

P. O. Box A; 290 West St, W Rockport ME www.seacoastsecurity.com

Phone: (207) 236-4876 (800) 654-8800 Fax: (207) 236-8517

A Division of Seacoast Security, Inc.

APPLICATION FOR EMPLOYMENT

Seacoast Security Values:

At Mountain View Security, 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)								
r Full Time r Temporary r Per Diem								
Shift: ${f r}$ Day ${f r}$ Evening ${f r}$ Night ${f r}$ Weekend ${f r}$	Hol.							
Which Seacoast Security location do you prefer? (Please check all that apply)								
Rockport Freeport Portsmouth, Plainfield, VT								
NH NH								
The Caribou The Bangor Waterville The Greenville								
Desired Position:								

	SKILL	<u>.</u> S						
Please indicate any office skills and equipment in which you are proficient, including computers and								
software:								
Professional Associations of which you are a member:								
Special Skills applicable to the job for which you have applied:								
Office equipment you operate:								
List other job-related skills you h	ave:							
Do you type: 17 Yes WPM:	ı⁻ No							
Working knowledge of computer	software?							
r Yes r No								
If yes, what programs?								
MS Excel	_							
	1 Beginner	r Intermediate	1	- Adva	nced			
MS Power	Point							
	ा⁻ Beginner	1 Intermediate	-1	r Adva	nced			
MS Access	5							
	1 Beginner	1º Intermediate	1	c Adva	nced			
Other:								
	1 Beginner	1 Intermediate	1	- Adva	nced			
Please answer all of the following	g questions:							
How did you learn about this position?								
If employee referral,	enter their name:							
Are you available to work rotating shifts/schedules if required? 1 Yes 1 No								
Are you available to work overtime if required?			r	Yes	\mathbf{r}	No		
Will you travel if the job requires it?			r	Yes	r	No		
Do you have a relative working in a division of Seacoast Security?			r	Yes	r	No		
If yes, give name and relationship:								
Have you ever been employed by	any division of Sea	acoast Security, Inc?	r	Yes	r	No		
Are you eligible to be lawfully employed in this country?						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?

To Yes To 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?

To Yes To No Has a state licensing authority ever revoked, suspended or placed conditions upon your professional license(s)?

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 T No
Name of Company:
Street Address:
City, State, Zip
Employers Phone:
Lilipioyeis Filolie.
Job Title:
JOD TILLE.
Employed From: through

Reason for Leaving:
May we contact this employer for a reference?
Name of Company:
Street Address:
City, State, Zip
Employers Phone:
Job Title:
Employed From: through through Job Duties and Responsibilities:
Reason for Leaving:
May we contact this employer for a reference?
EDUCATION
High School:
Address:
City, State, Zip
Major:
How many years did you complete?
Did you Graduate? <u>1 Yes</u> 1 No
Degree Type:
College:
Address:
City, State, Zip

	How many years did	vou complete?					
	Did you Graduate?						
	Degree Type:	1 103 1 10					
	begree Type.						
Post Gradi	uate:						
Address:							
City, State	. Zip						
0.17, 0.1410	, =.P						
	Major:						
	How many years did	vou complete?					
	Did you Graduate?	-					
	Degree Type:	1 163 1 10					
	Degree Type.						
Other:							
Address:							
City, State	. Zip						
2.57, 2.0.0	, =.p						
	Major:						
	How many years did	vou complete?					
	Did you Graduate?	r Yes r No					
	Degree Type:	I ies I iv					
	Degree Type.						
List scho	lastic honors, specializ	ed training, apprent	iceship, and extra-curricular activities that may				
			ring your application.				
		REFERE	ICES				
Please list	3 references who are	not related to you an	d are not former supervisors (Required)				
Name:							
Address:							
Home Pho	ne:						
Work Phoi	ne:						
			-				
Name:							
Address:							
Home Pho	ne:						
Work Pho							
Name:							
Address:							
Home Pho	ne:						
Work Pho							

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: