



**BUILDING & LIFE SAFETY CONSULTING**

O: 480.991.3751 | F: 480.596.5065 | Toll Free: 866.991.3751



# Application for Employment

Position for Which You  
Are Applying \_\_\_\_\_  
Hourly Rate/  
Salary Requested \_\_\_\_\_

Name \_\_\_\_\_

Other Names Used \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home (Street) Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

How Long at Current Address \_\_\_\_\_

Year(s) \_\_\_\_\_

Month(s) \_\_\_\_\_

Email Address at Which  
We May Contact You \_\_\_\_\_

Please List Your Other Addresses, if any, in the Last Seven (7) Years:

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

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

Home Telephone ( ) \_\_\_\_\_

( ) \_\_\_\_\_

Other Telephone at Which We  
May Contact You ( ) \_\_\_\_\_

( ) \_\_\_\_\_

## Employment History:

Dates of Employment (Begin with Most Recent)	Organization Name and Address	Positions(s) Held; Responsibilities	Reason for Leaving This Position	Supervisor's Name, Title, & Phone Number	May We Contact This Person?
			<input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary <u>Reason for Leaving:</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary <u>Reason for Leaving:</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No



## Education:

**School/Institution Name & Address (City & State are Sufficient)**      **Nature of Studies**      **Degree/Certificate Obtained**

School/Institution Name & Address (City & State are Sufficient)	Nature of Studies	Degree/Certificate Obtained

## Other Relevant Experience:

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## References:

**Name of Reference**      **Address**      **Daytime Phone**  
Beginning w/ Area Code      **How long have you**  
**known this person?**      **Nature of Relationship**

Name of Reference	Address	Daytime Phone Beginning w/ Area Code	How long have you known this person?	Nature of Relationship

Have you ever been convicted of a felony?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, please explain the circumstances:

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**In order for us to be able to process your application, please review and initial each of the statements below:**

I declare that all statements contained in this application are true and that any misrepresentation or omission may result in rejection of my application and/or termination of my employment at any time. \_\_\_\_\_

I authorize you to conduct a criminal background check, as well as personal and professional background checks, for the purposes of consideration of this application. You may contact any references, past and current employers, and any other individual or organization that might be relevant to the position for which I am applying—except for those specifically excluded in writing on this application. I hereby release all of these references, employers and other individuals/organizations from any and all liability for damages that might occur in connection with the processing of this application. \_\_\_\_\_

I understand and agree that my employment relationship with this organization is an “at-will” relationship, meaning that both the organization and I have the right to terminate this employment relationship at any time for no reason or for any reason, as long as that reason is not illegal. No verbal promises or guarantees can change this at-will relationship. Any changes to the at-will relationship or its terms must be in writing, for the agreed purpose of changing the relationship, and signed by me and by an authorized officer of this organization. (For further information, please consult this organization’s at-will policy.) \_\_\_\_\_

This organization prohibits and does not tolerate discrimination in any form, including harassment, on the basis of race, color, national origin, religion, sex, age, veteran or marital status, disability, genetics, sexual orientation, or any other protected category of individuals. This organization is an equal opportunity employer and makes hiring and other employment decisions based on job-related qualifications, abilities, and factors other than on the basis of the race, color, national origin, religion, sex, age, veteran or marital status, disability, genetics, sexual orientation, or any other protected category of individuals. (For further information, please consult this organization’s EEO policy.) \_\_\_\_\_

My signature indicates that I have read all of the above statements, that I asked any questions I may have had, and that I fully understand all of these statements. \_\_\_\_\_

**DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED THE ABOVE STATEMENTS.**

**Applicant’s Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_