

	APPLICAN	TINFORMATION				
ull Name:				Date:		
(Last)		(First)	(1)	Date. _.		
Address:						
(Street Address)				Apt	./Unit #	
(City)			(State)		(Zip)	
Home Phone: ()	Cell Phone: ()				
Date Available:				lary: \$		
Position Applied For:						
If hired, will you be able to prove	your identity and right to	work in the U.S.?	☐ YES ☐ NO			
Have you ever worked for this co	ompany? 🗆 YES 🗆 NO If	YES, when?				
Do you have any relatives working	ng at State Fire? ☐ YES ☐	NO If YES, who:				
Have you ever been convicted of						
writing worthless checks, etc.)? Convict						
conviction may have taken place even if from employment. YES NO	you did not pay a fine or spend	any time in jail or pris	on. A conviction will r	not automatically	disquality you	
from employment. Life's Lino						
	EDU	CATION				
High School:		Address:				
Did you graduate? ☐ YES ☐ NO)					
College:		Address:				
Did you graduate? ☐ YES ☐ NO)					
Other:						
Did you graduate? ☐ YES ☐ NO	ס					
	REFERENCES (Please list thr	ree of your direct su	pervisors)			
5 U.N.		5.1	1.			
Full Name:			onship:			
Company:			Phone: ()		
Address:						
Full Name:		Relationship:				
Company:			Phone: ()		
Address:						
Full Name:		Relatio	onship:			
Company:						
Address:			1110116. (/		
74441633.						
	PREVIOUS	EMPLOYMENT				
Commonw			Dhana. /	,		
Company:						
Address:						
Job Title:						
Responsibilities: To:	Peacon for Lea	vina:				
May we contact your previous su						
, , ,	·		Dhan - · /	١		
Company:)		
Address:			_ Supervisor: _			
Job Title:						
Responsibilities: To:	Passan for Las	ving:				
FIUIII. 10:	keason for Lea	viilg.				

May we contact your previous supervisor for a refere	ence? 🗆 YES 🗆 NO			
PREVIOUS	EMPLOYMENT CONTINUED			
Company:	Supervisor:			
May we contact your previous supervisor for a refere	or Leaving:			
	MILITARY SERVICE			
Branch:Rank at Discharge:				
If other than honorable, explain:				
DISCLA	AIMER AND SIGNATURE			
PLEASE READ CAREFULLY, IN	IITIAL EACH PARAGRAPH AND SIGN BELOW			
NOTICE: THIS EMP	LOYER PARTICIPATES IN E-VERIFY			
and any other matter related to my suitabilit disclose any and all letters, reports and other notice of such disclosure. In addition, I herel partnerships and associations from any and a to such investigation or disclosure. I understand that nothing contained in the aror during my employment, if hired, is intended Acquisition Company. In addition, I understand definite or determinable period and may be of either myself or FSI Acquisition Company, are binding on the company unless made in representative.	to thoroughly investigate my references, work record and education by for employment. I authorize the references I have listed to information related to my work records, without giving me prior by release my former employers and all other persons, corporations all claims, demands or liabilities arising out of or in any way related application, or conveyed during any interview which may be granted ed to create an employment contract between me and FSI and and agree that if I am employed my employment is for no terminated at any time, with or without prior notice, at the option and that no promises or representations contrary to the foregoing writing and signed by me and FSI Acquisition Company's designated records documenting an arrest, indictment, conviction, civil judicial			
Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by FSI Acquisition Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.				
☐ I waive receipt of a copy of any publi	c records described in the paragraph above.			
employment and that the answers given by r that if I have omitted or misstated any mater	chheld any information that might negatively affect my changes for me are true and correct to the best of my knowledge. I understand rial fact on this application or on any document used to secure this application or to discharge me if I am employed, regardless of			
I certify that I have personally completed this	s application.			

Date: _____

Signature: