



P. O. Box A; 290 West St, W Rockport ME  
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Phone: (207) 236-4876  
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## **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.
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Street Address:

City, State, Zip
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Home Telephone:

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Day Telephone:

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E-mail address:

--

Your Salary Expectations:

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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"/> Montpelier, VT
<input type="checkbox"/> Caribou	<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:

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 have:

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:

Beginner

Intermediate

Advanced

Please answer all of the following questions:

How did you learn about this position?

If employee referral, enter their name:

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:

Have you ever been employed by any division of Seacoast Security, Inc?

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:** [Redacted]  
**Street Address:** [Redacted]  
**City, State, Zip:** [Redacted]  
**Employers Phone:** [Redacted]  
**Job Title:** [Redacted]

**Employed From:** [Redacted] through [Redacted]

**Job Duties and Responsibilities:** [Large Redacted Area]

**Reason for Leaving:** [Large Redacted Area]

**May we contact this employer for a reference?**  Yes  No

**Name of Company:** [Redacted]  
**Street Address:** [Redacted]  
**City, State, Zip:** [Redacted]  
**Employers Phone:** [Redacted]  
**Job Title:** [Redacted]  
**Employed From:** [Redacted] through [Redacted]

**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:**