

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 Security Number: _____
(Last) (First) (Middle)

E-Mail Address: _____ MySpace or Facebook Address: _____

Telephone Number - Home: __ (____) _____ Others: __ (____) _____ __ (____) _____

List any other name you use or have used: _____ Are you over 18 years of age? YES NO

Current Address: _____
(Number) (Street) (City) (State) (Zip)

How long lived here? _____ Yrs., _____ Mos. Circle One: Own Rent Board Live w/parents

Landlord's Name and Telephone: _____

Previous: (1) _____ From ____/____/____
(2) _____ From ____/____/____
(3) _____ From ____/____/____

Are you a U.S. citizen? YES NO If no, are you authorized to work in the United States? YES NO

Have you been previously employed here? YES NO If yes, date(s) _____ Supervisor(s) _____

Have you filed an application here before, and if so, date(s): YES NO _____

List any friends or relatives working here: _____

Transportation you will use to come to work? Bus Taxi Auto, Year _____ Make _____ Other _____

Do you have a valid Driver's licenses? YES NO State _____ License Number: _____

Has your driver's license ever been revoked or suspended? YES NO If yes, when? _____

List all traffic violations for the past 5 years:

1. Date: ____/____/____ Offense: _____ City: _____ Penalty: _____
2. Date: ____/____/____ Offense: _____ City: _____ Penalty: _____

STATE LAW REQUIRES ALL EMPLOYEES TO BE FINGERPRINTED. **Have you ever been convicted of a crime?**
 YES NO If yes, list where, when and nature of offenses: _____

EMPLOYMENT DESIRED:

Position(s) applied for: _____ Full time Part time _____ hours/week
Prudential Alarm is a Drug Free Workplace. Are you willing to take a physical examination and/or drug screen? YES NO
Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

List professional, trade, business, or civic activities and offices held, **excluding groups that the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veterans status** _____
State any additional information that you feel may be helpful to us in considering your application _____
Salary/Wage desired \$ _____ Date available to start work: ____/____/____

Name, address, telephone number and relation of person to be notified in the event of an accident or emergency: _____

PERSONAL CHARACTER REFERENCES (Do NOT include relatives or former employers):

Name	Relationship	Years Known	Address & Phone #	Best time to Call

EDUCATION:

Name & Location	Years Completed	Degree/Diploma	Courses of Study
Elementary _____			
High School _____			
College _____			
Graduate _____			
Vocational/Training _____			

EMPLOYMENT: List below all present and past employment, beginning with the MOST recent through last 10 years. (Use extra page if necessary):

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
1.	From ____/____/____	_____	Starting:(hr/wk/yr) \$	<input type="checkbox"/> Quit <input type="checkbox"/> Discharge	
		_____		<input type="checkbox"/> Layoff Comments:	
()		_____			

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
2.	From ____/____/____	_____	Starting:(hr/wk/yr) \$	<input type="checkbox"/> Quit <input type="checkbox"/> Discharge	
	To ____/____/____	_____		<input type="checkbox"/> Layoff Comments:	
()		_____			

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
3.	From ____/____/____	_____	Starting:(hr/wk/yr) \$	<input type="checkbox"/> Quit <input type="checkbox"/> Discharge	
	To ____/____/____	_____		<input type="checkbox"/> Layoff Comments:	
()		_____			

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
4.	From ____/____/____	_____	Starting:(hr/wk/yr) \$	<input type="checkbox"/> Quit <input type="checkbox"/> Discharge	
	To ____/____/____	_____		<input type="checkbox"/> Layoff Comments:	
()		_____			

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
5.	From ____/____/____	_____	Starting:(hr/wk/yr) \$	<input type="checkbox"/> Quit <input type="checkbox"/> Discharge	

