



SB III

A Fire Protection Company

(937) 990-0011 www.sbiiservices.com

Please email completed applications to info@sbiiservices.com, or deliver them to 2960 W Enon Rd. Suite 17, Xenia, Ohio 45385

APPLICATION FOR EMPLOYMENT

SB III is an equal Employment Opportunity Employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or handicap, or any other legally protected status. All qualified applicants will be given equal opportunity and selection decisions are based solely on job-related factors.

PERSONAL INFORMATION

Name (Full – Last, First, MI)		What date are you available to start work?	
Street Address:		City	State Zip
Home Phone	Business Phone	Have you ever filed an application with us before? If YES, give date _____	Yes No
Have you previously been employed by our company? Yes No When? _____		Do you have any friends or relatives working here If so, please list _____	Yes No
Are you legally authorized to work in the United States? Can you provide proof of eligibility to work in the US? (Proof of eligibility will be required before you can be employed)	Yes No Yes No	Are you at least 18 years of age? Can you furnish a work permit?	Yes No Yes No Not Applicable
Position applied for:	Desired Wages/Salary:	Are you willing to work: Full Time Part Time Temporary 2 nd Shift Weekends Overtime	

EDUCATION

High School	Fill in grade completed 9 10 11 12	Did you graduate or complete GED?	
City/State		Yes No	
College	Degree Received Or Expected	Average Grade	Course major/Field
City/State			
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City/State			

Other job-related, educational institutions, licenses, certifications, any specialized training, apprenticeship, skills or any additional information you feel may be helpful to us in considering your application.

Do you have a reliable means of transportation to and from work? _____

EMPLOYMENT HISTORY List last employers below, starting with the most recent one first (SBIII uses wage verification)

Present or Last Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address:		City	State Zip
Duties:		Reason for Leaving:	
Starting Annual Salary	Final Annual Salary	Final Bonus	Final Commission
Name of Supervisor	Title and Department of Supervisor	Phone Number of Employer or Supervisor	

If currently employed, may we contact your present employer/supervisor? Yes No

Previous Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address:		City	State Zip
Duties:		Reason for Leaving:	
Starting Annual Salary	Final Annual Salary	Final Bonus	Final Commission
Name of Supervisor	Title and Department of Supervisor	Phone Number of Supervisor	

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Street Address:		City	State Zip
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Duties:		Reason for Leaving:	
Starting Annual Salary	Final Annual Salary	Final Bonus	Final Commission
Name of Supervisor	Title and Department of Supervisor	Phone Number of Supervisor	

REFERENCES

List at least three responsible adults who have knowledge of your work ethic, experience, and ability. Do not include relatives.

Name	Address	Telephone No.	Occupation

