

Seacoast Security is an Equal Opportunity Employer



# SEACOAST SECURITY

P. O. Box A; 290 West St, W Rockport ME  
www.seacoastsecurity.com  
Phone: (207) 236-4876  
(800) 654-8800  
Fax: (207) 236-8517

Seacoast Security, Inc.  
"Creating Safe Harbors"

## APPLICATION FOR EMPLOYMENT

### Seacoast Security Values:

At Seacoast, our word is our promise! We provide an individual service and value specific to the needs of each and every customer. We recognize the important role each of our employees play in our success. How do we measure that success? By demonstrating these values and providing only the best for our customers and employees.

If employed by Seacoast Security or one of its divisions, I will support the values of Seacoast Security.

All employment practices and procedures will be free from illegal discrimination. All decisions concerning hiring, firing, transfer, promotion, discipline, training, job opportunities, wage and salary levels, etc. shall be made without illegal discrimination on the basis of race, sex, age, national origin, religion, physical or mental disability, or sexual orientation.

**To be considered for a position, all questions must be completed.**

A resume may be submitted however; this application must also be completed.

### Personal Information:

Name:   
Last First MI.

Street Address:   
City, State, Zip

Home Telephone:

Day Telephone:

E-mail address:

Your Salary Expectations:

Which job status/shift would you accept? (Check all that apply)

Full Time	Part Time	Temporary	Per Diem	
Shift: Day	Evening	Night	Weekend	Hol.

Which Seacoast Security location do you prefer? (Please check all that apply)

<input type="checkbox"/> Rockport	<input type="checkbox"/> Freeport	<input type="checkbox"/> Portsmouth, NH
<input type="checkbox"/> Presque Isle	<input type="checkbox"/> Bangor	<input type="checkbox"/> Waterville <input type="checkbox"/> Greenville

Desired Position:

**SKILLS**

Please indicate any office skills and equipment in which you are proficient, including computers and software:

[Empty text box]

Professional Associations of which you are a member:

[Empty text box]

Special Skills applicable to the job for which you have applied:

[Empty text box]

Office equipment you operate:

[Empty text box]

List other job-related skills you have:

[Empty text box]

Do you type:                      Yes              No

WPM: \_\_\_\_\_

Working knowledge of computer software?

Yes              No

If yes, what programs?

MS Excel	Beginner	Intermediate	Advanced
MS PowerPoint	Beginner	Intermediate	Advanced
MS Access	Beginner	Intermediate	Advanced

Other: [Empty text box]  
Beginner                      Intermediate                      Advanced

Please answer all of the following questions:

How did you learn about this position? [Empty text box]

If employee referral, enter their name: [Empty text box]

Are you available to work rotating shifts/schedules if required?                      Yes              No

Are you available to work overtime if required?                      Yes              No

Will you travel if the job requires it?                      Yes              No

Do you have a relative working in a division of Seacoast Security?                      Yes              No

If yes, give name and relationship: [Empty text box]

Have you ever been employed by any division of Seacoast Security, Inc?                      Yes              No

Have you ever been convicted or plead nolo contendere to a crime within the past ten years?                      Yes              No

Are you eligible to be lawfully employed in this country?                      Yes              No

(Proof of citizenship or immigration status will be required if employed by Seacoast Security, Inc. )

Do you understand, if under 16 years of age, you must have a work permit on file in the Seacoast Security Human Resources Office before starting work?	Yes	No
Do you understand that if employed with any of the Seacoast Security divisions, you will be required to authorize direct deposit of your paycheck to a bank account of your choice?	Yes	No
Has a state licensing authority ever revoked, suspended or placed conditions upon your professional license(s)?	Yes	No

**WORK HISTORY**

List all previous employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. Please indicate if you were employed under a different name.

Name of Company:

Street Address:

City, State, Zip

Employers Phone:

Job Title:

Employed From:  through

Job Duties and Responsibilities:

Reason for Leaving:

May we contact this employer for a reference? Yes No

Name of Company:

Street Address:

City, State, Zip

Employers Phone:

Job Title:

Employed From:  through

**Job Duties and Responsibilities:**

[Large empty rounded rectangular box for job duties and responsibilities]

**Reason for Leaving:**

[Empty rounded rectangular box for reason for leaving]

May we contact this employer for a reference? Yes No

Name of Company: [Empty rounded rectangular box]

Street Address: [Empty rounded rectangular box]

City, State, Zip [Empty rounded rectangular box]

Employers Phone: [Empty rounded rectangular box]

Job Title: [Empty rounded rectangular box]

Employed From: [Empty rounded rectangular box] through [Empty rounded rectangular box]

**Job Duties and Responsibilities:**

[Large empty rounded rectangular box for job duties and responsibilities]

**Reason for Leaving:**

[Empty rounded rectangular box for reason for leaving]

May we contact this employer for a reference? Yes No

**EDUCATION**

High School: [Empty rounded rectangular box]

Address: [Empty rounded rectangular box]

City, State, Zip [Empty rounded rectangular box]

Major: [Empty rounded rectangular box]

How many years did you complete? [Empty rounded rectangular box]

Did you Graduate? Yes No

Degree Type: [Empty rounded rectangular box]

College: [Empty rounded rectangular box]

Address: [Empty rounded rectangular box]

City, State, Zip [Empty rounded rectangular box]

Major: [Empty rounded rectangular box]

How many years did you complete?   
Did you Graduate? Yes No  
Degree Type:

Post Graduate:   
Address:   
City, State, Zip

Major:   
How many years did you complete?   
Did you Graduate? Yes No  
Degree Type:

Other:   
Address:   
City, State, Zip

Major:   
How many years did you complete?   
Did you Graduate? Yes No  
Degree Type:

**List scholastic honors, specialized training, apprenticeship, and extra-curricular activities that may be helpful when considering your application.**

**REFERENCES**

Please list 3 references who are not related to you and are not former supervisors (Required)

Name:   
Address:   
Home Phone:   
Work Phone:

Name:   
Address:   
Home Phone:   
Work Phone:

Name:   
Address:   
Home Phone:   
Work Phone:

**READ AND SIGN**

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING**

I hereby certify that the facts set forth in the above employment application are true to the best of my knowledge. I understand that if employed, falsified statements or material omissions on this application may result in immediate dismissal. I also understand that, if offered a position at Seacoast Security, Inc. or any of its divisions, my employment is conditional upon successful investigative consumer reports. If employment is offered, I agree to any post-offer, pre-employment medical screening and to the disclosure to Seacoast Security, Inc. and its divisions of information and reports from the medical examination. In the event that I am photographed during the course of my employment, Seacoast Security, Inc. and its divisions will have my permission to use any or all photos for various public relation purposes.

**Candidate's/Applicant's Signature**

**Date:**