



# GULF WIDE SAFETY SYSTEMS, INC.

*"We are an Equal Opportunity Employer"*

P.O. Box 61886  
Lafayette, LA 70596-1886

## APPLICATION FOR EMPLOYMENT

### Candidate Information

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Please list any other names and/or aliases you have used (for reference checking purposes)  
\_\_\_\_\_

In case of emergency call \_\_\_\_\_ Phone \_\_\_\_\_

Please list any other addresses you have lived at during the past three years.  
\_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Do you have a valid driver's license?  Yes  No

Please provide driver's license # \_\_\_\_\_ and State \_\_\_\_\_

*(Please provide a photocopy of your Driver's License with Application)*

List driving violations in the past 3 years:  
\_\_\_\_\_  
\_\_\_\_\_

Positions/Type of work for which you are applying? \_\_\_\_\_

Salary expected: \_\_\_\_\_ / \_\_\_\_\_ When can you start?: \_\_\_\_\_  
*(Hourly) (Yearly)*

Have you ever been convicted of a felony?  Yes  No  
If so, please explain: \_\_\_\_\_

Have you ever refused a drug or alcohol test?  Yes  No

Have you ever been injured on the job?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever had an injury or condition that would prohibit lifting 60 pounds, bending, climbing or walking long distances over rough or uneven terrain?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have any previous medical history?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you take any prescription medications?  Yes  No

If yes, please list medications and how often taken: \_\_\_\_\_

Have you ever filed, received or participated in a workers compensation claim?  Yes  No

If yes, please explain: \_\_\_\_\_

## Education and Training

### High School

Name: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

City/State: \_\_\_\_\_ Did you graduate?  Yes  No  
 GED?  Yes  No

### Trade or Business School

Name: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month/year) (month/year)

City/State: \_\_\_\_\_ Did you graduate?  Yes  No

Major Course of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

### College

Name: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month/year) (month/year)

City/State: \_\_\_\_\_ Did you graduate?  Yes  No

Major Course of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

## Skills/Training/Experience

Please indicate any skills/training/experience you have. *Do not list anything less than 1 year.*

Area	Years	Area	Years	Area	Years
Professional Engineer		Burglar/Security		USCG, SOLAS Inspections	
NICET		Access Control		Gas Detection	
Sales		CCTV		Nav-Aids	
Design		Monitoring		Survival Craft	
Drafting		Fire Fighter		Shipping/Receiving	
Fire Alarm Systems		Welding		EMT	
Fire Suppression Systems		Pipefitting		Electronics	
Sprinkler Systems		Hazardous Material Handling		Electrician	
Recharge, High Pressure Cylinders		CDL Driver's License		Recharge Fire Extinguishers	

Do you have experience with programmable fire panels?  Yes  No

What fire panels can you operate without supervision? \_\_\_\_\_  
 \_\_\_\_\_

List Manufacturer Training: \_\_\_\_\_  
 \_\_\_\_\_

Please list specific certifications, licenses or training you have received:

Please list specific certifications, licensing, training or any additional skills you have received:




Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Final Pay: \_\_\_\_\_  
(Hourly) (Hourly)

Were you paid an hourly rate?  Yes  No

Base Pay with Commission \_\_\_\_\_ Average income with details \_\_\_\_\_  
(if applicable)

Reason for leaving: \_\_\_\_\_  FT  PT  Temp

Job duties: \_\_\_\_\_

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Company: \_\_\_\_\_ from : \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Final Pay: \_\_\_\_\_  
(Hourly) (Hourly)

Base Pay with commissions \_\_\_\_\_ Average income with details \_\_\_\_\_  
(if Applicable)

Reason for leaving: \_\_\_\_\_  FT  PT  Temp

Job duties: \_\_\_\_\_

### Professional References

Name: \_\_\_\_\_ How Long Known: \_\_\_\_\_ Association: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone(s): \_\_\_\_\_

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Name: \_\_\_\_\_ How Long Known: \_\_\_\_\_ Association: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone(s): \_\_\_\_\_

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Name: \_\_\_\_\_ How Long Known: \_\_\_\_\_ Association: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone(s): \_\_\_\_\_

## Authorization

Applicant **must** include **pay requirements** and **photocopy of pictured driver's license**. Please provide an after-hours phone number and any contact information. A pre-employment physical, drug screen, blood work and pulmonary function test will be provided.

*Gulf Wide Safety Systems (G.W.S.S.) is an Equal Opportunity Employer.*

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE G.W.S.S. ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE G.W.S.S. FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF G.W.S.S. HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED G.W.S.S. REPRESENTATIVE."

Print Name

SS#

State

Signature of Applicant

Date

Phone for contact day or evening: \_\_\_\_\_

Special instructions:

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