



# SUN DEVIL FIRE & SECURITY

2929 W. Clarendon Ave., Phoenix, AZ 85017 ♦ Phone #: 623-245-0636 ♦ Fax #: 602-495-9291

Website: [www.sundevilfire.com](http://www.sundevilfire.com) ♦ E-mail: [service@sundevilfire.com](mailto:service@sundevilfire.com)

## EMPLOYMENT APPLICATION PROCEDURE

Dear Prospective Employee:

***Welcome to Sun Devil Fire Equipment!***

We thank you for your interest in our company.

Following this letter are the following forms that **MUST BE COMPLETED IN THEIR ENTIRETY** for you to be considered for future employment:

- Employment Questionnaire
- Employment Application
- FCRA Authorization Form and Acknowledgement
- Drug Test Authorization
- EEO Voluntary Self-Identification Form

Please ***follow all directions carefully.***

Once we receive your completed application:

1. Your application is reviewed to see if your background and skills match our needs.
2. If your experience/skills meet our requirements you will be contacted to schedule an interview.

Due to the volume of applications we receive, **we do not return phone calls regarding the status of your application.**

PLEASE DO NOT CALL US REGARDING THE STATUS OF YOUR APPLICATION. IF WE ARE INTERESTED, WE WILL CALL YOU. All applications are kept on file for six months.

Thank you again for your employment interest with Sun Devil Fire Equipment, Inc.

***Mission Statement:***  
***Building lasting internal and external  
customer relationships, one at time.***



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**TO: ALL NEW EMPLOYEES**

**FROM:** Randy Simmers – President  
John Wilmowski – Director of Operations  
Denise Noble – Chief Financial Officer  
Chris Vaughan – ICARE Manager  
Todd Silva – Sales Manager

## 100% ACCOUNTABILITY

All employees who work for Sun Devil Fire and Security know that we expect:

100% accountability

100% of the time,

by all and for all.

We pay for results!

***Excuses, placing blame and whining are unacceptable!***

If you feel you can work under these demanding *and* highly rewarding conditions, then we can move on to the next step of the selection process. Filling out the application!

If you feel these requirements are too demanding, thank you for your interest. We wish you well in your future endeavors.

## Employment Questionnaire

Please answer the following questions, completely and clearly

- 1) What are you looking for in a career? \_\_\_\_\_  
\_\_\_\_\_
- 2) What do you expect from a company that hires you? \_\_\_\_\_  
\_\_\_\_\_
- 3) What types of work do you feel most comfortable doing? \_\_\_\_\_  
\_\_\_\_\_
- 4) What job have you held that you've enjoyed most, and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5) What is one of your greatest strong points? \_\_\_\_\_  
\_\_\_\_\_
- 6) What is your greatest weakness? \_\_\_\_\_  
\_\_\_\_\_
- 7) Do you have reliable transportation? \_\_\_\_\_
- 8) What abilities do you possess that will contribute to our company? \_\_\_\_\_  
\_\_\_\_\_

# Application for Employment

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Telephone #(\_\_\_\_) \_\_\_\_\_ Mobile/Pager/Other # (\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit?.....  Yes  No

If no, please explain \_\_\_\_\_

Have you ever been employed here before?.....  Yes  No

Are you legally eligible for employment in this country?.....  Yes  No

Date available for work \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Are you able to meet the attendance requirements of the position?.....  Yes  No

Type of employment desired  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Have you been convicted of a crime in the last seven (7) years?.....  Yes  No

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

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE / EXPLANATION WILL BE CONSIDERED IN RELATION TO POSITION WHICH YOU ARE APPLYING.

Drivers license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

## Employment History

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE ( )
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE IF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE ( )
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE IF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE ( )
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE IF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE ( )
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE IF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

## Skills and Qualifications

Summarize any training skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

## Educational Background IF JOB-RELATED

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL				
COLLEGE		MAJOR	DEGREE	
OTHER				

## References

NAME	TELEPHONE	YEARS KNOWN
	( )	
	( )	
	( )	

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OF IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

I UNDERSTAND THAT I MAY BE REQUIRED TO UNDERGO A DRUG/ALCOHOL TEST BEFORE HIRING IS FINAL. AN APPLICANT WHO TESTS POSITIVE WILL NOT BE ELIGIBLE FOR HIRE.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE. THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

**I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

**• You must be told if information in your file has been used against you.**

Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment — or to take another adverse action against you — must tell you, and must give you the name, address and phone number of the agency that provided the information.

**• You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your ‘file disclosure’). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if: A person has taken adverse action against you because of information in your credit report:

- You are the victim of identify theft and place a fraud alert in your file; Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

**You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

**You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

**Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**• Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

**You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688. You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws, In some cases, you may have more rights under state law.**

**For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are: .**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	<b>FTC: Consumer Response Center – FCRA</b> Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “NA.” appear in or after bank’s name)	<b>Office of the Comptroller of the Currency</b> Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	<b>Federal Reserve Board Division of Consumer &amp; Community Affairs</b> Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	<b>Office of Thrift Supervision</b> Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	<b>National Credit Union Administration</b> 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	<b>Federal Deposit Insurance Corporation</b> Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	<b>Department of Transportation</b> Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	<b>Department of Agriculture</b> Office of Deputy Administrator — GIPSA Washington, DC 20250 202-720-7051

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580*

**FCRA NOTICE AND ACKNOWLEDGMENT**  
**IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT**

**NOTICE REGARDING BACKGROUND INVESTIGATION**

Universal Background Screening, Inc. Sun Devil Fire and Security may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include, but is not limited to: employment and education verifications: social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on my character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.

The report will be generated by Universal Background Screening (4000 North Central Avenue, Suite 1000, Phoenix, AZ 85012, 1-877-263-8033) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as the original.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number (SSN)

## FAIR CREDIT REPORTING ACT (FCRA)

By Applicant/Employee

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

Sun Devil Fire Equipment, Inc.  
2929 W. Clarendon Avenue  
Phoenix, AZ 85017

Dear Sun Devil Fire Equipment, Inc.:

I am aware that consumer reports may be obtained as a part of my possible employment evaluation with Sun Devil Fire Equipment, Inc.

These reports may be obtained by Sun Devil Fire Equipment, Inc. or their insurance company representative(s), and may include my driving record, as assessment of my insurability for the insurance program, or other consumer reports.

By signing this disclosure, I hereby provide my authorization to obtain such reports and additional reports about me from time to time as deemed appropriate, to evaluate my insurability, or for other permissible purposes.

Sincerely,

\_\_\_\_\_

Applicant/Employee

Print Name as it appears on driver's license: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

# SUN DEVIL FIRE EQUIPMENT, INC.

## DRUG/ALCOHOL TESTING POLICY

Sun Devil fire Equipment has a responsibility to all of its employees to provide a safe workplace and a responsibility to the public to ensure that their safety and trust in Sun Devil Fire Equipment are protected. Therefore, Sun Devil Fire Equipment prohibits the following behavior by employees while on company premises or performing company business at any location.

Use of illegal drugs, alcohol, or prescription drugs obtained illegally

Abuse of legal (prescription or over-the-counter) drugs

Sale, purchase, transfer, manufacture or possession of alcohol, or controlled substances

Arrival for work or working under the influence of drugs or alcohol. "Under the influence" means the presence of an illegal drug, alcohol or controlled substance in the body fluids at levels of detection above the lowest cutoff levels established by the analytical methods of the SDFE's testing laboratory.

Violation of this policy will result in discipline such as suspension without pay or discharge, or SDFE, in its sole discretion, may allow an employee who tests positive for drugs or alcohol a single opportunity to complete an approved rehabilitation program. Employees who fail to complete such a rehabilitation program or who test positive for drugs or alcohol a second time will be discharged.

A drug and alcohol screening test can be an effective means by which to identify those in need of counseling, treatment, or disciplinary action. SDFE's drug/alcohol testing program is intended to supplement, not replace, other means by which the use of drugs and alcohol can be detected. SDFE reserves the right to engage in other means to detect the use or possession of controlled substances such as workplace searches.

### **PROCEDURE:**

Drug/alcohol test of job applicants and all employees are required as outlined below. All employees must sign a Consent and Release form without modification as a condition of continued employment.

