

Employment Application

This company is an equal opportunity employer dedicated to nondiscrimination in employment. The company selects the best qualified individual for the job based on job-related qualifications regardless of race, age, color, religion, sex, national origin, ancestry, marital status, sexual preference, disability, or any other basis protected by applicable law.

Print clearly and complete ALL information requested.

A Name _____
First Middle Initial Last

Present Address _____
Street Number City State Zip

Permanent Address (if different) _____
Street Number City State Zip

Home Phone _____ Message Phone _____ Social Security No. _____
Include Area Code Include Area Code

If you are hired, can you furnish proof that you are over 18 years of age? yes no

If you are hired, can you present evidence of your legal right to live and work in this country as required by law? yes no

B Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony? yes no

If yes, give the date(s) and details _____

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? yes no

If yes, give the date(s) and details _____

Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or posttrial diversion programs, and marijuana-related offenses that occurred over two years ago in answering these questions.)

Are you able to satisfactorily perform the essential job duties required of the position for which you are applying, either with or without an accommodation? yes no

Position Desired _____ Date you can start _____ Salary Desired _____

C Which do you prefer? full-time part-time during the following days and hours _____

Are you employed now? yes no If so, may we contact your present employer? yes no

Have you ever applied to or worked for this Company before? yes no If yes, specify dates _____

Education	Name of School	City and State	# of Years Completed	Did you Graduate?	Degrees Earned
High School					
College					
Graduate					

Have you served in the United States Armed Forces? yes no Branch _____ Final Rank _____

Additional training, skill, experience, and special achievements relevant to position _____

7 List present and past employers beginning with the most recent. Attach additional sheets as needed.

Month/ Year	Name & Address of Employer	Initial Position and Duties	Previous Supervisor	Starting Pay	Reason for Leaving
		Final Position and Duties	Telephone Number	Ending Pay	
From					
To					
From					
To					
From					
To					

Have you ever been terminated or asked to resign from any job? yes no If yes, please explain circumstances _____

Please explain fully any gaps in your employment history _____

F How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

0 - 10 Days 10 - 30 Days 30 + Days

Do you have adequate transportation to and from work? yes no

Do you have any friends or relatives who work for the company? yes no If yes, who? _____

8 List three personal references who know you well but who are not previous employers or relatives.

Name	Address	Phone Number

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

H X
SIGNATURE OF APPLICANT

DATE

Applicant's Statement & Agreement

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of alcohol in my system, performed by a doctor selected by the Company. Further, I understand that at any time after I am hired, the Company may require me to submit to a physical examination and an alcohol test, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality tests or honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that the company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written inquiry, within a reasonable period of time, to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my

employment and compensation may be terminated by the Company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company (or majority owner or owners if Company is not a corporation). No supervisor or representative of the Company, other than the President of the Company (or majority owner or owners if Company is not a corporation), has the authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the Company or employee to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and the Company.

I also acknowledge that the Company promotes a voluntary system of alternative dispute resolution which involves binding arbitration to resolve all disputes which may arise out of the employment context. Because of the mutual benefits (such as reduced expense and increased efficiency) which private binding arbitration can provide both the Company and myself, I voluntarily agree that any claim, dispute, and/or controversy (including, but not limited to, any claims of discrimination and harassment, whether they be based on the Pennsylvania Human Relations Act, Title VII of the Civil Rights Act of 1964, as amended, as well as all other state or federal laws or regulations) which would otherwise require or allow resort to any court or other governmental dispute resolution forum between myself and the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company, whether based on tort, contract, statutory, or equitable law, or otherwise, (with the sole exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under Workers' Compensation, and Unemployment Compensation claims filed with the state) shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act in conformity with the procedures of the Consolidated Pennsylvania Statutes, Chapter 42, Section 7301 et seq. However in addition to requirements imposed by law, any arbitrator herein shall be a retired Pennsylvania Common Pleas Court Judge and shall be subject to disqualification on the same grounds as would apply a judge of such court. To the extent applicable in civil actions in United States District Courts, the following shall apply and be observed: all rules of pleading all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgement, judgement on pleadings. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the im-

munity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged. As reasonably required to allow full use and benefit of this agreement, the arbitrator shall extend the times set for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion and, at either party's written request within 10 days after issuance of the award, shall be subject to affirmation, reversal or modification, following review of the record and arguments of the parties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the Pennsylvania Commonwealth Court Judge of a civil judgement following court trial. Should any term or provision, or portion thereof, be declared void or unenforceable it shall be severed and the remainder of this agreement shall be enforceable.

