



Tri-State AUTOMATIC Sprinkler

APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without discrimination based upon race, color, religion, sex, national origin, age, marital status or disability.

(PLEASE PRINT)			
Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Telephone Number(s)	Email Address	Social Security Number	
Position(s) Applied For	Date of Application		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you currently "lay-off" status and subject to recall? Yes No

Are you able to work: Full Time Shift Work
 Part Time Temporary

Are you able to perform all of the essential functions of the job for which you are applying? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status. Yes No

Convicted of a felony within the last 7 years? Yes No

If yes, please explain: _____

 (Conviction will not necessarily disqualify an applicant from employment.)

REFERENCES: Give name, address and telephone number of three references who are not related to you.

NAME	ADDRESS	TELEPHONE

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Protect Your World

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disability or other protected status.

Employer _____	Employed From To	Work Performed _____
Address _____		_____
Telephone Number(s) _____		_____
Job Title Supervisor	Wage/Salary Start Final	_____
Reason for Leaving _____		_____

Employer _____	Employed From To	Work Performed _____
Address _____		_____
Telephone Number(s) _____		_____
Job Title Supervisor	Wage/Salary Start Final	_____
Reason for Leaving _____		_____

Employer _____	Employed From To	Work Performed _____
Address _____		_____
Telephone Number(s) _____		_____
Job Title Supervisor	Wage/Salary Start Final	_____
Reason for Leaving _____		_____

Employer _____	Employed From To	Work Performed _____
Address _____		_____
Telephone Number(s) _____		_____
Job Title Supervisor	Wage/Salary Start Final	_____
Reason for Leaving _____		_____

Employer _____	Employed From To	Work Performed _____
Address _____		_____
Telephone Number(s) _____		_____
Job Title Supervisor	Wage/Salary Start Final	_____
Reason for Leaving _____		_____

SPECIAL SKILLS AND QUALIFICATIONS:

EDUCATION:

	<u>Elementary</u>	<u>High School</u>	<u>College</u>	<u>Graduate</u>
School Name & Location				
Years Completed	5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills, and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful in considering your application				

Have you had any job-related training in the military?
 If yes, please describe: _____

Yes

No

List professional, trade, business or civic activities and offices held. You may exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status:

STATEMENT OF APPLICANT

I certify that all answers and statements given by me above are true and correct and that no attempt has been made by me to conceal pertinent information. If employed, I willingly will comply with all Company rules, regulations, and policies. I agree to submit to a drug/alcohol test in connection with this application and any other such tests as may be required by the Company. By my signature below, I authorize my former schools, employers, personal references, and all other persons contacted by the Company to give any and all information they may have regarding me and hereby release all persons and entities from any and all liability for issuing such information to the Company. If, upon investigation, anything contained in this application is found to be false, misleading, or detrimental to the Company's operation in any way. I understand that I will be subject to dismissal from employment immediately.

I understand and agree that, if hired, my employment with the Company is for no definite period and may be terminated at any time for any reason without prior notice (unless a written agreement provides otherwise). Just as I may resign my employment at any time, for any reason, the Company will have full right and authority to terminate my employment within its sole discretion. I understand and agree that the terms and conditions of my employment, if hired, can only be varied from this "at-will" agreement through a written document signed by an official of the Company specifically authorized to make such contracts. I understand, agree, and acknowledge that any reliance on any statements by any representative of the Company contrary to this "at-will" arrangement is unreasonable and may not form any basis for my reliance thereon.

In case of any dispute or disagreement arising out of or connected with my employment with the Company, both Company and I, by my signature below, agree to submit the dispute or disagreement, but for those involving, in whole or in part, intellectual property rights or covenants against competition, to the American Arbitration Association ("AAA") in accordance with the AAA's Voluntary Labor Arbitration Rules for resolution by a majority decision of a panel of three arbitrators to be designated through AAA selection process. Any decision or award by these arbitrators shall be final and binding, and except in cases of gross fraud or misconduct by one or more arbitrators, the decision or award rendered shall not be appealable.

I have read this Statement and agree to the terms hereof completely.

PRINT NAME

SIGNATURE OF APPLICANT

SOCIAL SECURITY NUMBER

DATE