1. All job applicants to whom a job offer has been made may be required to undergo a drug/alcohol test before their hiring is final. An applicant who tests positive will not be eligible for hire.
2. Drug/alcohol testing of employees may be conducted under the following circumstances:

When an employee's supervisor has a reasonable suspicion that the employee is intoxicated or has used drugs or alcohol. "Reasonable suspicion" is based on articulable observations sufficient to lead a prudent supervisor to suspect that the employee is impaired or under the influence of drugs or alcohol (including, but not limited to, slurred speech, alcohol on breath, inability to walk a straight line, erratic behavior, etc.)

When an employee is found in possession of suspected controlled substances or alcohol or when suspected illegal drugs or alcohol are found in an area controlled or used exclusively by the employee, such as an employee's truck, toolboxes, locker, desk or workspace

Following an accident or an incident in which safety precautions were violated or unusually careless acts were performed. Workman's Compensation requires a drug test following a vehicle accident.

As part of a routine testing program instituted as a result of prior disciplinary action against the employee or as part of a rehabilitation program related to the use of drugs or alcohol.

On a random basis.

3. A refusal to submit to drug/alcohol testing procedures or failure to cooperate with the implementation of this policy and SDFE's efforts to maintain a drug free workplace may result in discipline, up to and including discharge.
4. Drug/alcohol screening tests will be conducted at SDFE's expense during working hours at a certified laboratory designated by SDFE. Transportation of employees to and from the testing site will be provided, also at SDFE's expense. Initial positive results will be confirmed. Test results of SDFE's designated laboratory are considered final.
5. Drug/alcohol tests may screen for the following substances or their metabolites: amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine ethanol, methadone, opiates, propoxyphene, phencyclidine, and methaqualone.

**CONFIDENTIALITY:**

One designated person in the company will receive all reports of test results. This person will notify only those SDFE employees or agents who have a need to know about the test results. Individuals tested may, upon request, receive a copy of their test results. Information regarding test results will not be provided to any other persons without the written consent of the individual tested, except as allowed or required by law.

**USE OF RESULTS:**

SDFE will take action on a confirmed positive test result only after receiving a report from its designated testing laboratory. Detection of controlled substances or alcohol is grounds for immediate dismissal of an employee or withdrawal of a hiring offer. Upon request, the employee or applicant will be given an opportunity to explain, in a confidential setting, a positive test result, and the presence of any drug in his or her system, and to substantiate the explanation with medical evidence.

In keeping with SDFE's philosophy, every effort will be made to help the employee deal with a drug or alcohol problem. However, if this effort fails or is inappropriate under the circumstances, then appropriate disciplinary action will be instituted. SDFE reserves the right to impose discipline, including discharge, on any employee who violates this policy.

Sun Devil Fire Equipment, Inc. values all employees and their families and feel it is a company responsibility to provide each employee with a safe place to work. This policy is for the benefit of you and your family, and SDFE asks for your complete cooperation and support.

I \_\_\_\_\_ HAVE READ AND UNDERSTAND THE DRUG/ALCOHOL POLICY AND CONSENT TO TESTING.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signed

## EEO VOLUNTARY SELF-IDENTIFICATION

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO reporting purposes only and will be kept separate from all other personnel records and only accessed by the ICARE Team.

### **GENDER:**

(Please check one of the options below)

Male

Female

### **RACE/ETHNICITY:**

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

**Hispanic or Latino** — A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)** — A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Black or African American (Not Hispanic or Latino)** — A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** — A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands,

**Asian (Not Hispanic or Latino)** — A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** — A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** — All persons who identify with more than one of the above five races.

**Date completed:** \_\_\_\_\_

Thank you for your participation.

(2007 EEO-1 changes, updated information needed for EEO-1 reporting purposes only)

Social Security Number

--	--	--	--	--	--	--	--	--	--

Date of Birth - used for identification purposes only

MONTH		DATE		YEAR					

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>Other Names Used</b> (maiden name, AKA names, etc.)		

<b>Current Residential Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date	
					[ ]
					[ ]
					[ ]
					[ ]
					[ ]

<b>Driver's License Number</b>	<b>State of Issue</b>
--------------------------------	-----------------------

## Consent to Submit to Drug and/or Alcohol Testing

SS Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Account: 000657

I, \_\_\_\_\_, hereby consent and agree to drug and/or alcohol testing as a condition of consideration for employment and/or continued employment by **Sun Devil Fire and Security**.

