



# APPLICATION FOR EMPLOYMENT

It is the policy of Security Equipment Supply to provide equal employment opportunities including recruiting, hiring, training and promoting individuals in all job classifications without regard to race, color, religion, national origin, ancestry, age, sex, marital status, order of protection, disability, military status, sexual orientation, pregnancy, unfavorable discharge from military service, genetic information, gender identity, use of lawful alcohol or tobacco products off the premises of Security Equipment Supply during hours such employee is not working for the Company, or other segmenting factor protected by law unless based on a bona fide occupational disqualification. In compliance with the Immigration Reform and Control Act, we will hire only U.S. citizens and aliens lawfully authorized to work in the U.S. Should you be employed by Security Equipment Supply, you will be required to complete and sign Form I-9 Employment Eligibility Certification.

**IMPORTANT PLEASE READ:**

**INSTRUCTIONS TO ALL APPLICANTS:** Completing an application for employment form presents a good opportunity for a person to convince a prospective employer that he or she is thorough, well-organized and neat. For your benefit and ours, please consider your answers to the following questions carefully and print neatly or type. Please be certain to print the words "None" or "N/A" where appropriate. Answer all questions.

PERSONAL INFORMATION			
NAME: LAST	FIRST	MIDDLE	
PRESENT ADDRESS: STREET			APARTMENT #
CITY	COUNTY	STATE	ZIP
HOME PHONE NUMBER ( ) _____	ARE YOU 18 YEARS OR OLDER: ( ) YES ( ) NO		
CELL PHONE NUMBER ( ) _____			
EMAIL ADDRESS: _____			
ARE YOU CURRENTLY AUTHORIZED TO BE EMPLOYED IN THE UNITED STATES? ( ) YES ( ) NO			
WILL YOU NOW OR AT ANY TIME IN THE FUTURE REQUIRE OUR ASSISTANCE IN SPONSORSHIP TO OBTAIN OR MAINTAIN A WORK VISA OR OTHER EMPLOYMENT AUTHORIZATION? ( ) YES ( ) NO			
IF YES, PLEASE EXPLAIN: _____			
EMPLOYMENT DESIRED			
POSITION	DATE AVAILABLE	DESIRED SALARY	
IF YOU ARE ONLY AVAILABLE FOR PART TIME OR TEMPORARY WORK, DURING WHAT HOURS OF THE DAY AND DAYS OF THE WEEK OR PERIODS OF TIME CAN YOU WORK? _____		CAN YOU TRAVEL OUT OF TOWN IF YOUR JOB REQUIRES IT: ( ) YES ( ) NO	
HAVE YOU EVER BEEN FIRED OR FORCED TO RESIGN? ( ) YES ( ) NO			
IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES: _____			
DO ANY OF YOUR RELATIVES WORK HERE? ( ) YES ( ) NO		IF YES, PLEASE GIVE NAME(S) AND RELATIONSHIP(S)	
NAME: _____	RELATIONSHIP: _____		
NAME: _____	RELATIONSHIP: _____		
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? ( ) YES ( ) NO			
WHERE? _____	WHEN? _____		



**EMPLOYMENT DESIRED (CONTINUED)**

HAVE YOU EVER WORKED FOR THIS COMPANY (OR ANY AFFILIATED COMPANIES) BEFORE? ( ) YES ( ) NO

WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_

NAME OF LAST SUPERVISOR AT THIS COMPANY? \_\_\_\_\_

WHO REFERRED YOU TO THIS COMPANY? ( ) EMPLOYMENT AGENCY ( ) INTERNET SITE ( ) COMPANY WEBSITE ( ) FRIEND  
 ( ) STATE EMPLOYMENT OFFICE ( ) COLLEGE PLACEMENT SERVICE ( ) WALK-IN ( ) SECURITY EQUIPMENT SUPPLY EMPLOYEE  
 ( ) OTHER

GIVE SPECIFICS: \_\_\_\_\_

**EDUCATION**

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL (INCLUDING CITY & STATE)	DATES ATTENDED	DID YOU GRADUATE?	LIST DEGREE OBTAINED	MAJOR
HIGH SCHOOL		N/A	( ) YES ( ) NO		
		N/A	( ) YES ( ) NO		
COLLEGE			( ) YES ( ) NO		
			( ) YES ( ) NO		
			( ) YES ( ) NO		
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			( ) YES ( ) NO		
			( ) YES ( ) NO		
CERTIFICATIONS					
SPECIAL JOB RELATED SKILLS AND TRAINING					



**LAST 7 YEARS OF EMPLOYMENT HISTORY**

<b>NAME OF EMPLOYER</b>	DID YOU SIGN AN EMPLOYMENT, NON-COMPETE, OR NON-SOLICIATION AGREEMENT ( ) YES ( ) NO (IF YES, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT)
ADDRESS	
PHONE NUMBER ( )	JOB TITLE
STARTING DATE (mm/yyyy)	LEAVING DATE (mm/yyyy)
NAME OF SUPERVISOR	MAY WE CONTACT YOUR EMPLOYER? ( ) YES ( ) NO
TITLE OF SUPERVISOR	EMAIL ADDRESS
DESCRIPTION OF WORK: _____ _____	
REASON FOR LEAVING?	
<b>NAME OF EMPLOYER</b>	DID YOU SIGN AN EMPLOYMENT, NON-COMPETE, OR NON-SOLICIATION AGREEMENT ( ) YES ( ) NO (IF YES, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT)
ADDRESS	
PHONE NUMBER ( )	JOB TITLE
STARTING DATE (mm/yyyy)	LEAVING DATE (mm/yyyy)
NAME OF SUPERVISOR	MAY WE CONTACT YOUR EMPLOYER? ( ) YES ( ) NO
TITLE OF SUPERVISOR	EMAIL ADDRESS
DESCRIPTION OF WORK: _____ _____	
REASON FOR LEAVING?	
<b>NAME OF EMPLOYER</b>	DID YOU SIGN AN EMPLOYMENT, NON-COMPETE, OR NON-SOLICIATION AGREEMENT ( ) YES ( ) NO (IF YES, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT)
ADDRESS	
PHONE NUMBER ( )	JOB TITLE
STARTING DATE (mm/yyyy)	LEAVING DATE (mm/yyyy)
NAME OF SUPERVISOR	MAY WE CONTACT YOUR EMPLOYER? ( ) YES ( ) NO
TITLE OF SUPERVISOR	EMAIL ADDRESS
DESCRIPTION OF WORK: _____ _____	
REASON FOR LEAVING?	

**LAST 7 YEARS OF EMPLOYMENT HISTORY (Continued)**

<b>NAME OF EMPLOYER</b>	DID YOU SIGN AN EMPLOYMENT, NON-COMPETE, OR NON-SOLICIATION AGREEMENT ( ) YES ( ) NO (IF YES, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT)
ADDRESS	
PHONE NUMBER ( )	JOB TITLE
STARTING DATE (mm/yyyy)	LEAVING DATE (mm/yyyy)
NAME OF SUPERVISOR	MAY WE CONTACT YOUR EMPLOYER? ( ) YES ( ) NO
TITLE OF SUPERVISOR	EMAIL ADDRESS
DESCRIPTION OF WORK: _____ _____	
REASON FOR LEAVING?	
<b>NAME OF EMPLOYER</b>	DID YOU SIGN AN EMPLOYMENT, NON-COMPETE, OR NON-SOLICIATION AGREEMENT ( ) YES ( ) NO (IF YES, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT)
ADDRESS	
PHONE NUMBER ( )	JOB TITLE
STARTING DATE (mm/yyyy)	LEAVING DATE (mm/yyyy)
NAME OF SUPERVISOR	MAY WE CONTACT YOUR EMPLOYER? ( ) YES ( ) NO
TITLE OF SUPERVISOR	EMAIL ADDRESS
DESCRIPTION OF WORK: _____ _____	
REASON FOR LEAVING?	
<b>NAME OF EMPLOYER</b>	DID YOU SIGN AN EMPLOYMENT, NON-COMPETE, OR NON-SOLICIATION AGREEMENT ( ) YES ( ) NO (IF YES, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT)
ADDRESS	
PHONE NUMBER ( )	JOB TITLE
STARTING DATE (mm/yyyy)	LEAVING DATE (mm/yyyy)
NAME OF SUPERVISOR	MAY WE CONTACT YOUR EMPLOYER? ( ) YES ( ) NO
TITLE OF SUPERVISOR	EMAIL ADDRESS
DESCRIPTION OF WORK: _____ _____	
REASON FOR LEAVING?	



