



Application for Employment

Date: _____

INDUSTRIAL SAFETY LLC,

164 Pennsylvania Ave.
Barnegat NJ 08005
877-838-8911 MAIN

Industrial Safety LLC, is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration from employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative

Please fill out all the sections below:

Applicant Information

Applicant Name: _____

Address: _____ City _____ State _____ Zip _____

Home Telephone: _____ Cell: _____ Email: _____

Employment Position

Position (s) Applying for: (Please Circle) Fire Watch / Confined Space Operations

How did you hear about this position? _____

Are you available to work weekends and overtime? _____

Date available to start working if hired? _____

Do you have reliable transportation to and from work? Yes No

Are you willing to travel to jobsites in NJ, NY & Pa.? Yes No

Have you ever applied to or worked for Industrial Safety LLC? Yes No

Do you have any friends and or relatives, working for Industrial Safety LLC.?

If yes, state name & relationship:



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Have you ever been convicted of a criminal offense (felony 1st, 2nd, 3rd or 4th degree)? Yes No

If yes, please state nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the positions(s) applied for may, however, be considered.

Job skills / Qualifications

Please list the skills and qualifications you possess for the position for which you are applying:

Education / High School

Name	Location (City & State)	Year Graduated	Degree Earned

Employment

Current / Past Employer (List 2)

(1) Employer Name _____

Job Title / Company assignment _____

Supervisor Name _____

Employer Address _____

City, State and zip code _____

Dates Employed _____



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(2) Employer Name _____

Job title _____

Supervisor Name _____

City, State and zip code _____

Dates Employed _____

Reason for leaving _____

References

Please provide 2 references below:

Reference Name	Contact Information

Job Requirements:

Every applicant for fire watch must possess a valid Twic Card, and certificates in Osha 10 general industry, Firefighter 1, Confined Space awareness and medical certification.

Confined Space applicants must possess same certificates as fire watch and with a minimum Confined Space Operations certificate.

At will Employment

The relationship between you and Industrial Safety LLC, is referred to as “employment at will.” This means that your employment can be terminated at any time for no reason, with or without cause, with or without notice by Industrial Safety LLC. No representative of Industrial Safety LLC, has the authority to enter into any agreement contrary to the foregoing “employment at will” relationship. By your signature below, you acknowledge your understanding that your employment with Industrial Safety LLC, is at will, and that nothing in this application is intended to constitute a contract of employment, express or implied.

Applicant Signature _____ Dated _____

Email to info@industrialsafetyllc.net or mzylka@comcast.net