



Employment Application

Date Completed: _____

Office: 4102 North Cliff Ave. Sioux Falls, SD 57104

Phone: 605-357-FIRE (3473) Fax: 605-357-3487

Email: aseverson@xtremefire.com

APPLICANT INFORMATION

Last Name _____ First _____ Middle _____

Address _____ Email _____

City _____ State _____ Zip _____ At Address Since _____

Phone _____ SSN _____ Referred by _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes No

Date you can start _____ Desired Wage _____

Type of employment you're interested in Full-time Part-time Summer Help

Have you ever been convicted of a felony? Yes No (This will not necessarily affect your application.)

If yes, please describe _____

Driver's License Number _____ from the State of _____

Before our insurance company authorizes a new hire, they must verify the applicant has a clean driving record.

Physical job requirements include heavy lifting, prolonged standing, overhead reaching, ladder climbing, working on scaffolding or lifts up to 40 feet in height. Can you meet these requirements? Yes No

Are you willing to travel when necessary? Yes No

EDUCATION

Please List School Name and Location	Year	Major	Degree
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High School _____	_____	_____	_____
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College/Trade _____	_____	_____	_____
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Other _____	_____	_____	_____
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Military Service? Yes No Branch _____ Discharge Date _____

REFERENCES

Name (Avoid using relatives)	Title/Company	Phone	Years Known
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1. _____	_____	_____	_____
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2. _____	_____	_____	_____
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3. _____	_____	_____	_____
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EMPLOYMENT HISTORY

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

NOTICE TO APPLICANTS

Xtreme Fire Protection, LLC. does not require a pre-employment medical examination but does reserve the right to require drug testing and medical examination after an offer of employment is made to the applicant. All offers of employment are conditioned upon the passing of a drug test for the purpose of detecting the illegal use of drugs. Also, if an employment offer is made, you will be asked to answer certain medical questions. Medical examinations and answers to medical inquiries will be maintained on separate forms and will be treated as confidential medical records. An applicant will not be excluded from employment unless they have medical conditions that prohibit their ability to perform the essential job functions of the position he or she desires with Xtreme Fire Protection, LLC. Xtreme Fire Protection, LLC. will make reasonable accommodations to aid handicapped applicants or employees fulfill essential job functions. Written job descriptions are available and will be furnished to applicants upon request.

REPRESENTATIONS AND WAIVERS

Read the following conditions. If you have any questions regarding the conditions, you should ask for an explanation or clarification from the employment interviewer. Signify your understanding and specific acceptance of each condition by your signature in the space provided and the end of the conditions.

I hereby authorize Xtreme Fire Protection, LLC. to investigate any and all statements contained in this application. I hereby consent to Xtreme Fire Protection, LLC. conducting any checks concerning my background which are deemed necessary, advisable, or helpful by Xtreme Fire Protection, LLC. (Except contacting my current employer, unless permission is granted above). I understand that if hired, I will receive a copy of the Company's rules and regulation and the Company's policies, including its drug policy. I will read and understand the rules, regulations, and policies; and I acknowledge that I will be required to abide by them. I understand that if hired, I will be required to submit to a drug test as part of the application procedure. I hereby consent to that drug test, agree to cooperate fully with that drug test, and waive any all objections I might otherwise have to such drug testing. I understand that I may be required to submit to a medical examination, if I am advised of a favorable employment decision, I hereby consent to such medical examination and will fully cooperate with any required examination, I understand and agree that if this application results in employment, my employment can be terminated with or without cause and with or without notice, at any time, at the option of either Xtreme Fire Protection, LLC. or myself. I understand that no manager or representative of Xtreme Fire Protection, LLC. has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. I understand that due to the cyclical nature of the construction industry that Xtreme Fire Protection, LLC. is not in opposition to employ field personnel on a permanent basis.

I certify and guarantee that all statements made on this application are true and complete to the best of my knowledge and without mental reservations, I understand that falsification of the application may result in m not being considered for employment or, in the event I become employed by Xtreme Fire Protection, LLC, in my dismissal.

Applicant's Signature _____ **Date** _____

VOLUNTARY DISCLOSURE AND STATEMENT

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS:

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals. Also, Xtreme Fire Protection, LLC. complies with the Americans with Disabilities Act and is willing to make reasonable accommodations to aid the employment of handicapped or disabled applicants.

Although you are not required to disclose information about physical or mental limitations that you believe will not interfere with your capability to do the job, if you want Xtreme Fire Protection, LLC. to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided below and suggest the kind of accommodation that you believe would be appropriate.

If you are disabled veteran or have a physical handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodations to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment. If you wish to be identified, please sign below.

Disabled Veteran

Vietnam Era Veteran

Handicapped/Disabled Individual

Accommodations Requested:

Applicant's Signature _____ **Date** _____