

CURRENT EMPLOYER

Start Date: ___/___/___ End Date ___/___/___ Contact employer [] yes [] no

Current Employer: _____
(Name) (City) (State) (zip)

Current Supervisor: _____
(Name) (Telephone Number)

Reason for leaving: _____

Pay rate:

Who referred you to us [] Newspaper [] Friend [] Walk-in [] Other _____
[] Website [] College Co-op [] Employment Agency [] Radio

FORMER EMPLOYERS [List Below the past Employers, Starting with the last one first.]

Name and address of Last Employer

Start Date: ___/___/___ End Date ___/___/___ Contact employer [] yes [] no

Past Employer: _____
(Name) (City) (State) (zip)

Supervisor: _____
(Name) (Telephone Number)

Job Title: _____ pay rate _____

Description of work: _____

Reason for leaving: _____

Start Date: ___/___/___ End Date ___/___/___ Contact employer [] yes [] no

Past Employer: _____
(Name) (City) (State) (zip)

Supervisor: _____
(Name) (Telephone Number)

Job Title: _____ pay rate _____

Description of work: _____

Reason for leaving: _____

Start Date: ___/___/___ **End Date** ___/___/___ **Contact employer** [] yes [] no

Past Employer: _____
(Name) (City) (State) (zip)

Supervisor: _____
(Name) (Telephone Number)

Job Title: _____ **pay rate** _____

Description of work: _____

Reason for leaving: _____

Start Date: ___/___/___ **End Date** ___/___/___ **Contact employer** [] yes [] no

Current Employer: _____
(Name) (City) (State) (zip)

Supervisor: _____
(Name) (Telephone Number)

Job Title: _____ **pay rate** _____

Description of work: _____

Reason for leaving: _____

Start Date: ___/___/___ **End Date** ___/___/___ **Contact employer** [] yes [] no

Past Employer: _____
(Name) (City) (State) (zip)

Supervisor: _____
(Name) (Telephone Number)

Job Title: _____ **pay rate** _____

Description of work: _____

Reason for leaving: _____

SPECIAL QUESTIONS – Please Read the Disclaimer below

Due to the nature of the Security Alarm Business, it is *mandatory* that any and all employees of the Company, have an extensive search of his/her background. It is extremely important that the information listed below be accurate. The Company, or designee of the Company will use this information to begin the preliminary background investigation. Upon completion of this investigation by the Company, the information received, will be forwarded in the form of an application to the North Carolina Alarm Systems Licensing Board, which is under the Office of the North Carolina SBI, and the State Attorney General Office.

Falsification of any question below will result in the denial of your application. Information found to be untrue, during the registration process will result in the termination of your employment.

Height _____ Weight _____ Eyes _____ Hair _____ Race _____ Sex _____

Are you a US Citizen [] yes [] no Date of Birth: ____/____/____

Driver's License # _____ State _____

Social Security # _____ - _____ - _____ Place of Birth _____

Do you have a DD-214 (Military only) [] N/A [] yes [] no

RESIDENT ADDRESS FOR THE PAST FOUR YEARS (NO Post Offices Boxes)

Mo/Yr	Mo/Yr	Street Name	City	State

**READ AND ANSWER THE FOLLOWING QUESTIONS CAREFULLY:
FALSIFICATION OF ANY OF THE BELOW QUESTIONS WILL RESULT IN
EMPLOYMENT DENIAL OR TERMINATION OF THE SAME.**

- 1. Have you ever pled guilty to any crime? (Felony or Misdemeanor) [] yes [] no
- 2. Have you ever been convicted of any crime? (Felony or Misdemeanor) [] yes [] no
- 3. Have you ever served time? [] yes [] no
- 4. Have you been on Probation or Parole? [] yes [] no

5. Have you ever work for another security alarm company? [] yes [] no
 (If Yes, please provide the name: _____
 (Name) (City) (State)

6. Do you have a problem taking a Drug Test? [] yes [] no
7. Do you understand that we may perform random Drug Screening? [] yes [] no
8. Do you have a North Carolina Drivers License? [] yes [] no

9. Do you have an "Alias"? _____ [] yes [] no

10. Do you have any points on you License, Regardless of the State? [] yes [] no

(If Yes, please provide details:

11. Have you had any points on your license in the last 6 years? [] yes [] no

(If Yes, please provide details, to include those that have been removed or expired.)

12. Do you understand that should you have a Misdemeanor or Felony on your criminal record that we cannot hire you as an employee? (Initials _____) [] yes [] no

13. If your criminal record reflects an error, it is your responsibility to investigate and seek legal counsel to advise you in correcting the problem (Initials _____) [] yes [] no

14. I understand and agree that I may be required to take one or more [X] Physical Examination, and or [X] Drug Testing, as a condition of hiring or continued employment. I agree to take such test(s) at such time as designated by the Company and to release the Company, and its directors, officers, agents, or employees from any claim arising in connection with the use of such test(s) (Initials _____) [] yes [] no

Criminal Record Release

I understand and hereby release Holmes Electric Security Sytems, mentioned above as the Company, or designee of the Company to search all States that I have listed above. This search will include but is not limited to the State(s), City(s) and County(s) of which I resided during the dates specified. I furthermore, understand that if any records are found, the Company, or Company designee concerning the same may question me. If the charges received by the Company are considered to be untrue by myself, it will become my (applicant(s) responsibility to prove otherwise at my (applicant(s) expense.

I hereby release Holmes Electric Security Sytems and it's Designee to perform a criminal record check and search of all States, City's and Counties of which I have provided.

(Print) (First) (Middle) (Last)

Please Provide a Maiden Name: _____ [] yes [] no

(Print) (First) (Middle) (Last)

(Signature)

(Date)

AUTHORIZATION

"I Certify that the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with our without notice, at any time by the company. I understand that no company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Date: ____/____/____ **Signature:** _____
