



# SB III

**A Fire Protection Company**

(937) 990-0011 www.sbiiservices.com

Please email completed applications to info@sbiiservices.com, or deliver them to 249 Bellbrook Ave. Xenia, Ohio 45385

## APPLICATION FOR EMPLOYMENT

**SB III** is an equal Employment Opportunity Employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or handicap, or any other legally protected status. All qualified applicants will be given equal opportunity and selection decisions are based solely on job-related factors.

### PERSONAL INFORMATION

Name (Full – Last, First, MI)		What date are you available to start work?	
Street Address:		City	State      Zip
Home Phone	Business Phone	Have you ever filed an application with us before? If YES, give date _____	Yes      No
Have you previously been employed by our company? Yes      No      When? _____		Do you have any friends or relatives working here If so, please list _____	Yes      No
Are you legally authorized to work in the United States? Can you provide proof of eligibility to work in the US? (Proof of eligibility will be required before you can be employed)	Yes      No Yes      No	Are you at least 18 years of age? Can you furnish a work permit?	Yes      No Yes      No      Not Applicable
Position applied for:	Desired Wages/Salary:	Are you willing to work: Full Time      Part Time      Temporary 2 <sup>nd</sup> Shift      Weekends      Overtime	

### EDUCATION

High School	Fill in grade completed    9    10    11    12	Did you graduate or complete GED? Yes      No	
City/State			
College	Degree Received Or Expected	Average Grade	Course major/Field
City/State			
College	Degree Received Or Expected	Average Grade	Course Major/Field
City/State			

Other job-related, educational institutions, licenses, certifications, any specialized training, apprenticeship, skills or any additional information you feel may be helpful to us in considering your application.

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Do you have a reliable means of transportation to and from work? \_\_\_\_\_

**EMPLOYMENT HISTORY List last employers below, starting with the most recent one first (SBIII uses wage verification)**

Present or Last Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address:		City	State Zip
Duties:		Reason for Leaving:	
Starting Annual Salary	Final Annual Salary	Final Bonus	Final Commission
Name of Supervisor	Title and Department of Supervisor	Phone Number of Employer or Supervisor	

**If currently employed, may we contact your present employer/supervisor?      Yes      No**

Previous Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address:		City	State Zip
Duties:		Reason for Leaving:	
Starting Annual Salary	Final Annual Salary	Final Bonus	Final Commission
Name of Supervisor	Title and Department of Supervisor	Phone Number of Supervisor	

Previous Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address:		City	State Zip
Duties:		Reason for Leaving:	
Starting Annual Salary	Final Annual Salary	Final Bonus	Final Commission
Name of Supervisor	Title and Department of Supervisor	Phone Number of Supervisor	

Previous Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address:		City	State Zip
Duties:		Reason for Leaving:	
Starting Annual Salary	Final Annual Salary	Final Bonus	Final Commission
Name of Supervisor	Title and Department of Supervisor	Phone Number of Supervisor	

**REFERENCES**

List at least three responsible adults who have knowledge of your work ethic, experience, and ability. Do not include relatives.

Name	Address	Telephone No.	Occupation

**BACKGROUND INFORMATION**

Are you currently on lay-off and subject to recall?    Yes    No                                  Are you willing to travel over night?    Yes    No

Have you ever been bonded?    Yes    No    If so, has bond ever been refused or cancelled?    Yes    No

Have you ever been convicted of a felony or misdemeanor?    Yes    No    If so, please explain below giving date, charge, state, county and all other detail matter pending and current status:

\_\_\_\_\_

(Conviction will not necessarily disqualify an applicant from employment)

Are you bound by any non-compete agreements with your current or former employer(s)    Yes    No    If yes, include a copy of agreement with application. Do you have any commitments or other agreements with another employer that might affect your employment with SB III?    Yes    No

If yes, please explain: \_\_\_\_\_

If applying for a position that requires driving, do you have a valid driver's license?    Yes    No

Please list date and description of all chargeable accidents:

\_\_\_\_\_

\_\_\_\_\_

Driver's license # \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ (CDL)    Yes    No

Please describe any experience or special training received in the military or in government service related to the position for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any honors you have received:

\_\_\_\_\_

\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application:

\_\_\_\_\_

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\_\_\_\_\_

.Date	Signature
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