



FIRE VAPES
Employment Application

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available		Social Security No.	Desired Salary
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	N/A To N/A	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.	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

All Qualified Applicants will receive consideration without regard to race, color, sex, religion, age, national origin, handicap or veteran status.

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"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

AVAILABILITY

When are you available to work?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours Available							

What would be your IDEAL work schedule?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours Available							

OTHER ACCOMPLISHMENTS

Please list below any other job related accomplishments, professional distinctions, certifications, or verifiable volunteer work.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, with exception of contacting my present employer if I have so requested on page two. I have read, understand and agree to the above statement.

I understand that my continued employment will depend upon the successful completion of work assigned to me during a new hire period of up to ninety (90) days and upon my continued successful performance. I have read, understand and agree to the above statement.

While this application will be retained on file for a period of one year (as required by law), I acknowledge that this application will be considered active for a period of sixty (60) days. At that time, I must submit a new application to be considered for any employment openings. I have read, understand and agree to the above statement.

If I should be employed by the Company, I understand that any false, incomplete, or misleading information given on this application or during an interview shall result in immediate discharge. I have read, understand and agree to the above statement.

I authorize an inquiry into my background by all persons, schools, companies, corporations, credit bureaus, law enforcement agencies, doctors and other consumer reporting agencies to supply information concerning my previous employment, education, credit, driving record, etc. I have read, understand and agree to the above statement.

I authorize the references listed above to give representatives of FIRE VAPES any and all information concerning my previous or current employment and any pertinent information they may have, personal or otherwise, and release all parties from any and all liability from any damage that may result. I have read, understand and agree to the above statement.

Signature

Date

FIRE VAPES is an Equal Opportunity Employer. FIRE VAPES does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employments on a bases prohibited by local, state or federal law.