notice as business conditions change. We do not discriminate on the basis of race, sex, color, age, union affiliation, national origin, disability, or any other status protected by law.

TOTAL FIRE PROTECTION, INC.
APPLICATION FOR EMPLOYMENT

TODAY'S DATE: _____

INSTRUCTIONS

You must answer all questions accurately and completely. You must sign and date the application. **Do not provide information not requested.** If you do not comply with these instructions, your application will be disregarded.

NAME: _____
(LAST) (FIRST) (MIDDLE)

CURRENT ADDRESS: _____
Street City, State, Zip

LENGTH OF TIME AT THIS ADDRESS : _____

PREVIOUS ADDRESS: _____
Street (House #, Street, & Apt #(if applicable) City, State, Zip

LENGTH OF TIME AT THIS ADDRESS : _____

SOC. SEC. NO: _____ TELEPHONE: _____

EMAIL: _____

Job(s) applied for: 1. _____ Rate of pay expected \$ _____ per _____
2. _____ Rate of pay expected \$ _____ per _____

Do you want to work: Full-Time ___ Part-Time ___? If applying only for part-time, what days and hours?

Do you have any activities, commitments, or responsibilities (for example car pooling, school, other employment) which might in any way restrict the hours (including overtime) or days you can work?

Have you ever applied for work with us before? Yes _____ No _____ If yes, when?

List anyone you know who works for us:

Are you able to do the essential functions of the job(s) for which you are applying? Yes _____ No _____

If no, please identify the applicable functions: _____

Are you authorized to work in the United States? Yes _____ No _____

If hired, when can you start? _____

Do you have a valid driver's license? Yes _____ No _____ License # _____ State _____

U.S. Armed Forces Service? Yes _____ No _____ From _____ to _____

Branch of Service: _____ Duties: _____

Rank or rating at time of enlistment: _____

Rating at time of discharge: _____

Are you in the reserves? Yes _____ No _____ If yes, date obligation ends: _____

Name, address and telephone number of the person to be notified in the event of accident or emergency:

Name

Relationship

Phone

Street

City

State/Zip Code

Do you have any skills, qualifications or experiences which you feel would especially fit you for work with us?

EDUCATION

SCHOOL	NO. OF YEARS ATTENDED	NAME OF SCHOOL	CITY/STATE	COURSE	DID YOU GRADUATE
HIGH					
COLLEGE					
OTHER					

PRIOR WORK EXPERIENCE

(Please list your most recent employment first, use additional space below if necessary to list all prior employers.)

NAME & ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT		TYPE OF WORK DONE	REASON FOR LEAVING
	FROM	TO		

BUSINESS REFERENCES

(List only those persons who held managerial positions in the companies
you were employed at during the time of your employment.)

NAME	ADDRESS AND TELEPHONE NO.	OCCUPATION

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY:

1. Certification of Truthfulness.

I certify that all statements on this Application for Employment are complete and truthful and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed may result in my dismissal.

2. Authorization for Employment/Educational Information.

I authorize the references listed in this Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give this Company any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I hereby waive written notice that employment information is being provided by any person or organization.

3. Employment at Will.

If I am hired, in consideration of my employment, I agree to abide by the rules and policies of this Company, including any changes made from time to time, and agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or other representative of the Company, other than the President, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. Any such agreement made by the President must be made in writing to be effective.

4. Authorization to Work.

If I am selected for hire, I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform and Control Act of 1986.

5. Limitation on Claims.

I agree that any lawsuit or claim against the Company arising out of my employment or termination of employment (including, but not limited to, claims arising under state, federal or local civil rights laws) must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit.

6. Need for Accommodation.

If I have a mental or physical disability and require an accommodation to perform the job, I must notify the Company of that need in writing within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me from alleging that the Company has not accommodated me as required by law.

7. Criminal Records Check.

I authorize the Company to secure my criminal conviction history. I agree to execute the appropriate authorization if necessary, to obtain such information.

8. Driving Record Check.

I agree to execute an authorization for this employer to inquire into, and obtain documents related to any driving record from every state in which I have held a motor vehicle operators license or permit.

9. Release of Medical Information.

I authorize every medical doctor, physician or other health care provider to provide any and all information, including but not limited to, all medical reports, laboratory reports, X-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I hereby release every medical doctor, health care personnel and every other person, firm, officer, corporation, association, organization or institution which shall comply with the authorization or request made in this respect from any and all liability. I understand that this release will not be sent to my physician or other health care provider until a conditional job offer has been made.

10. Physical Exam and Drug and Alcohol Testing.

I agree to take a physical exam following a conditional job offer. I also authorize the Company or its designated agent(s) to withdraw specimen(s) of my blood, urine, hair and/or other substances for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs or other substances. I understand that decisions concerning my employment may be made as a result of these tests.

11. Consideration for Employment.

I understand that my application will be considered pursuant to the Company's normal procedures for a period of thirty (30) days. If I am still interested in employment thereafter, I must reapply

I agree that if any of the above commitments is ever found to be legally unenforceable as written, the particular commitment concerned shall be limited to allow its enforcement as far as legally possible.

I have read, understand, and agree to items 1 through 11 above. I knowingly and voluntarily acknowledge that with my signature below.



Applicant's Signature

Date

For Employer Use Only		
Interviewed By: _____	Date: _____	Hired: _____ Yes _____ No
Starting Date: _____	Position: _____	Wage: _____