

Employment Application



Safe And Sound Security Systems, Inc.

APPLICATION MUST BE COMPLETED IN ITS **ENTIRETY** TO BE GRANTED AN INTERVIEW

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () _____ E-mail Address: _____

Social Security No.: _____ Desired Starting Wage: *(*Dollar amount required)* _____

WV Drivers License # _____ How did you hear of this opening? _____

Position Applied for: _____

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

Are you looking for full time employment? YES NO If no, what hours are you available? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Are you willing to work swing shift or have hours that change with projects? YES NO

When can you start? _____ Are you willing to travel? YES NO

Have you ever received a traffic citation(s)? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____
YES NO

From: _____ To: _____ Did you graduate? Degree: _____

College: _____ Address: _____
YES NO

From: _____ To: _____ Did you graduate? Degree: _____

Other: _____ Address: _____
YES NO

From: _____ To: _____ Did you graduate? Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO

May we contact your previous supervisor for a reference?

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand, if hired, I will be required to give my employer two (2) weeks notice of my leave for any reason.

By checking this box, you confirm that the above statements are accurate and agree that by typing your name below, you are electronically signing this application.

SIGNATURE: _____

DATE: _____

APPLICATION FORM WAIVER

PLEASE READ CAREFULLY

In exchange for the consideration of my job application by Safe And Sound Security Systems, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Safe And Sound Security Systems, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Safe And Sound Security Systems, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

SIGNATURE: _____

DATE: _____

Safe And Sound Security Systems, Inc. is an Equal Opportunity Employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our company.

**AUTHORIZATION AND RELEASE TO CONDUCT
REFERENCE AND BACKGROUND CHECK**

I hereby authorize the investigation of any or all statements contained in my application or resume, and/or any other related application materials I have submitted for consideration in seeking employment at Safe And Sound Security Systems, Inc. I also authorize any person, educational institution, current or former employer, or company to disclose in good faith any information they may have regarding my qualifications and fitness for employment, including those I have listed in my application or resume and/or any other related application materials. I also authorize any person, educational institution, current or former employer, company, motor vehicle department, workers' compensation agency, credit agency, law enforcement agency, city, state, county or federal courts, military service, and other organizations to release any information concerning my background for the purpose of evaluating my fitness for employment in a position at Safe And Sound Security Systems, Inc.

I will hold Safe And Sound Security Systems, Inc., its employees and agents, any educational institution, current and former employee, company, and any other person or persons giving such information free from liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE
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OTHER NAME(S) (Maiden/Married)

SOCIAL SECURITY #	DRIVER'S LICENSE #	EXPIRATION	STATE
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RESIDENCES (Starting with current)

_____	_____	_____
STREET ADDRESS	CITY/STATE/ZIP	HOW LONG?
_____	_____	_____
STREET ADDRESS	CITY/STATE/ZIP	HOW LONG?

The following information is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC guidelines.

_____/_____/_____ DATE OF BIRTH	_____ RACE	_____ SEX	_____ TELEPHONE
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By signing below, I also swear or affirm the following (check one):

- I have not been convicted of a misdemeanor, or a felony and there are currently no outstanding criminal charges pending against me.
- I have been convicted of a misdemeanor, or a felony and/or there are current outstanding criminal charges pending against me.
(If you checked the box for this statement, please provide background information including date(s) of conviction(s) or arrest(s), type of criminal offense, and disposition or sentence imposed.)

SIGNATURE: _____

DATE: _____

***PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE**

DRUG AND/OR ALCOHOL TESTING CONSENT

I, _____, hereby agree, as a prescreening policy of Safe And Sound Security Systems, Inc. to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will not be eligible for hire. I further authorize and give full permission to have Safe And Sound Security Systems, Inc. and/or its company physician to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances relating to such test to Safe And Sound Security Systems, Inc. and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize Safe And Sound Security Systems, Inc. to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I will hold harmless Safe And Sound Security Systems, Inc., its company physician, and any testing laboratory Safe And Sound Security Systems, Inc. might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if Safe And Sound Security Systems, Inc. or laboratory representatives make an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless Safe And Sound Security Systems, Inc., its company physician, and any testing laboratory Safe And Sound Security Systems, Inc. might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above. I understand this policy and authorization and I have been told that if I have any questions about the test or the policy, they will be answered.

I ALSO UNDERSTAND THAT SAFE AND SOUND SECURITY SYSTEMS, INC. WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY AFTER EMPLOYMENT AT RANDOM OR WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.

APPLICANT NAME (PRINTED): _____

APPLICANT SIGNATURE: _____

DATE: _____

----- **OFFICE USE ONLY BELOW THIS LINE** -----

RECEIVED BY: _____

DATE: _____

ALARM TECHNICIAN APPLICANT QUESTIONNAIRE

- | | | |
|--|-----|---------|
| 1. Do you own or know how to operate a smartphone efficiently? | YES | NO |
| 2. Do you know how to take and send pictures using a smartphone? | YES | NO |
| 3. Are you familiar with android devices? | YES | NO |
| 4. On a scale of 1 to 5 (with 1 being the lowest and 5 being the highest), how would you rate your ability to communicate on electronic devices? | 1 | 2 3 4 5 |
| 5. Do you have an e-mail address? | YES | NO |
| 6. Do you know how to send and receive e-mail? | YES | NO |
| 7. Do you use the speak to text feature? | YES | NO |
| 8. Do you know how to use a GPS device? | YES | NO |
| 9. Do you know what a PDF document is? | YES | NO |
| 10. Can you read and edit a PDF document? | YES | NO |

APPLICANT NAME: _____

DATE: ____/____/____

EMAIL ADDRESS: _____

**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

► Information about Form 8850 and its separate instructions is at www.irs.gov/forms8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but not age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; or
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ►

Date