



**Here at Allied Fire Protection we believe in doing the job right and the best way to do that is to start with employing the BEST!**

To be considered for an open position within the Allied Fire Protection Family you must meet the minimum following qualifications:

- 18 years of age or over
- Valid Texas Driver's License
- Reliable Transportation
- Ability to travel (local metro area and out of town)

Those applying for field positions such as Helper, Fitter, Foreman, etc must also have the following:

- Own set of hand tools
- 24 hour availability and contact for on-call assignments or emergencies

Allied Fire Protection offers competitive compensation and an excellent benefit package after 90 days.

- Accrued Vacation
- Paid Holidays
- Comprehensive healthcare program (medical, dental, & vision)
- Long Term Disability (LTD)
- 401(k) Plan
- Per Diem for out of town travel
- Wellness Program

In addition; upon conditional offer for employment, ALL candidates will be required to submit to one or more of the following depending on scope of the position for which you are applying.

- Criminal and/or credit background investigation
- Screening for illegal substances
- Fit for duty physical exam

Allied Fire Protection is committed to the principle of equal employment opportunity for all employees and to providing employees with a work environment free of discrimination and harassment.

**ALLIED FIRE PROTECTION IS A DRUG-FREE EMPLOYER**



# Application for Employment

OFFICE USE ONLY:  
 DOH: \_\_\_\_\_  
 Dept/Title: \_\_\_\_\_  
 Pay Rate: \_\_\_\_\_

ORIGINAL ISSUE DATE: April 1, 2013

Allied Fire Protection, LP, Allied Fire Protection SA, LP, and AFP Alarm and Detection, collectively referred to as "Allied Fire Protection" is an Equal Opportunity Employer. Employment offers are made on the basis of qualifications, and without regard to race, color, sex (including pregnancy), religion, national or ethnic origin, disability, age, veteran status, political affiliation, genetic information, sexual orientation, or any other basis that is protected under applicable federal, state, or local laws.

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you still **must** complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (**don't just indicate "See Resume."**) Applications with missing or invalid information may not be considered for any position.

Name (Last, First, Middle):		Other names under which you have attended school or been employed:	
Street Address:		City, State & Zip:	
Email Address:	Home Phone:	Cellular Phone:	Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	
Have you ever been employed by any division or affiliate of Allied Fire Protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:	
Are you related to any current employees of Allied Fire Protection or its affiliated companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?	
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:	
Have you ever been convicted of a felony or misdemeanor, other than a minor traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please explain:	

## POSITION PREFERENCE

What position are you applying for?	
Salary Desired?	\$ _____ per _____ (specify hour, week, year)
Scheduled Desired?	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time # of hours per week _____
Could you work overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What days and nights are you available to work?	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SAT <input type="checkbox"/> SUN
When are you available to start?	

**EDUCATION** (complete only that which applies)

Name of School	City/State	Did you graduate?	Type of Degree/Diploma Received	Graduation Date	Major
High School/GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No			

**SKILLS:** Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)


**CERTIFICATIONS/AWARDS:** Please list any professional/technical certifications and awards relevant to this position. Please indicate if certifications are active and year of awards.


**WORK EXPERIENCE** - Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

**PLEASE NOTE:** Allied Fire Protection reserves the right to contact all current and former employers for reference information.

Date Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title & Phone #:	Other Reference Name, Title & Phone:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Date Employed From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title & Phone #:	Other Reference Name, Title & Phone:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Date Employed From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title & Phone #:	Other Reference Name, Title & Phone:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Date Employed From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title & Phone #:	Other Reference Name, Title & Phone:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

**PROFESSIONAL REFERENCES:**

Full Name	Title	Company Name and Address	Phone	Prof Relationship

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION**

I certify that the information on this application and its supporting documents are accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Allied Fire Protection to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of Allied Fire Protection serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, and to comply with company policies. Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identify within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment suspension or and up to termination.

Applicant Signature: \_\_\_\_\_

Date \_\_\_\_\_



Allied Fire Protection, LP, Allied Fire Protection SA, LP, and AFP Alarm and Detection, collectively referred to as "Allied Fire Protection" is an Equal Opportunity employer and considers job applicants for all positions without regard to ethnicity, gender, veteran status, and disability in accordance with appropriate federal guidelines.

SUBMITTAL OF THIS INFORMATION IS COMPLETELY VOLUNTARY AND WILL BE HELD STRICTLY CONFIDENTIAL. THE DATA PROVIDED HERE IS NOT A PART OF THE OFFICIAL APPLICATION FOR YOUR APPLICATION FOR EMPLOYMENT AND WILL BE PERMANENTLY SEPARATED FROM THE REST OF THE YOUR APPLICATION MATERIALS. In an effort to comply with the requirements regarding government record keeping, reporting, and other legal obligations, we ask that you complete the information below and return it directly to the Human Resource Department. We appreciate your cooperation.

Position Applying For: \_\_\_\_\_

Check One:  Male  Female

Check one of the following Race/Ethnic Groups:

- Hispanic or Latino
- American Indian/Alaskan Native- not of Hispanic decent
- African American (Black) – not of Hispanic decent
- Hawaiian or other Pacific Islander- not of Hispanic decent
- Asian – not of Hispanic decent
- Caucasian (White)- not of Hispanic decent
- Other- not of Hispanic decent

Check if any of the following are applicable:

- Disabled Individual
- Disabled Veteran
- Vietnam Veteran

Referral Source (please identify source):

- |  |   |
|--|---|
| <input type="checkbox"/> Newspaper       | <input type="checkbox"/> Relative                     |
| <input type="checkbox"/> Company Website | <input type="checkbox"/> Internet Advertising         |
| <input type="checkbox"/> Walk-In         | <input type="checkbox"/> Government Employment Agency |
| <input type="checkbox"/> Employee        | <input type="checkbox"/> Private Employment Agency    |

If Other; name of source: \_\_\_\_\_

**I do not wish to respond to this disclosure form**

**Applicant Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_