



## APPLICATION FOR EMPLOYMENT

Hughes Fire Equipment (HFE) provides equal employment opportunities to all applicants without regard to race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, gender identity or expression, marital status, disability status, military status or any other characteristic protected by federal, state or local laws.

### PERSONAL INFORMATION

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Are you eligible to work in the U.S? ☐ Yes ☐ No (Proof of identity and eligibility will be required upon employment)

Are you at least 18 years or older? ☐ Yes ☐ No

Have you ever worked for HFE or any of its subsidiaries? ☐ Yes ☐ No If yes, for which company and when? \_\_\_\_\_

### EMPLOYMENT DESIRED

Date you can start: \_\_\_\_\_ Hourly rate/Salary desired: \_\_\_\_\_

Position desired: \_\_\_\_\_

### REFERRAL SOURCE

How did you hear about us? \_\_\_\_\_

### EDUCATION

EDUCATION	Name and location of school	Degree Received	Subjects studied/Major
High School			
College or University			
Trade, Business or Correspondence School			

### EMPLOYMENT HISTORY

Please include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From:	To:	Company Name:	Telephone:
Job Title:		Address:	
Supervisor's Name:		Supervisor's Job Title:	
Supervisor's Phone Number:		Supervisor's Email Address:	
Reason for Leaving:			
If currently employed, may we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.			

From:	To:	Company Name:	Telephone:
Job Title:		Address:	
Supervisor's Name:		Supervisor's Job Title:	
Supervisor's Phone Number:		Supervisor's Email Address:	
Reason for Leaving:			
If currently employed, may we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.			

From:	To:	Employer:	Telephone:
Job Title:		Address:	
Supervisor's Name:		Supervisor's Job Title:	
Supervisor's Phone Number:		Supervisor's Email Address:	
Reason for Leaving:			
If currently employed, may we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.			

From:	To:	Employer Name:	Telephone:
Job Title:		Address:	
Supervisor's Name:		Supervisor's Job Title:	
Supervisor's Phone Number:		Supervisor's Email Address:	
Reason for Leaving:			
If currently employed, may we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.			

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain. \_\_\_\_\_

### REFERENCES

Please provide three professional references, whom you have known at least 3 years.

Name:	Phone, Email:	Company Name:	Years Acquainted:
1			
2			
3			

**Please read carefully before signing.**

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for HFE to hire me. If I am hired, I understand that either HFE or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of HFE has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to HFE true and complete information on this application. I authorize HFE to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_