

# APPLICATION FOR EMPLOYMENT

One Source Security & Automation, Inc.  
446 D.W. Highway  
Merrimack, NH 03054

AN EQUAL OPPORTUNITY EMPLOYER

## TO THE APPLICANT:

We appreciate your interest in employment with One Source Security and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in evaluating and identifying you for the position that best meets your qualifications. One Source Security, being an Equal Opportunity Employer, assures you as an applicant, impartial consideration. Therefore, it is extremely important for you to provide us with that information which would best qualify you for the position desired. Your Application will be valid for 12 months.

## PERSONAL

### FOR HUMAN RESOURCES USE ONLY

ANNOUNCEMENT NO. \_\_\_\_\_  
ANNOUNCEMENT DATE \_\_\_\_\_  
JOB CODE NO. \_\_\_\_\_

POSITION DESIRED \_\_\_\_\_ DATE \_\_\_\_\_

NAME: LAST FIRST MIDDLE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

PRESENT ADDRESS: STREET \_\_\_\_\_

TELEPHONE WHERE YOU MAY BE REACHED  
BETWEEN 8:00 A.M. – 5:00 P.M. \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

DO YOU HAVE RELATIVES EMPLOYED BY ONE SOURCE SECURITY? \_\_\_\_\_

IF YES, LIST NAMES AND RELATIONSHIP

NAME RELATIONSHIP DEPARTMENT \_\_\_\_\_

NAME RELATIONSHIP DEPARTMENT \_\_\_\_\_

WILL YOU ACCEPT SHIFTS INCLUDING WEEKENDS? \_\_\_\_\_

DO YOU HAVE A VALID DRIVERS LICENSE? \_\_\_\_\_ DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

DO YOU HAVE A CURRENT COMMERCIAL DRIVERS LICENSE? \_\_\_\_\_ DRIVER'S LICENSE NO. \_\_\_\_\_ STATE: \_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED FROM ANOTHER JOB? \_\_\_\_\_

IF YES, EXPLAIN \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR ANY OTHER OFFENSE OTHER THAN TRAFFIC CITATIONS, OR DO YOU HAVE ANY OTHER CHARGES CURRENTLY PENDING AGAINST YOU? \_\_\_\_\_

IF YES, EXPLAIN \_\_\_\_\_

WERE YOU IN THE UNITED STATES ARMED FORCES? \_\_\_\_\_ IF YES, WHAT BRANCH? \_\_\_\_\_

DATES OF DUTY: FROM \_\_\_\_\_ TO \_\_\_\_\_ RANK AT DISCHARGE: \_\_\_\_\_

TYPE OF DISCHARGE? \_\_\_\_\_ SERIAL NO. OR SERVICE NO. \_\_\_\_\_

## RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	LAST YEAR COMPLETED	DID YOU GRADUATE?	G.E.D. , DIPLOMA , OR DEGREE
ELEMENTARY		N/A			N/A
HIGH					
COLLEGE					
OTHER					

### PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

<b>1</b>	DATES OF EMPLOYMENT (MONTH, DAY, YEAR) FROM:                      TO:	EXACT TITLE OR POSITION	SALARY OR EARNINGS STARTING \$                      FINAL \$
NAME AND ADDRESS OF EMPLOYER		NAME OF IMMEDIATE SUPERVISOR	
REASON FOR LEAVING OR WANTING TO LEAVE:			
DESCRIPTION OF DUTIES AND RESPONSIBILITIES INCLUDING NUMBER AND TYPE OF EMPLOYEES SUPERVISED:			
<b>2</b>	DATES OF EMPLOYMENT (MONTH, DAY, YEAR) FROM:                      TO:	EXACT TITLE OR POSITION	SALARY OR EARNINGS STARTING \$                      FINAL \$
NAME AND ADDRESS OF EMPLOYER		NAME OF IMMEDIATE SUPERVISOR	
REASON FOR LEAVING OR WANTING TO LEAVE:			
DESCRIPTION OF DUTIES AND RESPONSIBILITIES INCLUDING NUMBER AND TYPE OF EMPLOYEES SUPERVISED:			

3	DATES OF EMPLOYMENT (MONTH, DAY, YEAR)	EXACT TITLE OR POSITION	SALARY OR EARNINGS	
	FROM:                      TO:		STARTING \$                      FINAL \$	

NAME AND ADDRESS OF EMPLOYER	NAME OF IMMEDIATE SUPERVISOR
------------------------------	------------------------------

REASON FOR LEAVING OR WANTING TO LEAVE:

DESCRIPTION OF DUTIES AND RESPONSIBILITIES INCLUDING NUMBER AND TYPE OF EMPLOYEES SUPERVISED:

4	DATES OF EMPLOYMENT (MONTH, DAY, YEAR)	EXACT TITLE OR POSITION	SALARY OR EARNINGS	
	FROM:                      TO:		STARTING \$                      FINAL \$	

NAME AND ADDRESS OF EMPLOYER	NAME OF IMMEDIATE SUPERVISOR
------------------------------	------------------------------

REASON FOR LEAVING OR WANTING TO LEAVE:

DESCRIPTION OF DUTIES AND RESPONSIBILITIES INCLUDING NUMBER AND TYPE OF EMPLOYEES SUPERVISED:

5	DATES OF EMPLOYMENT (MONTH, DAY, YEAR)	EXACT TITLE OR POSITION	SALARY OR EARNINGS	
	FROM:                      TO:		STARTING \$                      FINAL \$	

NAME AND ADDRESS OF EMPLOYER	NAME OF IMMEDIATE SUPERVISOR
------------------------------	------------------------------

REASON FOR LEAVING OR WANTING TO LEAVE:

DESCRIPTION OF DUTIES AND RESPONSIBILITIES INCLUDING NUMBER AND TYPE OF EMPLOYEES SUPERVISED:

**CLERICAL APPLICANTS ONLY**

TYPING

SPEED

STENOGRAPHY

SPEED

**PERSONAL REFERENCES**

<b>NAME AND OCCUPATION</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his/her complete background. If you have other skills, qualifications or comments which would assist us in evaluating your application, use the space below.

**PLEASE READ CAREFULLY  
APPLICANTS CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

\_\_\_\_\_  
Applicant Signature

**FOR HUMAN RESOURCES ONLY**

<b>INTERVIEWER</b>	<b>DATE</b>	<b>COMMENTS</b>