

# Central Communications Inc / Security Solutions Inc

## APPLICATION FOR EMPLOYMENT

NOTICE: CENTRAL COMMUNICATIONS INC/SECURITY CENTRAL/SECURITYSOLUTIONS INC requires pre-employment drug-screening and background checks for all successful candidates. Some positions may also require skills or aptitude tests. We are an Affirmative Action/Equal Opportunity Employer.

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Position You Are Applying For \_\_\_\_\_

Title \_\_\_\_\_ Salary Requirements \_\_\_\_\_ Date you can start \_\_\_\_\_

Referred By \_\_\_\_\_

Are you able to prove authorization to work in the United States? (check one) Yes No

Have you ever applied here before? (check one) Yes No

Do you know anyone who has or is working here? (check one) Yes No

Name(s) \_\_\_\_\_

Type of employment desired: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary \_\_\_\_\_

Hours Available: Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_

Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

Are you able to meet the attendance requirements of this position? (check one) Yes No

Do you have reliable means to get to work as scheduled? (check one) Yes No

Do you have any disabilities that would require special accommodations in order for you to perform the duties of the job for which you have applied? (check one) Yes No

Will you work overtime if required? (If no, please explain) \_\_\_\_\_

Call Center Only – Will you be able to work holidays? (check one) Yes No

Technicians Only – Will you be available for rotating on-call weeks? (check one) Yes No

Please list your PC skills: \_\_\_\_\_

Average # of hours/day spent on computer? \_\_\_\_\_

Are you fluent in any foreign languages? (If yes, please specify) \_\_\_\_\_

Other skills: \_\_\_\_\_

# Central Communications Inc / Security Solutions Inc

## Education Record:

High School (Name, City, State)	Date Graduated	
Business or Technical School (Name, City, Date)	Dates Attended	Degree Earned
Graduate School (Name, City, State)	Dates Attended	Degree Earned
Other Training (Place, Dates, Type)		

## Work History:

Most Recent Employer	Dates Employed			
Address	City, State, Zip			
Phone	Supervisor/Title	OK to Call?	Yes	No
Your Title/Duties				
Ending Salary	Reason for leaving			

2 – Employer	Dates Employed
Address	City, State, Zip
Phone	Supervisor/Title
Your Title/Duties	
Ending Salary	Reason for leaving

3 – Employer	Dates Employed
Address	City, State, Zip
Phone	Supervisor/Title
Your Title/Duties	
Ending Salary	Reason for Leaving

# Central Communications Inc / Security Solutions Inc

**Business References:** (if applying for your first job, you may use academic sources)

---

1 – Name

---

Relationship to you

Work Phone

Home Phone

---

Address

City, State, Zip

---

2 – Name

---

Relationship to you

Work Phone

Home Phone

---

Address

City, State, Zip

---

3 – Name

---

Relationship to you

Work Phone

Home Phone

---

Address

City, State, Zip

***Please Read and Sign:***

## **APPLICANT'S STATEMENT**

I understand the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable laws or public policy. This "employment at will" policy can not be changed verbally or in writing, unless the change is specifically authorized in writing by the president of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of identity and U.S. employment authorization - failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of 90 days, after which time I will need to submit a new application if I wish to be considered for employment.

Before being hired, I understand that a background check will be performed, and I will consent to skills testing as required for the position, and drug and alcohol testing in accordance with state and federal law. I understand that the employer will thoroughly investigate my work and personal history to verify data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named herein, except my current employer if so noted, to provide information requested about me and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission on this application or any other accompanying document shall be cause for denial of employment or immediate termination of employment, regardless of when or how it was discovered.

Signature \_\_\_\_\_

Date \_\_\_\_\_