

To the Applicant: We appreciate your interest in our Company 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 shall consider qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, disability or other factor prohibited by applicable law.

Please note that this application will remain active for six (6) months, after which time the applicant must re-apply.

PERSONAL

Name: _____ Date of Application: _____

Address: _____ City: _____ Zip: _____ Telephone Number: _____

E-mail address _____

Are you authorized to work in the United States Yes No Are you 18 years or older? Yes No
Have you been previously employed here? Yes No If yes, date(s): _____

Have you filled out an application here before? Yes No If yes, date(s): _____

Under what name? _____

List any friends or relatives working here: _____

EMPLOYMENT DESIRED

Position(s) applied for: _____

Can you perform the essential functions of the job you are applying for either with or without reasonable accommodation? _____

Kind of work sought: _____

If part-time, please specify hours and days desired: _____

Salary or wage desired: _____ Date available to start: _____

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? _____

If yes, what branch? _____ Rank at discharge: _____ Honorable Discharge? _____

Are you in the reserves? _____ If yes, date obligation ends: _____

Special/technical training: _____

ADDITIONAL INFORMATION

Have you been convicted of, including pleading guilty or no contest to, a crime? Yes No A conviction record will not necessarily be a bar to employment.

If so, where, when and nature of offense: _____

Do you have a reliable manner in which to get to work? _____

If operation of a vehicle is part of the job duties of the position you are applying for, provide the following information:

Driver's License Number: _____ Expiration Date: _____ State of Issue: _____

Is your license currently valid? _____ License Type: _____

Do you have any points on your license? _____ If so, how many and when do they expire? _____

List professional, trade, business or civic activities and offices held, excluding groups the name or character of which indicates race, color, religion, sex, national origin, age, disability, marital status or other factor prohibited by applicable law :

List any additional information you feel may be helpful to us in considering your application, including multi-line phone and/or computer experience: _____

AVAILABILITY INFORMATION *(If applying for a position as an Alarm Dispatcher)*

This position requires 12 hour shifts. This is a 24/7/365 company.

Shifts are: 5:30 am – 5:30 pm 6:00 am – 6:00 pm 5:30 pm – 5:30 am 6:00 pm – 6:00 am

Please answer all of the following:

Are you **available** to work? M T W Th F Sa Su ALL

Is there any shift you would not be able to work at all? _____ If yes, which one: _____

This position requires weekends & holidays. Are you available to work them when scheduled? Weekends _____ Holidays _____

List any exceptions to working weekends & holidays: _____

Do you currently attend school or are you planning on attending classes in the future? _____ If yes, when and how many hours: _____

For training purposes, you will be subject to working any of the shifts with prior arrangements. Would you be able to do this? _____

This position does include mandatory overtime. Would you be able to do this? _____

EMPLOYMENT EXPERIENCE (List current or most recent job first.)

1	Employer _____ Phone number _____	Dates From _____ To _____	Work Performed
	Address _____		
	Job Title _____	Hourly Rate/Salary Starting _____ Final _____	
	Supervisor _____		
	Reason for Leaving _____		
2	Employer _____ Phone number _____	Dates From _____ To _____	Work Performed
	Address _____		
	Job Title _____	Hourly Rate/Salary Starting _____ Final _____	
	Supervisor _____		
	Reason for Leaving _____		
3	Employer _____ Phone number _____	Dates From _____ To _____	Work Performed
	Address _____		
	Job Title _____	Hourly Rate/Salary Starting _____ Final _____	
	Supervisor _____		
	Reason for Leaving _____		
4	Employer _____ Phone number _____	Dates From _____ To _____	Work Performed
	Address _____		
	Job Title _____	Hourly Rate/Salary Starting _____ Final _____	
	Supervisor _____		
	Reason for Leaving _____		

EDUCATION

	Name/Location	Years Completed	Diploma/Degree	Course(s) of Study
Elementary				
High School				
College				
Graduate				
Vocational				

Any other education or training:

BUSINESS REFERENCES

	Name	Company/Title	Phone Number	Years Acquainted
1				
2				
3				

AUTHORIZATION AND UNDERSTANDING

Release of Prior Personnel Records

By signing this application, I agree that all of the information now or later by me in support of my application for employment is true and complete. I understand that the Company may verify any of the information concerning my employment, education, and any statements made herein with the appropriate individuals, organizations, or governmental agencies. I give these individuals, organizations, and governmental agencies my permission to release any information that you need, including my previous disciplinary record, without requiring them to contact me or give me written notice before revealing the information to you. I expressly authorize the Company to contact my prior employers and I release all of those prior employers and the Company from any and all liability arising from their providing job-related and lawful information about my employment history. I understand that you may undertake no verification of my credit history or request for a "consumer report" under the Fair Credit Reporting Act without my express written authorization in a separate document. By signing the application, and in the case of a consumer report under the Fair Credit Reporting Act should I sign the separate Authorization for credit reports on me, I release you and them from any liability whatsoever arising out of any information request or disclosure. I agree that any material information in support of my application that is found to be misrepresented, omitted, or otherwise incorrect, may subject me to discharge at any time during employment.

At-Will Employment Status

I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME, FOR ANY REASON, AND I FURTHER AGREE THAT THIS ARRANGEMENT MAY ONLY BE CHANGED BY THE PRESIDENT OF THE COMPANY, IN WRITING, DIRECTED TO ME PERSONALLY, AND SIGNED BY THE PRESIDENT. I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions of employment of the Company as they are from time to time changed and that no additional obligations can be imposed on me by the Company except those that have been acknowledged, in writing, by the Company President and his/her designated representative. I further agree that any offer of employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and Control Act of 1986 and until such time as the results of my pre-employment physical (if such physical is required) are known. For purposes of any required post-offer medical examination, I hereby authorize the Company to access any medical histories or records pertaining to me.

Statute of Limitations

I AGREE that I must file any lawsuit related in any manner whatsoever to my potential employment, employment or termination of employment (excluding claims for workers' disability compensation benefits, unemployment benefits and any claim I am first required to exhaust administrative remedies, such as filing a charge of discrimination with the U.S. Equal Employment Opportunity Commission) ("Lawsuit"), against the Company or its past, present and future officers, members, owners, employees and agents within 182 days after my claim(s) arise(s) or within the applicable statutory limitations period(s) provided by law, whichever occurs first, and my failure to do so shall act as a bar to any claim that I may have.

Disqualification from Receiving Unemployment Benefits

I understand I will not be eligible for unemployment benefits if I become unemployed as a result of negligently losing a requirement for my job, such as a required license, or if my employment is terminated after I miss two consecutive days of work without informing my supervisor.

Reasonable Accommodations

If I have a disability that requires an accommodation in order to apply for a job, I must initiate the request for accommodation by contacting the Company's Human Resources Director and identify an adjustment or change in the application process or system that is needed because of a disability. I understand that if I have a disability I must notify the Company in writing of my need for accommodation within 182 days after I know or reasonably should know that an accommodation is needed. I further understand failure to do so will prevent me from alleging a violation of the accommodation requirements otherwise imposed by the law of the State of Michigan.

Confidential Information

I will hold in strictest confidence and will not disclose directly or indirectly to any unauthorized persons, without the Company's prior written permission, at any time during or subsequent to my employment, any knowledge not already available to the public, respecting the inventions or respecting designs, methods, systems, improvements, trade secrets, manufacturing techniques and processes, sales promotions and ideas, customer lists or other confidential matters of the Company.

Signature

Date

ATTACHMENT TO VIGILANTE SECURITY INC. EMPLOYMENT APPLICATION – REQUIRED

STATE APPROVAL FOR ALL APPLICANTS (ALL INFORMATION BELOW IS REQUIRED BY THE STATE FOR BACKGROUND CHECKS)

LAST: _____

FIRST: _____

MIDDLE: _____

MAIDEN: _____

DATE OF BIRTH: _____

DRIVERS LICENSE OR STATE ID NUMBER: _____ STATE OF ISSUE: _____ EXPIRE DATE: _____

SOCIAL SECURITY NUMBER: _____

SEX: MALE FEMALE RACE: _____

DATE OF APPLICATION _____

For HR only: ICHAT date _____