

NOVA FIRE PROTECTION, INC.

304 41st Street S * Fargo, ND 58103 * Ph. 701-282-0268 * F. 701-282-0702

Personal Information:

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANET ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY		

Employment Desired:

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT 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?

Education History:

NAME & LOCATION OF SCHOOL	SUBJECTS STUDIED	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 LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

References: (LIST BELOW THE NAMES OF AT LEAST THREE PERSONS NOT RELATED TO YOU. WHOM YOU HAVE KNOWN AT LEAST ONE YEA

NAME	ADDRESS	BUSINESS	YEARS KNOWN

Are You on Lay-Off and Subject to Recall?

 YES NO

If Yes, Please Explain:

Can You Travel if a Job Requires It?

 YES NO

Have You Been Bonded?

If Yes, for Which Position(s):

"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 ground for dismissal.

I authorize investigaion 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 Applicats are Considered forall Positions Without Regard to Race, Color, Religion, Sex, National Origin, Age, Marital Status, or the Presence of a Non-Job-Related Medical Condition or Handicap.

DATE _____ SIGNATURE _____

PROSPECTIVE EMPLOYEE DRIVING HISTORY

 To Be Completed
 By All
 Applicants

 To Be Completed
 By All
 Applicants

(Past Ten Years Only)

Drivers License Number _____ / _____ / _____ State License Was Issued In: _____

Have You Ever Benn Cited for the Following Violations While Operating Either Your Own Personal Motor Vehicle or That of Others?

KIND OF VIOLATION	# VIOLATION	DATE(S)
Speeding	_____	____ / ____ / ____
Intoxication	_____	____ / ____ / ____
Reckless Driving	_____	____ / ____ / ____
Other Moving Violations (Describe):	_____	____ / ____ / ____

How Many Accidents Have you Been in During the Last Five Years (Regardless of Fault) While Operating a Motor Vehicle (Use Back Side if More Space is Needed):

Date	Explain
____ / ____ / ____	_____
____ / ____ / ____	_____
____ / ____ / ____	_____
____ / ____ / ____	_____

Have You Ever Had Your Drivers License Suspended? YES NO

Date	Explain
____ / ____ / ____	_____
____ / ____ / ____	_____

Do You Own or Rent a Motor Vehicle? YES NO

If So, Is There Insurance on That Vehicle? YES NO

If So, Please List the Name and Address of the Insurance Agent YES NO

Name	Address
_____	_____

I Authorize NOVA Fire Protection, Inc to Verify My Driving Record:

Date	Signature
____ / ____ / ____	_____