

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:

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:

Reason for Leaving:

May we contact this employer for a reference?

Yes No

EDUCATION

High School:

Address:

City, State, Zip

Major:

How many years did you complete?

Did you Graduate?

Yes No

Degree Type:

College:

Address:

City, State, Zip

Major:

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: