

FIREPLACE SOLUTIONS APPLICATION FOR EMPLOYMENT

(FPS is an equal opportunity employer. Reasonable accommodation is available to persons with disabilities upon request.)

(Please print all responses except signature.)

GENERAL INFORMATION

| | | | |
|---------------------|---|------------------|-----------------|
| Name (Last) | (First) | (Middle initial) | Contact Phone # |
| Address (Mailing) | City | State | Zip Code |
| Address (Permanent) | City | State | Zip Code |
| E-Mail Address | Are you legally entitled to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

POSITION

| | | |
|---|--|--------------|
| Position or Type of Employment Desired | Will Accept: | Referred By: |
| Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Part-Time | |
| | <input type="checkbox"/> Full-Time | |
| | <input type="checkbox"/> Temporary | |
| (For positions requiring a driver's license) Do you have a valid driver's license? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you ever applied to or worked for this company before? When? | Date Available | |

EDUCATION AND TRAINING

High School Graduate or General Education (GED) Test Passed? Yes No
 (If NO, list the highest grade completed)

College, Business School (Most recent first)

| Name and Location | Dates Attended Month/Year | Credits Earned | Graduate | Degree & Year | Major or Subject |
|---|------------------------------|----------------|------------------------------|---------------|------------------|
| | From | | <input type="checkbox"/> Yes | | |
| | To | | <input type="checkbox"/> No | | |
| | From | | <input type="checkbox"/> Yes | | |
| | To | | <input type="checkbox"/> No | | |
| | From | | <input type="checkbox"/> Yes | | |
| | To | | <input type="checkbox"/> No | | |
| Occupational license, Certificate or Registration | Number | Where Issued | Expiration Date | | |
| Occupational license, Certificate or Registration | Number | Where Issued | Expiration Date | | |
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Languages Read, Written or Spoken Fluently Other Than English

Military/Veteran Information (Most recent)

| | | |
|-------------------|---------------|-------------------|
| Branch of Service | Date of Entry | Date of Discharge |
|-------------------|---------------|-------------------|

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

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WORK EXPERIENCE (Most recent first) (Include voluntary job related work and military experience)

| | | |
|-----------------|--------------------------------|------------------------|
| Employer | Contact # | From (Month/Year) |
| Address | | |
| Job Title | Number of Employees Supervised | To (Month/Year) |
| Specific Duties | | Average Hours Per Week |
| | | Last Salary |
| | | Supervisor's Name |

Reason for leaving _____ May we contact this employer? Yes No

| | | |
|-----------------|--------------------------------|------------------------|
| Employer | Contact # | From (Month/Year) |
| Address | | |
| Job Title | Number of Employees Supervised | To (Month/Year) |
| Specific Duties | | Average Hours Per Week |
| | | Last Salary |
| | | Supervisor's Name |

Reason for leaving _____ May we contact this employer? Yes No

| | | |
|-----------------|--------------------------------|------------------------|
| Employer | Contact # | From (Month/Year) |
| Address | | |
| Job Title | Number of Employees Supervised | To (Month/Year) |
| Specific Duties | | Average Hours Per Week |
| | | Last Salary |
| | | Supervisor's Name |

Reason for leaving _____ May we contact this employer? Yes No

REFERENCES (Provide the names of three individuals not related to you, whom you have known at least 1 year.)

| Name | Contact# | E-mail | Years Known |
|------|----------|--------|-------------|
| | | | |
| | | | |
| | | | |

You may be tested for illegal drug use. Some skilled positions require that you will be given a medical examination to determine your ability to safely perform job related functions.

"Under Maryland Law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer I affirm that this application contains no willful misrepresentation or falsifications and that the information I provided is true and complete to the best of my knowledge. I understand that if any false information, omissions or misrepresentations are discovered, my application will be rejected and, if I am employed, my employment may be terminated at any time.

Signature

Date