



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

Other

job posting location

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.

If you list any employment prior to 10 years from today's date, do not list the dates of employment. Instead, for all employment more than 10 years from today, list the total number of years and months you were consecutively employed by each employer (i.e., 2 years, 5 months). Please indicate what name you used during these periods of employment, if different from your present name.)

<i>1</i>	Company Name	Telephone
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Reason for Leaving
	Job Title	Describe your Work

2	Company Name	Telephone
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Reason for Leaving
	Job Title	Describe your Work

3	Company Name	Telephone
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Reason for Leaving
	Job Title	Describe your Work

4	Company Name	Telephone
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Reason for Leaving
	Job Title	Describe your Work

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

OTHER SKILLS/WORK EXPERIENCE

Please list the office or production machines you have operated: _____

What special skills, training, or experience would you like us to know about? _____

Do you have a current non-compete agreement that would prevent you from any job duties with Western States Fire Protection and/or its subsidiaries? Yes No

If yes, please list duties covered in non-compete agreement _____

IMPORTANT – READ BEFORE SIGNING

I certify that the information I have provided to Western States Fire Protection Co. ("WSFP") in this application and during the application, interview and hiring process is true and complete. I understand that any inaccurate, false, misleading, or incomplete information in the application or during the application and hiring process may result in rejection of my application or, if I have been hired, immediate termination of employment.

I authorize WSFP and/or its agents, including consumer reporting bureaus, to investigate and verify any of the information I have provided in this application or during the application, interview and hiring process. I release WSFP and its employees and agents from any and all liability for seeking information and opinions on me. I authorize all employers, and all persons, educational institutions, companies and law enforcement authorities listed in this application or identified by me during the application, interview and hiring process to release any information concerning me and I hereby release all such employers, persons, educational institutions, companies and law enforcement authorities from any liability or damages whatsoever for providing this information. I understand that a drug test and criminal background check will be required as a condition of employment.

I understand that nothing contained in this employment application or in the granting of an interview, and no WSFP policies, procedures, or handbooks that I may receive if I am hired, are intended to create an employment contract between WSFP and me for either employment or for the provision of any benefit. If I am hired, I understand that except as set forth below, I will be employed at will, and that either WSFP or I may terminate my employment at any time for any reason or no reason, with or without cause, and with or without advance notice. The employment of union employees is governed by the applicable collective bargaining agreement between WSFP and the union.

Signature of Applicant

Date