**APPLICATION FOR EMPLOYMENT** PRE-EMPLOYMENTQUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

 PERSONAL INFORMATION DATE

|  |
| --- |
| NAME (LAST NAME FIRST) SOCIAL SECURITY NO.- - |
| PRESENT ADDRESS | CITY | STATE | ZIP CODE |
| PERMANENT ADDRESS | CITY | STATE | ZIP CODE |
| PHONE NO. I REFERRED BY( ) |

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED?

YES No

If SO, MAY WE INQUIRE

OF YOUR PRESENT EMPLOYER?

YES NO

EVER APPLIED TO

THIS COMPANY BEFORE?

EDUCATION HISTORY

YES No

I WHERE? IWHEN?

|  |  |  |  |
| --- | --- | --- | --- |
| NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
| HIGH SCHOOL |  |  |  |  |
| COLLEGE |  |  |  |  |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL |  |  |  |  |

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS

U.S. MILITARY OR NAVAL SERVICE

I RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
| FROM |  |  |  |  |
| TO |
| FROM |  |  |  |  |
| TO |
| FROM |  |  |  |  |
| TO |
| FROM |  |  |  |  |
| TO |

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | ADDRESS | BUSINESS | YEARS KNOWN |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above

to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forego­ ing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner

prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

## Equal Employment Opportunity Form

# Kirila Fire Training Facilities, Inc.

|  |
| --- |
| Applicant Information |
| Full Name: |  |  |  |
|  Last | First | M.I. |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
| Home Phone: | ( ) | Social Security Number: |  |
| Position Applied for: |  |
|  |
| Voluntary Information |
| This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company. |
| Racial or Ethnic Group |
| [ ]  | American Indian/Alaskan | [ ]  | Asian/Pacific Islander | [ ]  | Black/African American |
| [ ]  | Hispanic/Latino | [ ]  | White/Caucasian | [ ]  | Other |
| Gender |
| [ ]  | Female | [ ]  | Male |
| Military Service |
| [ ]  | Pre-Vietnam Era | [ ]  | Vietnam Era |
| [ ]  | Post-Vietnam Era | [ ]  | Disabled Veteran |
| How did you hear about this position? |
| [ ]  | Newspaper | [ ]  | Company Employee | [ ]  | Professional Publication |
| [ ]  | Job Fair | [ ]  | Placement Office | [ ]  | Web Site |  |
| [ ]  | Other |  |  |  |  |  |