Prudential Alarm

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY

To the Applicant: We appreciate your interest in Prudential Alarm and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications. We are an Equal Opportunity Employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, or the presence of a medical condition or handicap.

PERSONAL:							
Name:			Social Secu	urity Numb	er:		
(Last)	(First)	(Middle)					
E-Mail Address:			MySpace	or Faceboo	ok Address:		
Telephone Number	r - Home:()	Others:()		_()	
List any other name	e you use or hav	e used:		Are yo	ou over 18 year	s of age? θ	YES θ NO
Current Address:							
Current Address:	(Number) (St	reet) (Ci	ty) (Stat	te)	(Zip)		
How long lived here Landlord's Name a	e?Yrs., nd Telephone:_	Mos. Circle (One: Own Rent	t Board	Live w/paren	ts From	1 1
(2)							<u> </u>
Have you been pre Have you filed an a List any friends or r Transportation you Do you have a valid	relatives working will use to come d Driver's license	before, and if so, here:to work? θ Busses? θ YES θ No.	date(s): θ YES θ s θ Taxi θ Auto, C State	NO Year Licer	_Make €	Other	
			chaca: 0 TEO 0		ycs, wiicii:		
List all traffic viola Date: Date:	<u>ations for the particular for t</u>	offense: Offense:	Cit	ty: ty:	Pe	enalty:enalty:	
STATE LAW REQUESTED BY STATE LAW REQUESTED BY STATE OF THE STATE OF TH				-	you ever been	convicted o	f a crime?
EMPLOYMENT DE	ESIRED:						
Position(s) applied for: Prudential Alarm is a D Do you have any specia				ation and/or	drug screen? θ YE		
List professional, trade, religion, sex, national State any additional inf	l origin, handicap, ı	narital or veterans	status		ame or character —	of which indica	ate race, color,
applicationSalary/Wage desired \$	<u> </u>	Date available to s	 tart work: /	/ .			

Name, address, teleph emergency:	none number and rela	tion of person t	o be notified in	the event of an ac	ccident or			
PERSONAL CHARACTER REFERENCE Name Rela						dress & Phone #		Best time to Call
		•						
EDUCATION:	a a a ti a m	Vacra Can	anlata d	Doggoo/F	Ninlama.		Con	was of Childr
Name & Location		Years Completed		Degree/Diploma			Col	urses of Study
Elementary								
High School								
College								
Graduate								
Vocational/Trainii	ng							
		d noot omploy	mont hoginni	ng with the MOS	T rooont t	hrough loss	t 10 vooro 🚜	
Name, Address &	Dates		and Duties	Wages		through last 10 years. (Us		Supervisor's Name,
Telephone No.	From			Starting:(hr/wk	/yr)	θ Quit		Title
				\$		θ Dischar θ Layoff	ge	
()						Comments	s:	
,								
Name, Address & Telephone No.	Dates	Title and Duties		Wages	ages Reason		for Leaving	Supervisor's Name, Title
2.	From / /			Starting:(hr/wk	/yr)	θ Quit		
	To			Ψ		θ Dischar		
()						Comments	S:	
Name, Address & Telephone No.	Dates	Title	and Duties	Wages	5	Reason for Leaving		Supervisor's Name, Title
3.	From / /			Starting:(hr/wk	/yr)	θ Quit θ Dischar	ae	
	To /					θ Layoff Comments		
()	'					Comments	<u>o.</u>	
	<u> </u>					<u> </u>		<u> </u>
Name, Address & Telephone No.	Dates	Title	and Duties	Wages Rea		Reason f	for Leaving	Supervisor's Name, Title
4.	From / /			Starting:(hr/wk	/yr)	θ Quit θ Dischar	ge	
	To / /					θ Layoff Comments		
()						- Commonto	- -	
Name, Address & Telephone No.	Dates	Title	and Duties	Wages	s	Reason f	for Leaving	Supervisor's Name, Title
5.	From / /			Starting:(hr/wk	/yr)	θ Quit θ Dischar	ne	
						U DISCHAL	9-	l

	To /	,			θ Layoff Comments:	
()					Comments.	
	ed or appli			curity agency? θ YES	S θ NO If yes, who?	
Have you ever beer Have you ever beer	n bonded, a n refused fo	nd if so, b or bond, ar	oy whom? nd if so, why?			
(Clerical applicants Have you ever hand	not require lled a weap	d to answ oon? θ YE	er these questions.) ES θ NO	nen and why?		
	experience i	in the Arm		ited States or in a Sta		YES θ NO
If yes, Type From:	of duty and	d list date To:	of active duty:	ge: θ Honorable θ [Diahamanahla O Mad	ingl 0 Congrel
what Branch:	Rank	at dischar	ge:Dischar	ge: в Honorable в L	Disnonorable & Med	icai e Generai
Applicant: Please	Read Car	efully:				
an undue hardship on company in writing of t	the employer he need for a	. Handicap	ped employees and applition within 182 days of the	ped applicants and employ licants may request an ac- le date the handicapper ki the employer failed to acc	ccommodation of their hands or should know that	andicap by notifying the t an accommodation is
RELEASE, AUTHORIZ	ATION AND L	<u>JNDERSTAI</u>	NDING:			
and complete. I author individuals, companies, without any obligation to or subsequent employ liability whatsoever as Prudential Alarm, any in I agree, unde terminated by Prudential I agree that arrangement may only by other rules, policies, representatives. I here caused by me for the value of the valu	rize you to verinstitutions of a give me writters without a a result of an information acceptant and and an information acceptant and acceptant acceptant and acceptant	erify all of the pragencies, ten notice of any obligation of the properties of any obligation of the properties of the compart of the contract	re information concerning and I authorize them to f such disclosure. I also a on to give me written in the such disclosures. I also at the disclosures and disclosures. I also at the disclosures are during any employment with that my employment with that my employment with the employment relative to me personally and such conditions of employment to deduct from each an eney entrusted to me by, on the Company arising out the Company arising out ary. I further agree that if pay to the Company and employment is conditionand physical (if such physical)	n Prudential Alarm is for a without cause and without cause and without causeigned by the President of the Company as not every period of my pay owed by me to the compa of my employment or term. I should bring any action by and all costs incurred by all until such time as the ical) are known.	on, credit or medical historiand copies of any and y information requested by the late of any one to anyone other than a company of the company. I agree that they are from time to any amounts necessary during the course of mination of employment, in or claim arising out of my by the firm in defense of results of my entire back.	ory with the appropriate all employment record, by any of my prospective u and them from any as I may be directed by any control of the state of the
I hereby relean nature and kind.	se every pers	on or entity	which shall comply with t	he authorization and reque	est made herein from any	and all liability of every
					<u> </u>	
Print Name			Signature	[Date	

