



# Application for Employment



**J.P.B. FIRE SERVICES, INC.**

**315-725-8907**

4736 ONONDAGA BLVD  
PMB #210  
SYRACUSE, NY 13219

John Breh, Owner, President - Services  
Juliane Breh, Owner, Vice President - Sales  
[www.JPBFire.com](http://www.JPBFire.com) @JPBFire on facebook

## Applicant's Information

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Nickname** \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_ **State** \_\_\_\_\_

Attach a copy of your driver's license, your abstract will be checked for acceptability.

**Social Security Number**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Phone Number**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Work     Cell     Other

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Email**

\_\_\_\_\_

**Alternate Phone Number**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work     Cell     Other

## Recruitment Information

**Position Applying For**

**Available to Work**     Full-time     Part-time     Per-Diem

**Can you work:**     Days     Evenings     Overnights up to 5 days on job at a time  
(check all that apply)     10-14 hour shifts     Overtime on days off

Other comments/limitations: \_\_\_\_\_

## Career Goals

List what you want to be doing & accomplish in: 1 year, 5 years, 10 years. (continue on back)

**What days & hours are you available to work?** Shifts as early as 6:30am, or late as midnight.

- Mondays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)
- Tuesdays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)
- Wednesdays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)
- Thursdays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)
- Fridays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)
- Saturdays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)
- Sundays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)

**How did you learn about this company and position?**

- Job advertisement (identify publication or other media): \_\_\_\_\_
- Employee referral (identify employee): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

**Have you previously worked at our company?**  Yes  No

If yes, under what conditions did you leave employment before? \_\_\_\_\_  
\_\_\_\_\_

## Education

For each level of schooling below, please write the school name, the city and state where it is located, your major and minor subjects, and the degree or diploma you received.

**High School** \_\_\_\_\_

**College 1** \_\_\_\_\_

**College 2** \_\_\_\_\_

**Graduate School** \_\_\_\_\_

**Business, Trade, or Other Schools** \_\_\_\_\_  
\_\_\_\_\_

## Work History

Starting with your current or most recent employer, please provide the following information about the last three companies for which you have worked.

### Employer 1 (current or most recent)

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed \_\_\_\_\_

Job Title(s) Held \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

Why did you leave employment? \_\_\_\_\_

Name of Immediate Supervisor(s) \_\_\_\_\_

Can we contact this person for a reference?  Yes  No, why: \_\_\_\_\_

### Employer 2

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed \_\_\_\_\_

Job Title(s) Held \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

Why did you leave employment? \_\_\_\_\_

Name of Immediate Supervisor(s) \_\_\_\_\_

Can we contact this person for a reference?  Yes  No, why: \_\_\_\_\_

**Employer 3**

**Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Dates Employed** \_\_\_\_\_

**Job Title(s) Held** \_\_\_\_\_

**Job Responsibilities** \_\_\_\_\_

Why did you leave employment? \_\_\_\_\_

**Name of Immediate Supervisor(s)** \_\_\_\_\_

Can we contact this person for a reference?  Yes  No, why: \_\_\_\_\_

**Applicant Consent**

Please carefully read the statements below and **initial each one** to indicate that you understand and agree to the terms stated. Then sign this form at the bottom.

\_\_\_\_\_ I certify that all information I have supplied on this form is correct to the best of my knowledge. I understand that omissions or providing deliberate misinformation will disqualify my application and, if hired, would serve as grounds for dismissal.

\_\_\_\_\_ I give consent to **J.P.B. FIRE SERVICES, INC.** to contact the employers listed on this form for my employment references. I authorize these individuals to provide truthful information regarding my employment and previous work experience. In doing so, I waive liability against the employers and individuals contacted as my references, provided the information they supply is honest, factual and given without malice.

\_\_\_\_\_ I hereby authorize my NYS DMV License abstract to be obtained and reviewed by J.P.B. Fire Services, Inc. for evaluation of my employment potential. This may be shared with their insurance providers to determine insurability under current policy. I understand I may check my own abstract at [www.mydmv.com](http://www.mydmv.com) at any time for \$7.00.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Company Purposes Only**

**Interviewer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_