I UNDERSTAND THAT BY VOLUNTARILY AGREEING TO THIS BINDING ARBITRATION PROVISION, BOTH I AND THE COMPANY GIVE UP OUR RIGHTS TO TRIAL BY JURY.

I further understand that this voluntary alternative dispute resolution program covers claims of discrimination or harassment under Title VII of the Civil Rights Act of 1964, as amended. By marking the box to the right, I elect to waive the benefits of arbitrating Title VII claims.

If you have any questions regarding this statement, please ask a Company representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT

I

X

SIGNATURE OF APPLICANT

DATE

FireDEX Butler

TECHNICAL KNOWLEDGE QUESTIONNAIRE

Applicant: _____ Date: _____

- 5 = Outstanding consistent performance.
- 4 = Good skill level / Exceeds the standard.
- 3 = Average skills level / Maintains the standard
- 2 = Below average skill level
- 1 = Poor skill level / Seldom meets the standard
- 0 = No experience

Using this scale, rank (Honestly) your own skill level for the following:

Electrical

Ability	Skills
	(1.) Replacement of devices. Outlets - Switches
	(2.) Remove and replace light fixtures.
	(3.) Pull and set wire from panel to device.
	(4.) Recognize bad wiring and devices.
	(5.) Replacement of phone lines.
	(6.) Trouble shoot bad phone lines.
	(7.) Set new phone jacks.
	(8.) Wire door chimes and buttons.
	(9.) Install Cable TV wiring outlets
	(10.) Install doorbell transformer and wire.
	(11.) Check breaker panel for bad circuits.
	(12.) Wire and install temporary outlets.
	(13.) Wire and install temporary lighting.

Plumbing

Ability	Skills
	(1.) Set kitchen / vanity sinks.
	(2.) Replace Drain P-Trap.
	(3.) Set faucets.
	(4.) Set pop-up drains.
	(5.) Plumb to sinks. Rough plumb to sink / shower / tub / toilet.
	(6.) Sweat copper piping.
	(7.) Install and repair drain lines.
	(8.) Install commode.
	(9.) Install commode flange.
	(10.) Install commode drain line.
	(11.) Install vent lines.

Drywall

Ability	Skills
	(1.) Hanging board.
	(2.) Taping / Seams
	(3.) Finishing.
	(4.) Texturing.
	(5.) Using 20 Easy Sand.
	(6.) Wall patch.
	(7.) Crack patch.
	(8.) Plastering.
	(9.) Plaster repair.
	(10.) Texture Matching

Framing

Ability	Skills
	(1.) Exterior walls
	(2.) Facia Line-up
	(3.) Rafter cuts
	(13.) Trusses
	(14.) Interior walls
	(15.) Stair cuts
	(16.) Ability to follow engineered Blue prints
	(17.) Ability to follow & complete proper layouts
	(18.) Knowledge of General Framing Codes

Trim Carpentry

Ability	Skills
	(1.) Hang interior doors.
	(2.) Install base.
	(3.) Install casing.
	(4.) Install crown.
	(5.) Install window seat.
	(6.) Install windowsills.
	(7.) Install cabinetry.
	(8.) Install and fit counter tops.
	(9.) Install paneling.
	(10.) Install Accu. ceiling track and tile.
	(11.) Install Accu. ceiling staple up.
	(12.) Formica Counter Tops
	(13.) Install Laminate Formica & Trim Formica

Exterior

Ability	Skills
	(1.) Roof Shingles 3 TAB
	(2.) Roofing Tar Paper
	(3.) Flashing / Chimney Flashing / Valley Flashing
	(4.) Gutters
	(5.) Fascia
	(6.) Soffit
	(7.) Rolled Roofing
	(8.) Sidings.
	A. Aluminium
	B. Vinyl
	C. Wood
	(9.) Exterior doors.
	(10.) Patio Doors / Sliding & Swing Doors
	(11.) Windows.
	(12.) Ridge vents.
	(13.) Masonry pointing.
	(14.) Glass block windows.
	(15.) Storm windows.
	(16.) Cement repair.
	(17.) Cement Block Laying

Painting

Ability	Skills
	(1.) Exterior painting.
	(2.) Surface prep for paint.
	(3.) Smoke damage (BIN)
	(4.) Interior painting / Brush & Roller
	(5.) Wood staining.
	(6.) Airless Paint Spraying
	(7.) Wood prep for stain.
	(8.) Wallpaper prep. / Clean & Sizing
	(9.) Wallpapering.
	(10.) Varnishing and poly coating.

