



Chesapeake Sprinkler Company Chesapeake Protection Services

1913-B Betson Court
Odenton, MD 21113
(410)674-7041

44642-108 Guilford Dr
Ashburn, VA 20147
(703)729-5150

1913A Betson Court
Odenton, MD 21113
(410)674-7577

Application for Employment

Submit to info@chesasprink.com

We consider applications for all position without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Note to Applicants:

Do not answer the following question unless you have been informed about the requirements of the job for which you are applying.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you applied with us previously? YES NO If yes, when? _____

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Best time to contact you is: _____ : _____ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?..... YES NO

Do any of your friends or relatives work here?..... YES NO

When are you available to work..... FULL-TIME PART-TIME TEMP.

Are you currently on "lay-off" status and subject to recall?..... YES NO

Can you travel if a job requires it?..... YES NO



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Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Skills

Describe any specialized training, apprenticeship, skills and/or extra-curricular activities.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

References

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____



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Previous Employment

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO



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Military Service

If you have never served for the United States military, skip this section.

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Describe any job-related training received in the United States military.



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Disclaimer and Signature

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature: _____ Date: _____

For Human Resources Department Use Only

Arrange Interview	YES <input type="checkbox"/>	NO <input type="checkbox"/>		Date of Interview:	
Position(s) Considered					
Remarks					
	Interviewed by				
Employed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date of Employment		
Job Title				Hourly Rate/ Salary	
Department					
Hired by					



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Authorization Form for Consumer Report

In connection with your application for employment at Chesapeake Sprinkler Company (including contract for services), understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience information along with reasons for termination of past employment. Further, under that information from various Federal, State, Local and other agencies which contain your past activities will be requested. A consumer report containing injury records and medical information may be obtained only after a tentative offer of employment has been made.

By signing below, you hereby authorize without reservation any party or agency contacted by this employer to furnish the above-mentioned information. You further authorize ongoing procurement of this authorization with your signature be accepted with the same authority as the original.

You have the right to make a request of Randisi and Associates, upon proper identification and the payment of any legally permissible fees, for the information in it is files on you at the time of your request.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish Randisi and Associates with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

Print Name					
Address			Apt. / Unit		
City	State		ZIP		
Driver License #			DL State		

The following is for identification purposes only to perform the background check:

Date of Birth		Race		Gender	
Aliases		Prof. License		State	
Type of License			License #		

Signature _____ Date _____



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Notice to Applicants/Employees Regarding Consumer Reports

A Consumer Report and/or an Investigative Consumer Report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or continued employment with Chesapeake Sprinkler Company.

A Consumer Report and/or an Investigative Consumer Report may be obtained at any time during the application process or during your employment with Chesapeake Sprinkler Company.

A Consumer Report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made, Upon timely written request to the Human Resource Department of Chesapeake Sprinkler Company, and within 5 days of the request; the name, address, and phone number of the reporting agency and the nature and scope of the Investigative Consumer Report will be disclosed to you.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address, and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.



Print Name _____

Signature _____ Date _____