

Guardian Fire Protection Services, LLC

APPLICATION FOR EMPLOYMENT

Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color creed, national origin, age, disability, sexual preference or any other legally protected status. If you require accommodations due to a disability in order to complete the application, please let us know what accommodation you require.

Application for Employment must be completed legibly and in full detail for you to be considered. Thank you for your interest.

PERSONAL DATA	
Position Applied For:	Date
Last Name First Middle	Home Telephone
Street Address	Business Telephone
City, State, Zip	Social Security #
Have you ever applied for employment with us? Yes No When?	Pay Expected
Is there any reason you cannot perform the duties and responsibilities of the position for which you are applying? Yes No	You may be required to work overtime as the Company determines necessary. Will you be available to work such overtime? Yes No
List any friends or relatives working for this Company and Relationship/Employee Referral:	Are you Legally Authorized to work in the U.S.? Yes No
Are you Legally Authorized to work in the U.S.? Yes No	Are you 18 years or older? Yes No
How did you learn about us? Newspaper? Friend?	When will you be available to begin work?
Have you ever been arrested or convicted of a crime? If yes, give place, year and explanation. (An arrest or conviction is not necessarily a disqualification for employment, but failure to provide accurate information on any arrest or conviction will result in immediate discharge or withdrawal of any job offer.)	Were you previously employed by this Company? Yes No If yes, explain:

EDUCATION AND TRAINING				
Name and Location	Major	Graduated?		
		Yes/No	Degree	GPA
High School				
College				
College				
Business or Technical				
Graduate				
Other				

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List any additional training and graduate studies

MILITARY SERVICE

Have you served in the U.S. Armed Forces?	Yes	No	Date: From: _____	To: _____
Branch _____			Honorable Discharge	Yes No
Final Rank _____			Special Training: _____	

Can you travel if a job requires it? Yes No
 If you are currently employed, may we contact your present employer? Yes No

EMPLOYMENT HISTORY (Account for all time over the last 10 years including periods of unemployment)

Present or Last Employer		Dates	Salary
Name	Phone	From (mo./yr.)	Starting
Address (Street, City, State, Zip Code)		To (mo./yr.)	Ending
Supervisor	Reason for Leaving		
Job Title and Duties			

Employer		Dates	Salary
Name	Phone	From (mo./yr.)	Starting
Address (Street, City, State, Zip Code)		To (mo./yr.)	Ending
Supervisor	Reason for Leaving		
Job Title and Duties			

Employer		Dates	Salary
Name	Phone	From (mo./yr.)	Starting
Address (Street, City, State, Zip Code)		To (mo./yr.)	Ending
Supervisor	Reason for Leaving		
Job Title and Duties			

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ALL OTHER POSITIONS HELD (Use additional sheets if necessary)

Name of Company	Position	Employment Dates		Salary	Reason for Leaving
		From	To		

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM.

1. I recognize that his application is not a contract of employment, nor should any of its terms be considered part of any employment contract. I understand that employment at Guardian Fire Protection Services, LLC. is on an at-will basis, and that my employment may be terminated with or without cause, and without notice, at any time, at my option or at the option of Guardian Fire Protection Services, LLC. I further understand that no Guardian Fire Protection Services, LLC. representative has the authority to enter into a contract regarding my employment or in any way changing the at-will status of my employment, except for the President or Vice President of Guardian Fire Protection Services, LLC. and then only be means of a signed written document.
2. I authorize Guardian Fire Protection Services, LLC. and their agents to contact any or all of my former employers or any of the references I have supplied to them, for the purpose of verifying any information I have provided, and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment with any former employer.
3. I understand and agree that any false statement or omission of requested information made by me as part of this application, in the interview or orientation process or on any other employment form, may result in my immediate dismissal or the withdrawal of any job offer.
4. I recognize that any offer of employment is conditioned upon satisfactory results of a post offer medical examination, which includes Drug Screening.
5. I understand that any offer of employment is also contingent upon my ability to provide the documentation required by the Immigration Reform and Control Act of 1986 to substantiate that I am legally authorized to work in the United States.

