



Washington Alarm Inc.

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EMPLOYMENT APPLICATION

WE OFFER EQUAL EMPLOYMENT OPPORTUNITY TO ALL BASED UPON INDIVIDUAL MERIT & WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, OR DISABILITY. PLEASE GIVE COMPLETE ANSWERS & PRINT CLEARLY.

DATE: _____

NAME: FIRST: _____ MIDDLE: _____ LAST: _____

PHONE1: _____ PHONE2: _____ E-MAIL: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

SOCIAL SECURITY #: _____

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME(S)? YES NO

ARE THERE ANY LEGAL REASONS WHY YOU CANNOT BE EMPLOYED IN THE USA? YES NO

IF YES, PLEASE EXPLAIN: _____

POSITION APPLYING FOR: _____

ARE THERE ANY DAYS/SHIFTS THAT YOU ARE NOT AVAILABLE FOR WORK? YES NO

IF YES, PLEASE SPECIFY: _____

DO YOU HAVE ANY WORK DAYS/SHIFTS PREFERENCES? YES NO

IF YES, PLEASE SPECIFY: _____

HAVE YOU EVER WORKED FOR, OR APPLIED TO WASHINGTON ALARM INC.? YES NO

IF YES, PLEASE GIVE DATE, LOCATION, AND TYPE OF WORK: _____

DO YOU HAVE ANY RELATIVES/FRIENDS IN OUR EMPLOY? YES NO

IF YES, PLEASE GIVE NAME(S), RELATIONSHIP(S), AND WORK LOCATION(S): _____

WHAT PROMPTED YOU TO SEEK EMPLOYMENT AT WASHINGTON ALARM INC.?

EDUCATION HIGH SCHOOL ATTENDED: _____ GRADUATE? YES NO

HIGHEST GRADE COMPLETED: 9 10 11 12

COLLEGE/VOC SCHOOL ATTENDED: _____ DEGREE? YES NO

LAST YEAR COMPLETED? 1 2 3 4

TYPING SPEED: _____ COMPUTER SKILLS/OTHER: _____

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WHAT DO YOU FEEL QUALIFIES YOU MOST FOR THE POSITION FOR WHICH YOU ARE APPLYING?

WHERE DO YOU SEE YOURSELF GOING FROM HERE? NOTE: YOU MAY NOT HAVE ANY PARTICULAR GOAL AT THIS TIME, BUT IF YOU DO, WHAT MIGHT YOU BE HOPING TO ACHIEVE?

WHAT GIVES YOU SATISFACTION IN A JOB?

WHAT MOTIVATES YOU TO PUT FORTH YOUR BEST EFFORT?

IN WHAT WAYS DO YOU THINK YOU CAN MAKE A CONTRIBUTION TO THIS COMPANY?

WHAT ARE YOUR HOBBIES OR SPECIAL INTERESTS?

**IF APPLYING FOR A POSITION IN SALES OR INSTALLATION/SERVICE,
PLEASE PROVIDE THE FOLLOWING INFORMATION**

PERSONAL AUTOMOBILE: YEAR/MAKE/MODEL: _____

YOUR AUTO INSURANCE CARRIER: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

THIS INFORMATION IS REQUIRED BY OUR INSURANCE CARRIER AND IS SUBJECT TO VERIFICATION
WITH WASHINGTON DEPARTMENT OF MOTOR VEHICLES

List All ACCIDENTS and/or Moving Violations you have had within the last three years and explain each situation:

REFERENCES

PLEASE INCLUDE NAME, YEARS KNOWN AND DAYTIME/EVENING PHONE NUMBERS (DO NOT LIST
RELATIVES AS PERSONAL REFERENCES)

1. _____

2. _____

3. _____

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EMPLOYMENT RECORD

THIS SECTION MUST BE COMPLETED. PLEASE LIST EMPLOYMENT IN REVERSE ORDER BEGINNING WITH YOUR MOST RECENT EMPLOYER

COMPANY NAME: _____ PHONE: _____
ADDRESS: _____
CITY/STATE: _____ ZIP: _____
POSITION/TITLE: _____ WAGE: _____
JOB DESCRIPTION: _____

DATE EMPLOYED FROM: _____ TO: _____
REASON(S) FOR LEAVING: _____

SUPERVISOR: _____

COMPANY NAME: _____ PHONE: _____
ADDRESS: _____
CITY/STATE: _____ ZIP: _____
POSITION/TITLE: _____ WAGE: _____
JOB DESCRIPTION: _____

