

NOVA FIRE PROTECTION, INC.

1424 44th Street N - Fargo, ND 58102 - Phone: (701) 282-0268 - Fax: (701) 282-0702

Personal Information:

EMAIL:

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANET ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY		

Employment Desired:

POSITION	START DATE	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
Can You Travel if a Job Requires It? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Education History:

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

General Information:

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

Former Employers: (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT ONE FIRST)

DATE MONTH AND YEAR	NAME, ADDRESS, AND PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER
FROM					
TO					
FROM					
TO					
FROM					
TO					

Are You on Lay-Off and Subject to Recall?

YES

NO

If Yes, Please Explain: _____

References:(LIST THE NAMES OF AT LEAST THREE PEOPLE NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST A YE

NAME AND PHONE NUMBER	ADDRESS	RELATIONSHIP	YEARS KNOWN	MAY WE CONTACT REFERENCE

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company 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, unless it is in writing and signed by an authorized company representative."

Equal Employment Opportunity Employers

In Compliance with Federal and State Equal Employment Opportunity Laws, Qualified Applicants are Considered for all Positions without Regard to Race, Color, Religion, Sex, National Origin, Age, Marital Status, Sexual Preference, or the Presence of a Non-Job-Related Medical Condition or Handicap.

SIGNATURE: _____

DATE: _____

PROSPECTIVE EMPLOYEE DRIVING HISTORY

To Be Completed

To Be Completed

By All

By All

Applicants

Applicants

(Past Ten Years Only)

Drivers License Number _____ / _____ / _____ State License Was Issued In: _____

Please list any other states you have had a drivers licensed issued to you in the last 3 years: _____

Have You Ever Benn Cited for the Following Violations While Operating Either Your Own Personal Motor Vehicle or That of Others?

KIND OF VIOLATION	# VIOLATION	DATE(S)	
Speeding	_____	____ / ____ / ____	____ / ____ / ____
Intoxication	_____	____ / ____ / ____	____ / ____ / ____
Reckless Driving	_____	____ / ____ / ____	____ / ____ / ____
Other Moving Violations (Describe):	_____	____ / ____ / ____	____ / ____ / ____

How Many Accidents Have you Been in During the Last Five Years (Regardless of Fault) While Operating a Motor Vehicle (Use Back Side if More Space is Needed):

Date	Explain
____ / ____ / ____	_____
____ / ____ / ____	_____
____ / ____ / ____	_____
____ / ____ / ____	_____

Have You Ever Had Your Drivers License Suspended? YES NO

Date	Explain
____ / ____ / ____	_____
____ / ____ / ____	_____

Do You Own or Rent a Motor Vehicle? YES NO

If So, Is There Insurance on That Vehicle? YES NO

Have you ever been refused insurance coverage or had cover revoked? YES NO

If So, Please List the Name and Address of the Insurance Agent YES NO

Name

Address

I Authorize NOVA Fire Protection, Inc to Verify My Driving Record:

Date	Signature
____ / ____ / ____	_____

