APPLICATION FOR EMPLOYMENT CRAYNON FIRE PROTECTION, INC.

2801 Thunderhawk Court Dayton, OH 45414

Craynon Fire Protection, Inc. is an equal opportunity employer. Craynon Fire Protection, Inc. does not discriminate against qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability / handicap, or veteran status.

PERSONAL: Name:		Date:	
(Last, First Middle) Address:			
Phone Number:	Social Security #	:	
Position Sought:		Full Time	Part Time
Date Available:	Salary Desired:		_
Are you over 18 years old? Yes	No		
Are you legally eligible for emplo	yment in the United Sta	ates? Yes No	
*If offered employment, you will b	be required to provide o	documentation to ve	erify eligibility.
Have you ever worked for this co	ompany before? Yes _	No	
If yes, when?			
Do you have any relatives or frie	nds that work for the co	ompany? Yes	No
If yes, who?			
EDUCATION: Please indicate of position you are seeking.	education or training w	hich you believe qu	alifies you for the
High School:			
(Name of School	ol) (City, State)	
No. of years completed (c Diploma: Yes No	•		

College and/or Vocational School: (City, State) (Name of School) No. of years completed (circle one) 1 2 3 4 Major _____ Degree(s) Earned _____ Other Training or Degrees (use additional paper if needed): (City, State) (Name of School) Course Degree or Certificate Earned Other Skills: **RECORD OF CONVICTION:** During the last ten years, have you even been convicted of a crime other than a minor traffic offense? Yes ____ No ____ If yes, explain: (A conviction will not automatically disqualify you for employment. Factors such as age, date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.) **EMPLOYMENT:** List last employer first, including U.S. Military Service. Are you presently employed? Yes No

If yes, may we contact your preser	nt employer? Y	⁄es	. No	
If any employment was under a di	fferent name, ir	ndicate n	ame	 _
Employer:				
Address:				
Telephone number:		Positio	n:	
Dates of Employment: From Mo/Y	To Mo/Yr			
Salary:	Supervisor: _			 _

Department:	
Duties:	
FT PT No. of Hours	
Reason for Leaving:	
Employer:	
Address:	
Telephone number: Position:	
Dates of Employment: From To Mo/Yr Mo/Yr	
Salary: Supervisor:	
Department:	
Duties:	
FT PT No. of Hours	
Reason for Leaving:	
Employer:	
Address:	
Telephone number: Position:	
Dates of Employment: From To Mo/Yr Mo/Yr	
Salary: Supervisor:	
Department:	
Duties:	
FT PT No. of Hours	
Reason for Leaving:	

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history:	
Have you ever been discharged or as	ked to resign from a job? Yes No
If yes, explain:	
Do you have reliable transportation to	get to and from work? YesNo
Do you have any conditions, illnesses equipment or physically lifting 100 pour	, or phobias that might prevent you from being on lift unds? Yes No
If yes, explain:	
REFERENCES:	
PROFESSIONAL	PERSONAL
Name:	Name:
Address:	Address:
Phone: ()	Phone: ()
Name:	Name:
Address:	Address:
Phone: ()_	Phone: ()

APPLICANT'S CERTIFICATION AND AGREEMENT

As a condition of employment, I understand that the company requires the successful completion of a urinalysis for drug testing purposes and I hereby agree and consent to this test. Though a negative drug test result must be received before a final offer of employment is considered, it does not guarantee that a final offer of employment will be made.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted, that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Name As It Appears on Drivers License:		
Drivers License Number:	State Issued:	
Signature of Applicant:		
Date:		

Please email completed application to <u>ron@craynonfireprotection.com</u> and <u>tom@craynonfireprotection.com</u> or mail to address at top of application, Attn: Ron/Tom