



EMPLOYMENT APPLICATION

MPS Alarm Services, LLC ("Myers Protection Services") is an equal opportunity employer and does not discriminate on the basis of race, creed, color, national origin, sex, religion, sexual preference or disability. No question on this application is intended to secure information to be used for such discrimination.

INSTRUCTIONS TO THE APPLICANT

This application must be filled out by the applicant only, using black ink. Print your responses neatly, accurately and thoroughly. The information submitted will be verified, therefore do not misstate or omit information. Please read all instructions carefully. If not enough space is provided for your answers, attach a plain white sheet of paper and complete all of the information requested. All information submitted will be regarded as confidential. Receipt of this application does not imply that the applicant will be offered employment.

GENERAL INFORMATION

Applying For: Technician Cable Puller Full Time Part Time (Circle One) Weekends OK

NAME (Last, First, MI) _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

SOCIAL SECURITY # _____ **DRIVER'S LICENSE #** _____ **STATE** _____

HOME PHONE # _____ **PAGER** _____ **OTHER** _____

DO YOU HAVE A VALID DRIVER'S LICENSE?	Y	N	HAVE YOU PREVIOUSLY WORKED FOR THIS COMPANY?	Y	N
			IF YES, WHEN? _____		
ARE YOU AT LEAST 21 YEARS OF AGE?	Y	N	ARE YOU NOW OR HAVE YOU EVER BEEN IN THE U.S. ARMED FORCES?	Y	N
DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED?	Y	N	ARE YOU CURRENTLY EMPLOYED?	Y	N
DO YOU OWN RELIABLE TRANSPORTATION?	Y	N	IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER?	Y	N
AVAILABLE FOR OUT OF TOWN/OVERNIGHT WORK?	Y	N			

EMPLOYMENT HISTORY

Start with your present or most recent job. Do not skip employers. You may exclude any employers or organizations which indicate race, creed, color national origin, sex, age, religion, sexual preference or disability.

Employer _____	City, State _____
Supervisor _____	Phone Number _____
Dates Employed _____ to _____	Starting / Ending Wages _____
Work Performed _____	Reason for leaving _____

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Supervisor _____	Phone Number _____
Dates Employed _____ to _____	Starting / Ending Wages _____
Work Performed _____	Reason for leaving _____

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Supervisor _____	Phone Number _____
Dates Employed _____ to _____	Starting / Ending Wages _____
Work Performed _____	Reason for leaving _____

EDUCATION & TRAINING

Please list the name, city and state of the high school and college (if applicable) that you graduated from in addition to any specialized training received from previous employers, military, trade schools, etc.

SPECIALIZED TRAINING & AVAILABILITY

- | | | |
|--------------------------------------|--------------------------------|--|
| <input type="checkbox"/> ADEMCO | <input type="checkbox"/> _____ | <input type="checkbox"/> Alarm Technician Certification & Level(s) _____ |
| <input type="checkbox"/> Radionics | <input type="checkbox"/> _____ | <input type="checkbox"/> Fire Panel Certification & Level(s) _____ |
| <input type="checkbox"/> Card Access | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Intercoms | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> CCTV | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

- TOOLS OWNED:**
- Ladder(s)
- Drills, bits, etc.
- _____
- _____

CRIMINAL & CIVIL HISTORY

List any detentions, arrests and convictions for any felony, misdemeanor or traffic arrest. Additionally, list any lawsuit that you have filed or that has been filed against you. Provide the court-ordered dispositions for anything listed.

DRUG & ALCOHOL FREE WORKPLACE

Myers Protection Services, Inc. is committed to providing a safe, healthy and efficient working environment for all its employees. In order to achieve these goals, Myers Protection Services prohibits the unlawful manufacture, distribution, dispensation, possession, or use of any controlled substance while performing duties for or representing the company, directly or indirectly. Violation of this policy will result in disciplinary action. To ensure compliance, Myers Protection Services, conducts pre-employment and random drug and alcohol testing of its applicants and employees respectively.

AFFIRMATION

By signing below, you acknowledge that the information you have provided in this application is true and accurate to the best of your knowledge. You also acknowledge that should any information you have provided herein be found to be inaccurate or false, you may be immediately terminated from the application process or employment with the company should you be hired.

SIGNATURE OF APPLICANT _____ **DATE** _____

FOR OFFICE USE ONLY

INTERVIEWED BY _____ DATE _____ TIME _____

EMPLOYMENT OFFERED? Y N
