

# Employment Application

Detection Security Co. Inc.

2800 Marshall Ave \* PO Box 1174  
Mattoon, IL 61938 \* 217-234-8590  
www.detectionsecurity.net



Position Applying For:

Date:

## Employee Information

Name:

Last

First

Middle

Telephone:

Email:

Alt. Phone:

Address:

Street

City

State

Zip

Are You 18 Years Of Age Or Older? Yes No

Would You Submit To A Drug Test? Yes No

Have You Ever Been Convicted Of A Misdemeanor Or Felony? Yes No

If Yes, Please Explain:

Do You Have A Valid State Drivers License? Yes No

Have You Ever Been Convicted Of A DUI? Yes No

Have You Had Any Traffic Violations? Yes No

If Yes, Please List Dates & Give Explanation:

Are You Currently Enlisted In Any Branch Of The United States Service? Yes No

If Yes, Branch & Rank:

I Am Legally Eligible For Employment In The U.S.? Yes No

I Am Seeking A Permanent Position: Yes No

If Necessary, I Am Able To Work Overtime: Yes No

Salary Desired:

Are You Willing To Work: (Check All That Apply) Full Time Part Time Weekends  
Holidays Temporary

What Hours Are You Available To Work?

I Will Be Able To Report To Work Days After Being Notified I Am Hired.

Do You Have Any Friends Or Relatives Employed By Detection Security Co.? Yes No

If Yes, Give Names:

## Education/Skills

High School Name:

Did You Graduate? Yes No Year Graduated?

College Name:

Years Attended: Did You Graduate? Yes No Year Graduated?

Trade/Technical School:

Years Attended: Did You Graduate? Yes No Year Graduated?

Skills, Specialized Training, Awards, Or Licenses:

Names Of Clubs Or Civic Organizations You Belong To:

Hobbies Or Leisure Time Activities:

## Employment History

Are You Currently Employed? Yes No

Please List Your Last Three Employers. Beginning With The Present Or Most Current.

Date: (From): (To):

Employer's Name & Address:

Position Or Title Held:

Supervisor's Name: Phone Number:

Reason For Leaving:

May We Contact This Employer? Yes No

Date: (From): (To):

Employer's Name & Address:

Position Or Title Held:

Supervisor's Name: Phone Number:

Reason For Leaving:

May We Contact This Employer? Yes No

Date: (From): (To):

Employer's Name & Address:

Position Or Title Held:

Supervisor's Name: Phone Number:

Reason For Leaving:

May We Contact This Employer? Yes No

## References

List 3 References (Exclude Former Employers & Relatives).

Name:	Phone:	
Address:		Years Known:
Name:	Phone:	
Address:		Years Known:
Name:	Phone:	
Address:		Years Known:

### Applicant's Statement

I have read and fully understand the questions asked in this application. I certify that all of the answers I have given are true, accurate and complete. I understand that the omission and/or misrepresentation of any fact from or on this application or during any interview will result in immediate rejection of my application or if I am hired will be cause for immediate dismissal. Unless I noted otherwise, I authorize the Company to contact all my employment references and personal references, as well as the education institutions I have attended. I further authorize the Company to inquire about, investigate and obtain copies of any records which relate to me from my former employers and educational institutions. I hereby release Detection Security Co. Inc. and all affiliated persons and entities, as well as any person or institution that provides Detection Security Co. Inc. with any lawful information about me, from any and all liability whatsoever resulting from any such lawful inquiry, investigation or communication.

If hired, I agree to abide by all of the rules and regulations of the Company. I understand and agree that nothing in this application shall constitute an offer, a contract or a guarantee of employment for a specific period of time. If hired, I understand that my employment is at-will and may be terminated with or without cause and with or without notice at anytime, at the option of either Detection Security Company Inc. or myself. I further understand that no representative or agent of the Company, has the authority to enter into any agreement for employment for any specific period of time, or to make an agreement contrary to the foregoing. In addition, I understand that the Company and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits or other terms and conditions of employment. I understand that any hiring decision is contingent upon my successful completion of all of the Company's lawful pre-employment checks, which may include a background check. I agree to execute any consent forms necessary for the Company to conduct its lawful pre-employment checks.

Signature \_\_\_\_\_ Date \_\_\_\_\_