

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

| ame Date |
|---|
| ddress |
| -mail Address |
| ome Phone # Mobile Phone # |
| re you eligible to work in the U.S?YesNo |
| re you at least 18 years or older? (If no, you may be required to provide authorization work.)YesNo |
| ave you ever been terminated from employment or asked to resign by an employer? YesNo |
| yes, please provide company names and details |
| an you work any shift?YesNo |
| an you work overtime, including weekends?YesNo |
| re you able to perform the essential functions of the job for which you are applying, ith or without a reasonable accommodation?YesNo |

EMPLOYMENT DESIRED

| Date you can start | | Hourly Rate/Salary desired | | | | |
|---|--------------------------------------|----------------------------|--------------------|-----------|--|--|
| Position desired | | | | | | |
| Are you currently employed? | _ If so may | we inquire of | your present e | employer? | | |
| REFERRAL SOURCE | | | | | | |
| How did you hear about us? Walk In Advertisement Referral Other | | | | | | |
| Have you ever worked for this company before Yes No | | | | | | |
| Do you know anyone who works for our company?YesNo | | | | | | |
| If yes, who? | | | | | | |
| EDUCATION | Name and location of school | | Degree Received | | | |
| High School | | | | | | |
| College or University | | | | | | |
| Trade, Business or Correspondence School | | | | | | |

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

| From | То | Employer Name | Telephone () |
|--------------------------------------|----|---|------------------|
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |
| Reason for leaving | | | |
| From | То | Employer | Telephone () |
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |
| Reason for leaving | | | |
| From | То | Employer | Telephone () |
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |
| Reason for leaving | | | |

leaving

| From | То | Employer Name | Telephone |
|--------------------------------------|----|---|-----------|
| | | | () |
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |

Reason for leaving

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

Computer Skills (please describe):

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

| Name | Address, Phone, Email | Company | Years Acquainted |
|------|--------------------------|---------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Please read carefully before signing.

Yadkin Valley Fire Protection is an equal opportunity employer. Yadkin Valley Fire Protection does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Yadkin Valley Fire Protection to hire me. If I am hired, I understand that either Yadkin Valley Fire Protection or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Yadkin Valley Fire Protection has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Yadkin Valley Fire Protection true and complete information on this application. No requested information has been concealed. I authorize Yadkin Valley Fire Protection to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.