Signed by Applicant

Date

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PLEASE TAKE YOUR TIME TO COMPLETE THE FOLLOWING
ARITHMETIC PROBLEMS AND QUESTIONS:

Instructions: Please solve these problems. Check your work carefully.

Sample: 6 + 4 ----- 10

$$\begin{array}{r} 27 \\ +42 \\ \hline \end{array}$$

$$\begin{array}{r} 910 \\ -350 \\ \hline \end{array}$$

$$\begin{array}{r} \text{Divide } 240 \\ \text{by } 4 \\ \hline \end{array}$$

$$\begin{array}{r} 1.625 \\ +.375 \\ \hline \end{array}$$

$$\begin{array}{r} 120 \\ -30 \\ \hline \end{array}$$

$$\begin{array}{r} 211.5 \\ \times 2 \\ \hline \end{array}$$

$$\begin{array}{r} \text{Divide } 360 \\ \text{by } 9 \\ \hline \end{array}$$

$$\begin{array}{r} 403 \\ \times 12 \\ \hline \end{array}$$

$$\begin{array}{r} 560 \\ + 80 \\ \hline \end{array}$$

$$\begin{array}{r} 92 \\ -14 \\ \hline \end{array}$$

Please check the correct answer:

- 1) There are 25 boards on a tray. You need to make 500 boards. How many trays do you need to make?
a) 10 b) 20 c) 30
- 2) If you start a job at 9:00 AM and finish the same job at 11:30 AM, how much time did it take to complete?
a) 2 hours b) 2 hours & 30 minutes c) 1 hour & 45 minutes
- 3) We have received 2 pallets of material. One contains 33 cartons, another contains 42 cartons. How many cartons were received?
a) 73 b) 75 c) 70
- 4) You are picking smoke detectors to fill a customer order. The order calls for 240 pieces. The parts are packaged 12 to a bundle. How many bundles should you pick?
a) 30 b) 40 c) 20
- 5) A part should be .25". Tolerances allow the part to be .01" larger or smaller. Which of the following would be no good?
a) .26" b) .27" c) .24"

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**APPLICANT AUTHORIZATION AND CONSENT
FOR RELEASE OF INFORMATION #1**

Please read carefully before completing.

In order to be considered for a position, we require that all applicants consent to and authorize a pre-employment verification of the background information submitted on their application and/or resume.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements or intentional omissions or misrepresentations will result in my immediate discharge or refusal of employment.

This release authorizes Guardian Fire Protection Services, LLC. to administer a personality profile, conduct a verification of my education, previous employment/work history, to contact personal references, to test for the presence of illegal drugs or unauthorized drugs (i.e. the taking of a prescription drug without a proper prescription or physician's order), to check motor vehicle records (for selected job categories), to receive records concerning arrests and convictions and, if offered employment, prior worker's compensation claims. At the time an offer of employment is made, I authorize the release of prior worker's compensation claims.

Signature: _____

I authorize Guardian Fire Protection Services, LLC. to make the above referenced checks and inquiries. The results of this process will be used to determine employment eligibility under the employment policies of Guardian Fire Protection Service, Inc.

I authorize persons, schools, current and former employers, and other organizations and agencies to provide Guardian Fire Protection Services, LLC. with all information that may be requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information or any opinion that may be provided. I agree that any copy of this document is as valid as the original.

I do hereby agree to release and discharge Guardian Fire Protection Services, LLC. and its agents or representatives from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

APPLICANT:

_____ Name (typed or printed)	_____ Social Security #	_____ Date of birth
_____ Signature	_____ High School	_____ Year of Graduation

Other name under which records may be listed (i.e., Maiden Name)

Driver's License #: _____ State: _____

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PLEASE SUPPLY US WITH THREE PERSONAL REFERENCES.

