Freedom Fire Protection, LLC
4026 Mulligan Drive
Longmont, CO 80504
303-827-2060
Fax 303-827-2070

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Freedom Fire Protection, LLC provides equal employment opportunity without regard to protected status under applicable law. Reasonable accommodation is available for the application process upon request.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Are you seeking: Full-time ☐ Part-time ☐ Temporary ☐ employment? When could you start work? _____ Desired Salary _____ hour

Last Name	First Name	Middle Name	Telephone Number

Present Street Address	City	State	Zip Code

If hired, can you furnish proof you are eligible to work in the U.S.? Yes ☐ No ☐

Have you ever applied here before? Yes ☐ No ☐ If yes, when? _____

Were you ever employed here? Yes ☐ No ☐ If yes, when? _____

Have you ever been convicted of any law violation (Include any plea of "guilty" or "no contest". Exclude minor traffic violations Yes ☐ No ☐
If yes, give details _____
(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes ☐ No ☐

If yes, please explain _____

Do you have a valid driver's license? Yes ☐ No ☐

Have you had your driver's license suspended or revoked in the last three years? Yes ☐ No ☐

If yes, give details: _____

_____

LIST NAME AND ADDRESS OF SCHOOLS

	Diploma/Degree Certificate	Subjects Studied
High School or GED:		
College or University:		
Vocational or Technical:		

What skills or additional training do you have that relate to the job for which you are applying?

_____

What machines or equipment can you operate that relate to the job for which you are applying?

_____

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer		Job Title and Duties
Address		Dates of Employment (Mo./Yr.): From To
City, State, Zip Code		Reason for Leaving
Supervisor(s)	Telephone	May we Contact this Employer
Name of Employer		Job Title and Duties
Address		Dates of Employment (Mo./Yr.): From To
City, State, Zip Code		Reason for Leaving
Supervisor(s)	Telephone	May we Contact this Employer
Name of Employer		Job Title and Duties
Address		Dates of Employment (Mo./Yr.): From To
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City, State, Zip Code		Reason for Leaving
Supervisor(s)	Telephone	May we Contact this Employer

Have you worked or attended school under any other name? Yes ☐ No ☐
If yes, give names: _____
Are you presently employed? Yes ☐ No ☐
If yes, whom do you suggest we contact? _____
Have you ever been fired from a job or asked to resign? Yes ☐ No ☐
If yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	Phone

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the organization's representative for details.