

CFP Application for Employment	Applicant Name: _____
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CHRISTOPHERSON FIRE PROTECTION

Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color creed, national origin, age, disability, sexual preference or any other legally protected status. If you require accommodations due to a disability in order to complete the application, please let us know what accommodation you require.

Application for Employment must be completed legibly and in full detail for you to be considered. Thank you for your interest.

POSITION APPLIED FOR

_____ Part Time Full Time Either

PERSONAL DATA

_____ First _____ Middle _____ Last

_____ Street Address _____ City _____ State _____ Zip

_____ Home Phone _____ Business Phone _____ E-mail

Have you ever applied for employment with us? Yes No If yes, when? _____

Are you over 18 years of age? Yes No Are you legally authorized to work in the U.S.? Yes No

Date available to start: _____ Pay expected? _____ Can you travel if a job requires it? Yes No

You may be required to work overtime as the Company determines necessary. Will you be able to work such overtime? Yes No

You may be required to be on call and prepared to respond to urgent service calls. Will you be able to be on call? Yes No

Is there any reason you cannot perform the duties and responsibilities of the position for which you are applying? Yes No

How did you learn about us? Newspaper Friend Website? Other _____

When will you be available to begin work? (date) _____

If you are currently employed, may we contact your present employer? _____

Were you previously employed by this company? Yes No

If Yes please explain. _____

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EDUCATION AND TRAINING

	Name & Address of School	Course of Study or Major	Years Completed	Graduated	GPA
High School					
College					
College					
Business or Technical					
Graduate					
Other					

Please list any additional education or graduate studies:

MILITARY SERVICE

Branch:	Dates of Service: _____ to _____
Honorable Discharge:	Final Rank:
Special Training:	

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EMPLOYMENT HISTORY (MOST RECENT EMPLOYMENT FIRST)

Please account for all time over the last 10 years including periods of unemployment.

Employer:	Dates Employed	Duties:
Street Address:	From:	
	To:	
City, State, Zip:		
Phone Number(s):		
Job Title:	Hourly Rate/Salary	
Supervisor:	Start:	
Reason for leaving:	Final:	

Employer:	Dates Employed	Duties:
Street Address:	From:	
	To:	
City, State, Zip:		
Phone Number(s):		
Job Title:	Hourly Rate/Salary	
Supervisor:	Start:	
Reason for leaving:	Final:	

Employer:	Dates Employed	Duties:
Street Address:	From:	
	To:	
City, State, Zip:		
Phone Number(s):		
Job Title:	Hourly Rate/Salary	
Supervisor:	Start:	
Reason for leaving:	Final:	

Employer:	Dates Employed	Duties:
Street Address:	From:	
	To:	
City, State, Zip:		
Phone Number(s):		
Job Title:	Hourly Rate/Salary	
Supervisor:	Start:	
Reason for leaving:	Final:	

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ALL OTHER HELD POSITIONS

Employer:	Position	Dates Employed	Salary:	Reason for leaving:

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM

1. I recognize that his application is not a contract of employment, nor should any of its terms be considered part of any employment contract. I understand that employment at Christopherson Fire Protection is on an at will basis, and that my employment may be terminated with or without cause, and without notice, at any time, at my option or at the option of Christopherson Fire Protection I further understand that no Christopherson Fire Protection representative has the authority to enter into a contract regarding my employment or in any way changing the at-will status of my employment, except for the President or Vice President of Christopherson Fire Protection and then only be means of a signed written document.

2. I authorize Christopherson Fire Protection and their agents to contact any or all of my former employers or any of the references I have supplied to them, for the purpose of verifying any information I have provided, and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment with any former employer.

3. I understand and agree that any false statement or omission of requested information made by me as part of this application, in the interview or orientation process or on any other employment form, may result in my immediate dismissal or the withdrawal of any job offer.

4. I recognize that any offer of employment is conditioned upon satisfactory results of a post offer medical examination, which includes Drug Screening.

5. I understand that any offer of employment is also contingent upon my ability to provide the documentation required by the Immigration Reform and Control Act of 1986 to substantiate that I am legally authorized to work in the United States.

Signed By Applicant

Date

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REFERENCES (1-PERSONAL / 3-PROFESSIONAL)

1) _____
 Name _____ Phone _____

 Address _____

 Years Known _____ Relationship _____

2) _____
 Name _____ Phone _____

 Address _____

 Years Known _____ Relationship _____

3) _____
 Name _____ Phone _____

 Address _____

 Years Known _____ Relationship _____

AUTHORIZATION FOR PRIOR EMPLOYER TO RELEASE INFORMATION

I, _____, hereby authorize my previous employers to release any and all information relating to my employment with them to Christopherson Fire Protection. I further release and hold harmless both my previous employers and Christopherson Fire Protection from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my previous employers will be held in strictest confidence and that it will be viewed only by those involved in the hiring decision. I understand that neither I nor anyone else not so involved will have the right to see the information.

 Signed By Applicant

 Date

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PREVIOUS EMPLOYER

Please complete the below information and fax to, 909-591-0430 or email to team@christophersonfireprotection.com or mail to P.O. Box 2303 Chino CA 91708

Thank you for your time.

POSITION HELD:	
DATES OF EMPLOYMENT:	
SALARY:	
REASON FOR SEPARATION:	
QUALITY OF WORK:	
ATTENDANCE ISSUES:	
WOULD YOU REHIRE:	

Signed by person completing form

Printed Name

Job Title

Date

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PRE-EMPLOYMENT ACKNOWLEDGMENT AND CONSENT TO DRUG TESTING

I hereby certify that Christopherson Fire Protection (Company) has provided me with a copy of its Substance-Abuse and Prevention Policy; that I have read and do understand the Policy; and that I agree to fully comply with the terms and conditions of the Policy. Consistent with that policy, the Company has requested I submit to testing for illegal drugs and/or illegally-used legal drugs which includes the collection of a sample to determine the presence or use of drugs or other controlled substances. I also understand that in the event I become an employee of Christopherson Fire Protection or its affiliates, I may be subject to future for cause and random testing in accordance with the Substance-Abuse and Prevention Policy.

I _____ hereby voluntarily consent to provide a sample for such purpose at laboratories designated by Christopherson Fire Protection. I consent to having specimens tested at the selected laboratories. Further, I certify that the specimen collected from me will be mine and will not be adulterated or altered in any manner.

I understand that all tests will be subject to careful testing procedures with mandatory confirmation of any preliminary positive tests. I further understand that if my test indicates a confirmed positive for illegal drugs, I will not be considered for employment, or in the event I am an employee at the time of the test I may be subject to discipline including termination, in accordance with the Substance-Abuse-Prevention Policy. I understand that I will be given reasonable opportunity to explain a confirmed positive test result for substances other than illegal drugs. If I provide an unacceptable explanation, I will be denied employment.

I understand that I may request a copy of any drug test results from the Human Resources Department of Christopherson Fire Protection.

I understand the results of these tests and other relevant medical information may be used for employment decisions. I hereby authorize the designated laboratory to release results to the Human Resources Department of Christopherson Fire Protection. I further agree to hold Christopherson Fire Protection, its affiliates, its agents, officers and employees harmless from, and waive all claims existing and future for any, and all liability (including negligence) arising in connection with the testing for drugs and/or alcohol.

Applicant Signature

Applicant Printed Name

Date

Witness Signature

Witness Printed Name

Date