

# Fire-Link Application for Employment

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Mail and/or Fax Completed Application To:  
 Fire-Link, Inc.  
 P. O. Box 550  
 Helotes, TX 78023  
 Fax (210) 695-4456

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**Name:** \_\_\_\_\_  
Last First Middle Maiden

**Present address:** \_\_\_\_\_  
Number Street City State Zip

**How long?** \_\_\_\_\_ **Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Telephone** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Alternate Telephone** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**If under 18, please list age:** \_\_\_\_\_ **Position applied for (1):** \_\_\_\_\_

**Specific Salary Desired (2):** \_\_\_\_\_ **Yearly** \_\_\_\_\_ **Monthly** \_\_\_\_\_ **Hourly** \_\_\_\_\_

**Days/hours you are available to work:**

\_\_\_\_\_ **No Preference** \_\_\_\_\_ **Thursday**  
 \_\_\_\_\_ **Monday** \_\_\_\_\_ **Friday**  
 \_\_\_\_\_ **Tuesday** \_\_\_\_\_ **Saturday**  
 \_\_\_\_\_ **Wednesday** \_\_\_\_\_ **Sunday**

**How many hours can you work weekly?** \_\_\_\_\_ **Can you work nights?** \_\_\_ Yes \_\_\_ No

**Employment desired:** \_\_\_ FULL-TIME ONLY \_\_\_ PART-TIME ONLY \_\_\_ FULL OR PART-TIME

**What date are you available to begin work?** \_\_\_\_\_

Type of School	Name of School	Complete School Mailing Address	Years Completed	Major & Degree
HIGH SCHOOL				
COLLEGE				
BUSINESS/TRADE				
PROFESSIONAL				

**PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR FORMER EMPLOYERS:**

NAME	POSITION	COMPANY	ADDRESS	TELEPHONE
1.				
2.				

**Fire-Link Application For Employment—Page Two**

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?**  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), dates of conviction, sentence(s) imposed, and type(s) of rehabilitation.

\_\_\_\_\_

**DO YOU HAVE A DRIVER'S LICENSE?**  Yes  No

Driver's license number: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Operator  Commercial (CDL)  Chauffeur Expiration Date: \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

What is your means of transportation to work? \_\_\_\_\_

**OFFICE JOBS ONLY**

Typing?  Yes  No  WPM 10-Key?  Yes  No Personal Computer?  Yes  No

Word Processing?  Yes  No  WPM  PC  Mac

Other Related Skills (software, databases, office machines):

\_\_\_\_\_  
\_\_\_\_\_

**MILITARY EXPERIENCE**

I HAVE NEVER SERVED IN THE MILITARY.

**HAVE YOU EVER BEEN IN THE ARMED FORCES?**  Yes  No

**ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?**  Yes  No

Date Entered: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Specialty: \_\_\_\_\_

**FIREFIGHTING EXPERIENCE**

**HAVE YOU EVER SERVED AS A FIREFIGHTER?**  Yes  No

**ARE YOU NOW A MEMBER OF A FIRE DEPARTMENT?**  Yes  No

Date Entered: \_\_\_\_\_ Date Retired: \_\_\_\_\_

Specialty: \_\_\_\_\_

**Fire-Link Application for Employment—Page Three**

**WORK EXPERIENCE:**

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

May we contact your present employer? \_\_\_ Yes \_\_\_ No

Name of Present Employer: \_\_\_\_\_

Employer's Full Mailing Address: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

Name and Title of Most Recent Supervisor: \_\_\_\_\_

Employment Dates: From \_\_\_/\_\_\_ to \_\_\_/\_\_\_      Your Last Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_ Beginning \_\_\_\_\_ Ending \_\_\_ Hourly \_\_\_ Monthly \_\_\_ Annually

Your Specific Reason for Leaving:

\_\_\_\_\_  
List the jobs you held, duties you performed, skills used or learned, advancements and/or promotions while you worked for this company:

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May we contact this employer? \_\_\_ Yes \_\_\_ No

Name of Previous Employer: \_\_\_\_\_

Employer's Full Mailing Address: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

Name and Title of Most Recent Supervisor: \_\_\_\_\_

Employment Dates: From \_\_\_/\_\_\_ to \_\_\_/\_\_\_      Your Last Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_ Beginning \_\_\_\_\_ Ending \_\_\_ Hourly \_\_\_ Monthly \_\_\_ Annually

Your Specific Reason for Leaving:

\_\_\_\_\_  
List the jobs you held, duties you performed, skills used or learned, advancements and/or promotions while you worked for this company:

Did you complete this application yourself? \_\_\_ Yes \_\_\_ No

If not, who did? \_\_\_\_\_

Signature: \_\_\_\_\_  
Sign Name Print Name

Today's Date: \_\_\_\_\_