

Guardian Fire, Inc.
P.O. Box 44396, Kamuela, HI 96743
Phone (808) 238-5962 ~ Fax (888) 341-3504
email: contact@gfhawaii.com

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Thank you for your interest in employment with Guardian Fire, Inc. Please complete all portions of this employment application to be considered for employment. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by Hawai'i and federal laws. This employment application is valid for a three-month period after submission and only for the desired position. Consideration for employment after the three-month period requires completion and submission of a new application. Use additional paper if necessary to fully answer any question.

PERSONAL INFORMATION

NAME (LAST NAME FIRST)				
HAVE YOU EVER USED ANY OTHER NAMES? IF SO, PLEASE PRINT. (For background and criminal conviction check)				
PRESENT ADDRESS		APT. NO.	CITY	STATE
				ZIP
PHONE	UPON HIRE, YOU WILL BE REQUIRED TO PRESENT PROOF OF AGE, AUTHORIZATION TO WORK AND YOUR SOCIAL SECURITY NUMBER.	CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?		
CELL:		<input type="checkbox"/> YES	[NOTE: If offered employment you will be required to submit documentation required by IRCA.]	
E-MAIL:		<input type="checkbox"/> NO		

DESIRED EMPLOYMENT

DESIRED POSITION*		DATE YOU CAN START	COMPENSATION DESIRED
HAVE YOU EVER APPLIED FOR EMPLOYMENT AT COMPANY BEFORE?	WHERE?	WHEN?	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER WORKED FOR COMPANY BEFORE?	WHERE?	WHEN?	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
WHO REFERRED YOU TO COMPANY?			
<input type="checkbox"/> RELATIVE _____	<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> ADVERTISEMENT	<input type="checkbox"/> FRIEND
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> WALK IN	<input type="checkbox"/> OTHER	
APART FROM RELIGIOUS OBSERVANCES, WILL YOU BE ABLE TO WORK ALL OTHER TIMES? <input type="checkbox"/> YES <input type="checkbox"/> NO			

* If hired, you will be required to perform work as required by GUARDIAN FIRE, INC.

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	DEGREE/CERTIFICATION RECEIVED, SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

FORMER EMPLOYERS

Please account for last ten years of employment by answering all questions for each employer.

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	DATE LAST WORKED		JOB TITLES	
STARTING SALARY/HOURLY RATE	FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?		
STARTING COMMISSION/BONUS	FINAL COMMISSION/BONUS			
NAME OF SUPERVISOR		TITLE		EMPLOYER'S PHONE NUMBER
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES				
REASON(S) FOR LEAVING			IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

NAME OF NEXT PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	DATE LAST WORKED		JOB TITLES	
STARTING SALARY/HOURLY RATE	FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?		
STARTING COMMISSION/BONUS	FINAL COMMISSION/BONUS			
NAME OF SUPERVISOR		TITLE		EMPLOYER'S PHONE NUMBER
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES				
REASON(S) FOR LEAVING			IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

NAME OF NEXT PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	DATE LAST WORKED		JOB TITLES	
STARTING SALARY/HOURLY RATE	FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?		
STARTING COMMISSION/BONUS	FINAL COMMISSION/BONUS			
NAME OF SUPERVISOR		TITLE		EMPLOYER'S PHONE NUMBER
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES				
REASON(S) FOR LEAVING			IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

NAME OF NEXT PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE		DATE LAST WORKED	JOB TITLE
STARTING SALARY/HOURLY RATE	FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STARTING COMMISSION/BONUS	FINAL COMMISSION/BONUS	IF NO, WHY?	
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES			
REASON(S) FOR LEAVING		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

EMPLOYMENT GAPS

Explain any periods that you were not working during the past 10 years, other than due to personal illness, injury or disability.

PROFESSIONAL REFERENCES

List name and telephone number of three business/work references who are NOT related to you.

	NAME	TITLE	RELATIONSHIP TO YOU	PHONE NUMBER	NUMBER OF YEARS KNOWN
1					
2					
3					

JOB SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. If driving is required in the job for which you are applying, please provide your valid driver's license number, expiration date, and state of issuance.

RELATED INFORMATION

If you are a member of any job-related organizations (professional, trade, etc.) or have received any job-related awards or accomplishments, list and describe them. Exclude any information that would reveal your age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by Hawaii and federal laws.

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.
- B. I understand that **MY EMPLOYMENT WITH GUARDIAN FIRE, INC. IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE BY MYSELF OR THE COMPANY.**
- C. I understand and agree that only the Owner of GUARDIAN FIRE, INC. has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the Owner, and I will not rely upon any other representations regardless of the source.
- D. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with GUARDIAN FIRE, INC., provided that such examination is job-related and consistent with business necessity. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to GUARDIAN FIRE, INC. in accordance with state and/or federal laws. GUARDIAN FIRE, INC. will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide GUARDIAN FIRE, INC. with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.
- E. I agree that GUARDIAN FIRE, INC. may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. GUARDIAN FIRE, INC. may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old (excluding periods of incarceration) or that involves certain Family Court matters will not be considered.
- F. I understand and agree that if offered employment by GUARDIAN FIRE, INC., I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependant upon the receipt of a satisfactory military record as determined by GUARDIAN FIRE, INC.
- G. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform GUARDIAN FIRE, INC. of any agreements that would limit my ability to work for the GUARDIAN FIRE, INC.
- H. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with GUARDIAN FIRE, INC. if I am employed by the Company.

Signature of Applicant: _____ Date: _____

Print Full Name: _____

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