



**CURRENT EMPLOYER**

Start Date: \_\_\_/\_\_\_/\_\_\_ End Date \_\_\_/\_\_\_/\_\_\_ Contact employer [ ] yes [ ] no

Current Employer: \_\_\_\_\_  
(Name) (City) (State) (Zip)

Current Supervisor: \_\_\_\_\_  
(Name) (Telephone Number)

Reason for leaving: \_\_\_\_\_

---

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

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

**Name and address of Present/Last Employer**

Start Date: \_\_\_/\_\_\_/\_\_\_ End Date \_\_\_/\_\_\_/\_\_\_ Contact employer [ ] yes [ ] no

Past Employer: \_\_\_\_\_  
(Name) (City) (State) (Zip)

Supervisor: \_\_\_\_\_  
(Name) (Telephone Number)

Job Title: \_\_\_\_\_

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: \_\_\_\_\_

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:** \_\_\_\_\_

**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:** \_\_\_\_\_

**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:** \_\_\_\_\_

**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 have any points on you License, Regardless of the State?  yes  no

(If Yes, please provide details:

---

8. 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.)

---

9. Do you have a North Carolina Drivers License?  yes  no

10. Do you understand that we may perform random Drug Screening?  yes  no

11. Do you have an "Alias"? \_\_\_\_\_  yes  no

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  Physical Examination, and or  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

15. I have been advised that law prohibits a lie detector test, as a condition of hiring or continued employment. (Initials \_\_\_\_\_)  yes  no

---

## Criminal Record Release

I understand and hereby release Holmes Electric Security Systems, 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 Systems and its 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 or 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: \_\_\_\_\_