I further acknowledge that I have been informed of, and have agreed to comply with Sun Devil Fire and Security drug testing policies.

I understand that information regarding the test results may be used as grounds for adverse employment action, including denial of employment and/or termination of my employment with Sun Devil Fire and Security.

I further understand and acknowledge that:

1. The test results will be released to Sun Devil Fire and Security and may be used by the company in determining any adverse employment action that may be taken against me;
2. If the laboratory results of my drug and/or alcohol test indicate a positive result, I will have an opportunity to discuss and dispute the result by consulting with a Medical Review Officer.
3. I have the right to refuse to such testing. I understand that my refusal to submit to, or to cooperate with such testing, shall be considered a refusal.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Negative \_\_\_\_\_ Specimen temp: \_\_\_\_\_

Non-negative \_\_\_\_\_

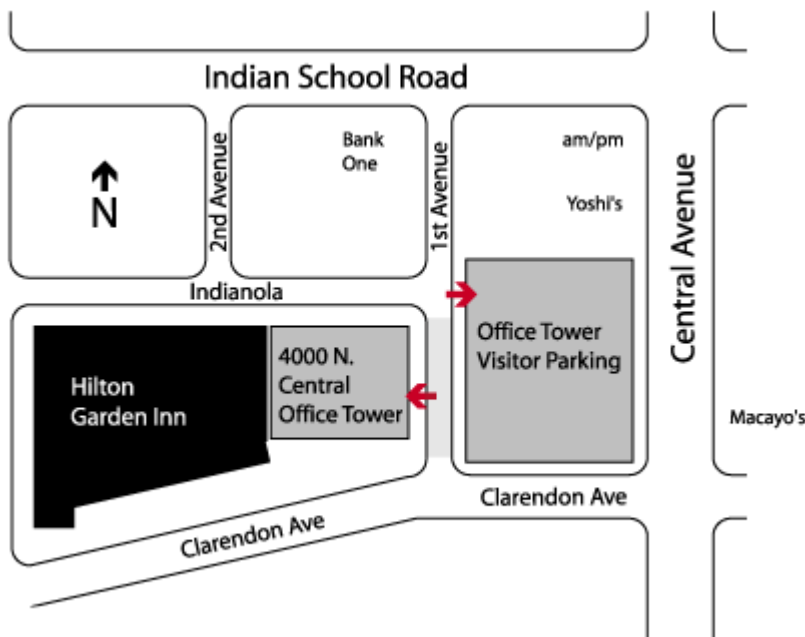
THC  METH/AMP  COC  OPI  PCP

Signature of Collector \_\_\_\_\_

Account: 657 – Sun Devil Fire Equipment, Inc.

## Drug Testing Appointment Map and Directions

Universal Background Screening is located at 4000 North Central Ave., 10th Floor, Phoenix, AZ 85012. Main phone number is 602-263-8033.



**Please  
keep this  
page!!**

### **From Downtown Area:**

Take Central Ave north to Clarendon. Turn left on Clarendon, and then immediate right on cobblestone street, then another right into the visitor parking lot.

### **From East Valley:**

Take 202 West to I-10. Exit 7th St. Turn right on 7th St, then take 7th St North to Thomas Rd. Turn left (west) on Thomas Rd. Take Thomas to Central Ave, turn right on Central. Continue from Downtown Area directions.

### **From North Valley:**

Take SR-51 South to Indian School Rd exit. Take Indian School Rd west to Central Avenue (no left allowed on Central or 1st Ave). Continue on Indian School to 2nd Ave, turn left (south) on 2nd Ave. Take next left at Indianola. Continue on Indianola, directly to parking lot entrance.

### **From West Valley:**

Take I-10 East, exit 7th Ave. Take 7th Ave north to Indian School Rd. Turn right (east) on Indian School. Continue on Indian School to 2nd Ave, turn right (south) on 2nd Ave. Take next left at Indianola. Continue on Indianola, directly to parking lot entrance.

\*\*Please park in the visitor lot. Parking will not be validated by Universal Background Screening. Parking in the visitor lot is approx \$.75 per half hour. Only cash is accepted. **Take parking ticket to Universal Background Screening desk and they will validate parking for you.**