

# OUTBACK FIREFIGHTING, INC.

Employment Application



(PLEASE PRINT CLEARLY!)

## APPLICANT INFORMATION

Last Name				First				M.I.	Date		
Mailing Address							Apartment/Unit #				
City				State				ZIP			
Phone #				2 <sup>nd</sup> Phone #							
Email											
Date Available				Social Security No.				D.O.B.			
Position Applied for											
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								

## EDUCATION

High School				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

## REFERENCES

*Please list three professional references.*

1. Full Name				Relationship							
Company				Phone							
Address											
2. Full Name				Relationship							
Company				Phone							
Address											
3. Full Name				Relationship							
Company				Phone							
Address											

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

TRAINING AND CERTIFICATIONS	
Current Certificates	From To
RT130 Refresher Current? YES <input type="checkbox"/> NO <input type="checkbox"/>	Need Training? YES <input type="checkbox"/> NO <input type="checkbox"/>
Please list any Pre-Existing Medical Conditions, Injuries, or Medical Restrictions you may have:	

\*\*\*\*\* PLEASE ATTACH ALL CURRENT CERTIFICATES WITH APPLICATION \*\*\*\*\*

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date