

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:

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: _____