

# A & M Fire And Safety Equipment, Inc.

## A & M Fire Protection      A&M Welding Supplies

### Application For Employment (PLEASE PRINT)

Position Applied For: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last / First / Middle)

Address: \_\_\_\_\_  
(No. Street / City / State / Zip)

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Email Address: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No      If not, can you provide required proof of your eligibility to work?  Yes  No

If hired, can you provide written evidence that you are authorized to work in the U.S.?  Yes  No

Are you currently on "Lay-Off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last seven (7) years?  Yes  No

Please Specify : \_\_\_\_\_

### **EDUCATION**

Type	Name/Location	Course of Study	# Years Completed	Degree/Diploma
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Technical or Other	_____	_____	_____	_____

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT RECORD**

<b>Company Name and address</b>	<b>Kind of Work</b>	<b>Date: Started/Left</b>	<b>Rate of Pay</b>	<b>Reason for Leaving</b>
1. _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
2. _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
3. _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
4. _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

**U.S. MILITARY SERVICE**

Branch of Service \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Rank and Type of Service \_\_\_\_\_

Training/Experience Received \_\_\_\_\_

**REFERENCES (Do Not Include Relatives)**

Name/ Occupation/ Years/ Known Address

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**EMPLOYMENT**

Type of Work Desired \_\_\_\_\_ Salary Desired \_\_\_\_\_

How Were You Referred To Our Organization? \_\_\_\_\_

Do You Have Any Relatives Who Are Employed By This Organization? \_\_Yes \_\_No

Please Specify : \_\_\_\_\_

Have You Ever Filed An Application With Organization Before? \_\_Yes \_\_No

Are You Currently Employed?  Yes  No    May We Contact Your Current Employer?  Yes  No

Is there any information we would need about your name, or use of another name, for us to be able to check your work record?  Yes  No

Please Specify : \_\_\_\_\_

On What Date Would You Be Available For Work? \_\_\_\_\_

**APPLICANT'S STATEMENT**

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_