Flooring

Ability	Skills
	(1.) Install new carpeting
	(2.) Seaming Carpeting
	(3.) Relay Carpet
	(4.) Install Hardwood Flooring
	(5.) Sanding & Finish Hardwood.
	(6.) Stain Hardwood

Flooring – Cont'd

		(7.) Install Laminate Flooring
		(8.) Install Vinyl Sheet Flooring
		(9.) Seam Vinyl Sheet Flooring
		(10.) Install VCT Commercial tile.
		(11.) Strip & Wax VCT
		(12.) Install Ceramic Tile Flooring
		(13.) Grout Flooring
		(14.) Install Rubber Cove Base

Cleaning

	Ability	Skills
		(1.) Knowledge of Cleaning Agents.
		(2.) Dry sponge - Usage.
		(3.) Carpets (dry clean / wet clean)
		(4.) Furniture (dry clean / wet clean)
		(5.) Sanitizing
		(6.) Content cleaning / General Items
		(7.) Structure cleaning.
		(8.) Pack-outs / Pack-Ins
		(9.) Odor control (fire & water).
		(10.) Encapsulating duct work.
		(11.) Fogging.
		(12.) Duct cleaning.
		(13.) Lambs Wool Dusters
		(14.) Upholstery Cleaning (dry cleaning)
		(15.) Upholstery Cleaning (wet cleaning)

Emergency

	Ability	Skills
		(1.) Water damage.
		(2.) Sewer back-ups.
		(3.) Board ups.
		(4.) General fire clean-up.
		(5.) Water Extraction
		(6.) Drying Equipment Set-up & Equipment Requirements
		(7.) Moisture Testing Equipment:

Name _____
Date _____

FIELD PERSONNEL TOOL REQUIREMENTS

- C. ___ Tool Belt *** PLEASE check off
 ___ Tape Measure - 25' all items that you
 ___ Hammer CURRENTLY HAVE
 ___ Cats paw/wonder bar
 ___ Utility knife
 ___ Speed square/chalk line

B. All of C requirements plus:

- ___ Power circular saw w/guards
___ Sawzall
___ Power drill
___ Screw gun
___ Chisels/nail sets
___ Framing square
___ Drywall hanging/finishing tools/T-square
___ Coping saw
___ Tool box
___ Tape measure - 100'
___ 2' and 4' level
___ Snips/sheers
___ Flat bar
___ Caulking gun
___ 3' wrecking bar

A. All of C and B plus: (Including foreman)

- ___ Miter saw
___ Horses
___ Power planer
___ Jigsaw
___ Cordless drill
___ ½" drill
___ Belt sander
___ Hand break
___ Routes (bits)
___ Wire cutters/strippers
___ Current tester
___ Pipe cutters

Note: ALL TOOLS MUST BE COMMERCIAL GRADE

FROM: (MEMBER LOCATION) FIREDEX OF BUTLER, INC

FAX TO: 888-873-3619

VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT

18 U.S.C. §1033

DISCLOSURE STATEMENT

In compliance with our Program Partners' efforts to protect their interests as well as those of their insureds and claimants we are required to obtain written certification that criminal background checks have been performed on all employees who may enter a claimant's home.

Pursuant to the Federal Violent Crime Control and Law Enforcement Act of 1994, 18 U.S.C. §1033(e), it is a criminal offense for any individual who has been convicted of any criminal felony involving dishonesty or a breach of trust, or any offense under the Act, to willfully engage or participate in the business of insurance, or to willfully permit such participation, without the written consent of the appropriate insurance regulatory official. In order for Program Partners to comply with their obligations under this statute and to protect the interests as set forth above, please answer the following questions:

NAME **(MUST BE PRINTED and LEGIBLE)**

Have you ever been convicted of a felony criminal act as defined in 18 U.S.C. 1033? Yes No

If yes:

a. Describe the criminal act committed:

b. Date of Conviction: _____

c. If you answered "Yes" to the above question, subsequent to your conviction have you received written consent from an authorized insurance regulator that you may be employed in the insurance industry? Yes No

d. If you answered "Yes" to the written consent question please attach a copy of the consent to this form.

A "No" response and your signature will serve as "certification" that you are in full compliance with the Act. If it is found that you have misrepresented your status you may be subject to immediate termination from all programs as well as possible criminal prosecution.

Signed: _____ Date: _____

(If an individual is convicted of a felony criminal act between annual notification dates, he/she must inform CFRN promptly, but no later than 10 calendar days after the conviction.)



REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

BASIC INFORMATION: \$11.00 FEE (Driver history is not included)

3 YEAR DRIVER RECORD: \$11.00 FEE

10 YEAR DRIVER RECORD: \$11.00 FEE (Employment Purposes Only)

FULL HISTORY: \$11.00 FEE

CERTIFIED DRIVER RECORD: \$36.00 FEE

COPY OF DOCUMENT FROM FILE (MICROFILM): \$11.00 FEE

CERTIFIED COPY OF DOCUMENT FROM FILE: \$36.00 FEE

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at www.dmv.pa.gov

A REQUESTER INFORMATION		B END USER OF INFORMATION BEING REQUESTED	
NAME/COMPANY Datalink Services, Inc		NAME/COMPANY FireDEX of Butler, Inc	
ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> 2081 Arena Blvd Ste 190		ADDRESS <small>(P.O. Box not acceptable), need to provide physical location of business/residence</small> 9133 Marshall Road	
CITY Sacramento	STATE CA	ZIP CODE 95834	CITY Cranberry Twp
STATE CA		STATE PA	
ZIP CODE 95834		ZIP CODE 16066	
DAYTIME TELEPHONE NUMBER (REQUIRED) 866-454-3238		DAYTIME TELEPHONE NUMBER (REQUIRED) 7244527400	
RELATIONSHIP TO DRIVER (REQUIRED) Vendor		RELATIONSHIP TO DRIVER (REQUIRED) Employer	
SIGNATURE X		D AFFIDAVIT OF INTENDED USE	
NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD		Intended Use of the Information Requested: CHECK ONLY ONE	
		<input type="checkbox"/> B = Driver Release (Driver must complete Section E.)	
		<input type="checkbox"/> C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.)	
		<input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.)	
		<input checked="" type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.)	
		<input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.	
		<input type="checkbox"/> K = Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order).	
		<input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.)	
C DRIVER INFORMATION		I hereby Certify that Kathleen C. Smorada	
NAME: LAST FIRST INITIAL		PRINTED NAME OF REQUESTER	
ADDRESS		will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.	
CITY		X	
STATE		SIGNATURE OF REQUESTER	
ZIP CODE		Title Accounting Manager	
PHONE NUMBER		SUBSCRIBED AND SWORN	
DATE OF BIRTH		TO BEFORE ME: MONTH DAY YEAR	
DRIVER NUMBER		SIGNATURE OF PERSON ADMINISTERING OATH	
MONTH DAY YEAR		SIGN IN PRESENCE OF NOTARY	
E DRIVER RELEASE		S E A L	
I hereby request the Department of Transportation to furnish a copy of my PA Driver's Record to Datalink Services, Inc			
NAME OF DRIVER			
NAME OF PERSON/COMPANY			
SIGNATURE OF DRIVER			
DATE			
F MICROFILM			
TYPE OF DOCUMENT			
DATE OF VIOLATION			
(see list of available documents below)			
Documents Available:			
• Citations			
• Court Certifications			
• Applications			
• License Renewals			
• Judgments			
• Suspension Credit Affidavits			
• Ignition Interlock Removal Letter			
• Suspension/Revocation Letters			
• Restoration Letters			
• Rescind Letters			
• Department Hearing or Exam Notice			
MESSENGER NO.			

* need 7 years residential history with dates - please list on back

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

This authorization and consent for release of personal information acknowledges that Fire Dept of Butler, Inc (Hereafter referred to as "Company") and/or its agent, **C4 Operations LLC**, may now, or at any time I am enrolled in, assigned to, volunteer with or am employed by this **Company**, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to: searches of educational institutions attended; state driving records; financial or credit institutions; employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veteran' Administration; criminal history information on file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to C4 Operations LLC, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches can be used to determine eligibility under the **Company** policies. Therefore, I authorize the consent for full release of records (either orally or in writing) to the authorized representatives of the **Company**. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and received, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **C4 Operations LLC, by sending a written request to 1201 Edgewood Rd SW, Cedar Rapids IA 52404-2344, calling (888) 519-6283 or submitting an email request though our website www.C4Operations.com.** After reading this document, I fully understand its contents and authorize the background verification.

Are you applying for employment in California, Minnesota or Oklahoma? YES _____ NO X
If so, do you want a copy of any Consumer Report prepared concerning you? YES _____ NO X

I understand that California law requires **Company** to give me a copy of any report requested within three (3) days of the date the information was obtained and that failure to do so will expose **Company** to liability (Section 1786.16).

Signed this _____ day of _____, 20_____.

Applicant (Print Name)	Applicant Signature
Parent/Legal Guardian Name if Applicant is a Minor	Parent/Guardian Signature if Applicant is a Minor