DATE EMPLOYED FROM: _____ TO: _____
REASON(S) FOR LEAVING: _____

SUPERVISOR: _____

COMPANY NAME: _____ PHONE: _____
ADDRESS: _____
CITY/STATE: _____ ZIP: _____
POSITION/TITLE: _____ WAGE: _____
JOB DESCRIPTION: _____

DATE EMPLOYED FROM: _____ TO: _____
REASON(S) FOR LEAVING: _____

SUPERVISOR: _____

COMPANY NAME: _____ PHONE: _____
ADDRESS: _____
CITY/STATE: _____ ZIP: _____
POSITION/TITLE: _____ WAGE: _____
JOB DESCRIPTION: _____

DATE EMPLOYED FROM: _____ TO: _____
REASON(S) FOR LEAVING: _____

SUPERVISOR: _____

Washington Alarm Inc. - EMPLOYMENT APPLICATION

IMPORTANT-

PLEASE READ THE FOLLOWING CERTIFICATION AND AGREEMENT CAREFULLY BEFORE SIGNING.

IN MAKING THIS APPLICATION FOR EMPLOYMENT, I CERTIFY THAT THE STATEMENTS I HAVE MADE ARE TRUE, COMPLETE AND CORRECT, AND I AGREE THAT ANY WILLFULLY FALSE STATEMENTS OR MISREPRESENTATIONS HEREIN, WHENEVER DISCERNED, ARE JUST CAUSE FOR **WASHINGTON ALARM INC.** EITHER TO REFUSE OR TO TERMINATE MY EMPLOYMENT.

I AUTHORIZE WASHINGTON ALARM INC. TO SOLICIT INFORMATION REGARDING MY CHARACTER, GENERAL REPUTATION, CREDIT, PREVIOUS EMPLOYMENT, AND SIMILAR BACKGROUND INFORMATION, AND TO CONTACT ANY AND ALL REFERENCES I HAVE GIVEN ON MY APPLICATION. I HEREBY RELEASE ALL PARTIES AND PERSONS CONNECTED WITH ANY SUCH REQUEST FOR INFORMATION FROM ALL CLAIMS, LIABILITIES AND DAMAGES FOR ANY REASON ARISING OUT OF THE FURNISHING OF SUCH INFORMATION. IF EMPLOYED, I RELEASE WASHINGTON ALARM INC., FROM ANY LIABILITY FOR FUTURE REFERENCES IT MAY PROVIDE REGARDING MY WORK HISTORY AT WASHINGTON ALARM INC.

FOLLOWING AN OFFER OF EMPLOYMENT, I AGREE TO TAKE THE REQUIRED DRUG SCREENING TEST AND/OR MEDICAL EXAMINATION TO DETERMINE FITNESS FOR EMPLOYMENT, WHICH WILL BE CONDUCTED WITHOUT CHARGE TO ME AT A CLINIC TO BE SELECTED BY THE COMPANY. IF HIRED, I FURTHER AGREE TO SUBMIT TO RANDOM DRUG TESTING UPON REQUEST.

I UNDERSTAND THAT, IF EMPLOYED, I AM REQUIRED TO SECURE A SEATTLE POLICE DEPARTMENT ALARM LICENSE/BURGLAR ALARM CARD AND MAY ALSO BE REQUIRED TO SECURE OTHER CITY, COUNTY AND/OR STATE LICENSES. IN SOME INSTANCES, A CONCEALED WEAPONS PERMIT MUST ALSO BE REQUIRED BY WASHINGTON ALARM INC.

I UNDERSTAND THAT THIS APPLICATION BECOMES VOID AFTER 30 DAYS UNLESS RENEWED PERSONALLY OR IN WRITING BY ME. I HAVE READ AND DO UNDERSTAND AND SUBSCRIBE TO THIS CERTIFICATION AND AGREEMENT.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF **WASHINGTON ALARM INC.** I ALSO AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT MY OPTION OR AT THE OPTION OF **WASHINGTON ALARM INC.** I UNDERSTAND THAT NO EMPLOYEE OR REPRESENTATIVE OF **WASHINGTON ALARM INC.**, OTHER THAN THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT GUARANTEEING MY EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, NOR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____