FOOTHILLS FIRE PROTECTION, INC. APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

Submit this application for employment by email to employment@foothillsfire.com or fax at (480) 951-2299

	Last Name	First	Middle	Date
	Street Address			Home Telephone
	City, State, Zip			Business Telephone
		nt with us? and YearLocation		
Ρ	Position Desired			Pay Expected
E R S O N A L	Apart from absence for religious obse	Will you work overtime if asked?		
	Are you legally eligible for employmer	nt in the United States?		When will you be available to begin work?
	Have you been convicted of any crime offenses, which have not been annulle Yes No If "Yes," describe		demeanors and summary	Have you ever been bonded?
	Other special training or skills (langua	ges, machine operation, etc.)		

E	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				□ Yes □ No	
D U C	College				□ Yes □ No	
A T I O N	Business /Trade/ Technical				□ Yes □ No	
	High School				□ Yes □ No	
	Elementary				□ Yes □ No	

Foothills Fire Protection, Inc. • 7435 E. Karen Drive • Scottsdale, AZ 85260 Phone: (480) 951-3434 • Fax: (480) 951-3434 • employment@foothillsfire.com

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

\frown	Company Name	Telephone		
		()		
	Address	Employed - (State	e month and year)	_
		From	То	
1	Name of Supervisor	Weekly pay		_
·		Start	Last	
	State Job Title and Describe Your Work	Reason for leaving	g	_

\cap	Company Name	Telephone		
		()		
	Address	Employed - (State month and year)		
		From	То	
2	Name of Supervisor	Weekly pay		
2		Start	Last	
	State Job Title and Describe Your Work	Reason for leaving		

\frown	Company Name	Telephone		
		()		
	Address	Employed - (State month and year)		
		From	То	
3	Name of Supervisor	Weekly pay		
ာ		Start	Last	
	State Job Title and Describe Your Work	Reason for leaving		

\frown	Company Name	Telephone		
		()		
	Address	Employed - (Stat	e month and year)	
		From	То	
4	Name of Supervisor	Weekly pay		
		Start	Last	
	State Job Title and Describe Your Work	Reason for leavir	ng	

	DO NOT CONTACT		
We may contact the employers listed above unless you indicate those you do not want us to contact.	Employer Number(s)Reason		

MILITARY	Did you serve in the U.S. Armed Forces?	□ Yes	🗆 No	If "Yes," in what Branch?
Describe any training received relevant to the position for whic	h you are applying.			

Membership in professional and civic organizations, special accomplishments, awards, etc. (Exclude those which may disclose your race, color, religion, age or national origin)

Applicant's Signature

In exchange for the consideration of my job application by Foothills Fire Protection (hereinafter called "the Company"), I agree that:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the Company to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

I understand that, should I become employed, the Company may use the information collected to perform any required personal background checks to determine eligibility to perform work on certain job sites.

I understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after empoyment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

This application is not an employment agreement. If I accept an offer of employment I understand the Company may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I further understand that my employment shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation is terminable at will for any reason by either party.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

I fully understand and accept all terms and conditions in the above statement.

Date

FOR EMPLOYER'S USE ONLY

R	Employer	Person Contacted	Results
E F E	1		
R E N C E	2		
C H E	3		
Ċ K	4		

Ţ	Tests Administered	Raw Score	Rating	Analysis and Comments
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I	Interviewer Name and Comments
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