1. Name: _____ Phone: _____

Address: _____

Years Known: _____ Relationship: _____

2. Name: _____ Phone: _____

Address: _____

Years Known: _____ Relationship: _____

3. Name: _____ Phone: _____

Address: _____

Years Known: _____ Relationship: _____

HAND OUT WITH EVERY APPLICATION

EEO Compliance Form

Date: _____

Name: _____

(Please Print)

EEO identification Code
(please check one of the below)

10 - White (Not of Hispanic Origin)

11 - Black or African American (Not of Hispanic Origin)

12 - Hispanic or Latino

13 - Asian or Pacific Islander

14 - American Indian or Alaskan Native

15 - Other

Gender: Male Female (Please Circle One)

Veteran: Yes No (Please Circle One)

Position Applying: _____

How did you learn of the position?
(please check one of the below)

Current Employee Craigslist Indeed

Family Member DC Jobs Other

If Other, please explain: _____



GUARDIAN FIRE PROTECTION SERVICES

Single Source / Simplicity / Peace of Mind

AUTHORIZATION FOR PRIOR EMPLOYER TO RELEASE INFORMATION

I, _____, hereby authorize my previous employers to release any and all information relating to my employment with them to Guardian Fire Protection Services, LLC. I further release and hold harmless both my previous employers and Guardian Fire Protection Services, LLC from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my previous employers will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

(Applicant's signature)

(Date)

Previous employer, please complete the below information and fax to, 301-330-8988. Thank you for your time

POSITION HELD: _____

DATES OF EMPLOYMENT: _____

SALARY: _____

REASON FOR SEPARATION: _____

QUALITY OF WORK: _____

ATTENDANCE ISSUES: _____

WOULD YOU REHIRE: _____

(Signature of person completing form)

(Printed name)

(Job Title)

(Date)

Guardian Fire Protection Services, LLC • 7668 Standish Place • Rockville, MD 20855 • Ph: 301.840.7100 • Fax: 301.330.8988

WWW.GUARDIANFIREPROTECTION.COM

Pre-Employment Acknowledgment and Consent to Drug Testing

I hereby certify that Continental Fire & Safety Services, LLC (Company) has provided me with a copy of its Substance-Abuse and Prevention Policy; that I have read and do understand the Policy; and that I agree to fully comply with the terms and conditions of the Policy.

Consistent with that policy, the Company has requested I submit to testing for illegal drugs and/or illegally-used legal drugs which includes the collection of a sample to determine the presence or use of drugs or other controlled substances. I also understand that in the event I become an employee of Continental Fire & Safety Services, LLC, or its affiliates, I may be subject to future for cause and random testing in accordance with the Substance-Abuse and Prevention Policy.

I _____ hereby voluntarily consent to provide a sample for such purpose at laboratories designated by Continental Fire & Safety Services, LLC. I consent to having specimens tested at the selected laboratories. Further, I certify that the specimen collected from me will be mine and will not be adulterated or altered in any manner.

I understand that all tests will be subject to careful testing procedures with mandatory confirmation of any preliminary positive tests. I further understand that if my test indicates a confirmed positive for illegal drugs, I will not be considered for employment, or in the event I am an employee at the time of the test I may be subject to discipline including termination, in accordance with the Substance-Abuse-Prevention Policy. I understand that I will be given reasonable opportunity to explain a confirmed positive test result for substances other than illegal drugs. If I provide an unacceptable explanation, I will be denied employment.

I understand that I may request a copy of any drug test results from the Human Resources Department of Continental Fire & Safety Services, LLC.

I understand the results of these tests and other relevant medical information may be used for employment decisions. I hereby authorize the designated laboratory to release results to the Human Resources Department of Continental Fire & Safety Services, LLC. I further agree to hold Continental Fire & Safety Services, LLC, its affiliates, its agents, officers and employees harmless from, and waive all claims existing and future for any, and all liability (including negligence) arising in connection with the testing for drugs and/or alcohol.

Date

Applicant Signature

Applicant Printed Name

Date

Witness Signature

Witness Printed Name