



Fire Protection Systems
 Design • Fabrication • Installation
 Commercial • Industrial • Residential • Institutional
 Special Hazards • High Tech • Defense • Hangars
 Retrofit • Service • Inspection • Maintenance

Employment Application

**Western States Fire Protection and its subsidiaries is an
 Equal Employment Opportunity/Affirmative Action Employer.**

Please Answer All Questions

GENERAL INFORMATION

Name	_____	_____	_____	_____
	Last	First	Middle	Date
Address	_____			_____
	Street			Phone #
	_____			_____
	City	State	Zip	Email

May we contact you at work? Yes No

Please indicate the type of work for which you are applying: _____

Are you at least 18 years of age? Yes No

Availability for work?	Part Time	Full Time
Date _____	Temporary	Day Shift
	Night Shift	Overtime

Are you legally eligible to work in the U.S.? Yes No

How did you hear about us?	Website	Referral, please indicate referral _____
	Job Posting, please include job posting location _____	Other _____

Requested salary: \$ _____

Membership in Professional or Civic Organizations

List professional, trade, business, community or civic associations that are job-related. You are not required to list the names of organizations where the name of the organization may disclose your race, color, religion, national origin or other protected class status: _____

WSFP does not discriminate in hiring or employment on the basis of race, color, religion, creed, sex, sexual orientation and gender identity, national origin, disability, genetic information, military or veteran status, all as provided and defined under applicable law, or any other applicable protected status.

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT:

Employer Name _____

Reason _____

MILITARY Experience (If applicable)

Branch Service _____

Rank _____

Period of Duty _____

Date of Discharge _____

Describe your duties and training: _____

EDUCATION

	High School	College/University	Graduate/Professional
School			
Years Completed (Circle)			
Diploma/Degree			
Describe Course of Study			
G.P.A			

REFERENCES

Please indicate professional and personal references that the company may contact:

Name	Business
Home Phone	Business Phone
Name	Business
Home Phone	Business Phone
Name	Business
Home Phone	Business Phone

