

Select Security Systems, Inc.

Application For Employment _____

Notice to Applicant: We are an equal opportunity employer and do not discriminate on the basis of an applicant's or employee's race, color, religion, sex, national origin, citizenship, age, physical or mental disability or any other characteristic.

PERSONAL INFORMATION (please print)

Position applied for: _____ Date: _____

Name: _____
(Last) (First) (MI)

Address: _____

City: _____ State: _____ Zip: _____ Soc. Sec. No. _____ - _____ - _____

Home Phone: (____) _____ Mobile/Beeper/Other: (____) _____

Driver's License number *if driving is an essential job function*: _____ State: _____

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

Date you are available for work ____/____/____

Are you able to meet the attendance requirements for the position: Yes No

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

If yes, please explain _____

REFERENCES (please print)

Name	Relationship	Telephone	Years Known
_____	_____	(____) _____	_____
_____	_____	(____) _____	_____
_____	_____	(____) _____	_____

EDUCATION (please print) List from present to past

School / Institution	Major or Area of Study	Degree or Number of Years

ACHIEVEMENTS (please print)

EMPLOYMENT HISTORY List present and former employers beginning with the most recent

From	To	Employer	Phone
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for Leaving		Hourly Rate/Salary Final \$ PER <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	

From	To	Employer	Phone
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for Leaving		Hourly Rate/Salary Final \$ PER <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	

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EMERGENCY CONTACT INFORMATION:

In the event of an emergency, whom should we contact?

Name:	Relationship	Phone Number(s)
_____ (Last) _____ (First)	_____	(____) _____
_____ (Last) _____ (First)	_____	(____) _____

ACKNOWLEDGEMENT (please read carefully)

I hereby certify that the information contained in this application form and in any attachments (hereafter made a part of this application) is true and correct to the best of my knowledge and agree to have any of the statements checked by the organization unless I have indicated to the contrary. I authorize the references listed above to provide the company any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by the organization or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

Applicant's Signature

Date