**PROFESSIONAL REFERENCES (DO NOT USE RELATIVES)**

**NAME – REFERENCE 1**

ADDRESS

PHONE NUMBER (       )

EMAIL

RELATIONSHIP

OCCUPATION

**NAME – REFERENCE 2**

ADDRESS

PHONE NUMBER (       )

EMAIL

RELATIONSHIP

OCCUPATION

**NAME – REFERENCE 3**

ADDRESS

PHONE NUMBER (       )

EMAIL

RELATIONSHIP

OCCUPATION

**TELL US WHY YOU WANT TO WORK FOR SECURITY EQUIPMENT SUPPLY**

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## APPLICANT'S STATEMENT AND RELEASE

Please read carefully and sign below. Security Equipment Supply will treat this application for employment as active for a period of time not to exceed thirty (30) days. If I wish to be considered for employment after thirty (30) days have passed, I understand I must reapply.

I, \_\_\_\_\_, certify that the information contained in this application is complete and correct to the best of my knowledge. I understand that falsification of this information and/or omissions are grounds for non-consideration of my application or termination at any time of any employment I may be offered by Security Equipment Supply

I also understand and agree to the following:

1. My prior employers, educational institutions and other references listed on any application form or resume, and information provided in any conversation or interview with any employee of Security Equipment Supply are authorized to give Security Equipment Supply or a National Investigation Service of Security Equipment Supply's choice any and all information concerning my previous employment and any pertinent information they may have. I release all persons or entities from all liability for any damage that may result from furnishing information to Security Equipment Supply. I also release Security Equipment Supply and all of its employees from all liability for any damage that may result from the reliance of the information furnished.
2. I also authorize Security Equipment Supply to obtain a background investigation and drug test, if applicable. I release the providers of such information and Security Equipment Supply and all of its employees from all liability for any damage that may result from furnishing or relying upon the information furnished.
3. To comply with the requirements of Immigration Reform and Control act of 1986, I must produce applicable documents showing that I am a United States citizen, or alien lawfully authorized to work in the United States.
4. No offer of benefits which I have discussed with Security Equipment Supply representatives is binding unless I meet the requirements of the benefit plans.

If I fail to comply with any of the requirements set forth above, I understand that an offer of employment will be rescinded or my employment will be terminated.

In consideration of my employment, I agree to conform to Security Equipment Supply's policies, rules and regulations. I understand and agree that my employment is at-will, and therefore, my employment and compensation can terminate, with or without cause, and with or without notice, at any time, at my option or Security Equipment Supply's option. I further understand and agree that this at-will employment relationship, as defined above, will remain in effect throughout my employment with Security Equipment Supply, or any of its affiliated companies, unless it is modified only by a specific written employment contract which must be signed by the Vice President of Security Equipment Supply and me. In the event that I am offered and accept employment with Security Equipment Supply, the information contained herein will become merged with the employment offer and my signature below indicates my understandings that my employment will be at-will. Having made application to Security Equipment Supply for employment, I do hereby authorize the furnishing, without liability, of records and other information that Security Equipment Supply may request in it evaluation of my qualifications for employment.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Legal Signature

\_\_\_\_\_  
Date