

# NOVA FIRE PROTECTION, INC.

304 41st Street S \* Fargo, ND 58103 \* Ph. 701-282-0268 \* F. 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: \_\_\_\_\_