

Referred by _____

MT New Employee Application

OUTBACK FIREFIGHTING, INC.

Employment Application



(PLEASE PRINT CLEARLY!)

APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Mailing Address				Apartment/Unit #			
City, State, Zip				Phone #			
Emergency Contact #1			Phone #			Relationship	
Emergency Contact #2			Phone #			Relationship	
Date Available			Social Security No.			D.O.B.	
Position Applied for				Email			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				

EDUCATION

High School			Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references

1. Full Name			Relationship				
Company			Phone				
Address							
2. Full Name			Relationship				
Company			Phone				
Address							
3. Full Name			Relationship				
Company			Phone				
Address							

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

TRAINING AND CERTIFICATIONS	
Current Certificates	From To
RT130 Refresher Current? YES <input type="checkbox"/> NO <input type="checkbox"/>	Need Training? YES <input type="checkbox"/> NO <input type="checkbox"/>
Please list any Pre-Existing Medical Conditions, Injuries, or Medical Restrictions you may have:	

******* PLEASE ATTACH ALL CURRENT CERTIFICATES WITH APPLICATION *******

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date