APPLICATION FOR EMPLOYMENT



Surveillance Systems Integration, Inc. is an equal employment opportunity at-will employer and will not discriminate against any employee or applicant, including all classes protected by federal, state, and local laws in an unlawful manner.

Full Legal Nan	ne:	FIRST		MDDLE			LAST	
Home Street Address:								
Home City, State, and Zipcode:								
Phone:			,	Are you legally entitled to work in the United States?				
E-mail:			ī	Do you have a valid driver license:				State:
Referred By:				Position applied for:				
What languages do you speak or write?				Wage Expected:				
In case of emergency, notify (name / address / phone / relationship):				Are yo	Are you 18 years of age or older?			
EDUCATION	NAME & LOCAT	FION OF SCHOOL OF IN	STITLITION D	UDATION	COMPLETED/	GRADUATED?	MA IOD/OTUDY	
EDUCATION	NAME & LOCAT	FION OF SCHOOL OR IN	STITUTION	URATION	YES	NO	MAJOR/STUDY	DEGREE/ACHIEVEMENT
High School								
Miltary								
College								
University								
Trade/Other								
LIST HOURS AVAIL	ABLE:							
Sun:	Mon: Tue	e: Wed:	Thu:	Fri:	Sat:	Nig	hts?	Weekends?
GENERAL AVAILABILITY:								
Part / Full-Time: Temporary or Permanent Desired hours per week: Travel?								
List any skills or technical/trade experience you may have that could be beneficial to the position applied for:								
Why would you like to join our team?								

APPLICATION FOR EMPLOYMENT - COI

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SURVEILLANC SYSTEMS INCORPORATE	

LIST YOUR WORK HISTORY (most recent first):

	WONT THO I	ORY (most recent first):		STSTEMS INCORPORATED			
FROM	ТО	COMPANY/ENTITY NAME		ADDRESS			
JOB TITLE:				PHONE:			
BASIC JOB D	BASIC JOB DUTIES:						
REASON FO	R LEAVING:		SUPERVISOR:	SUPERVISOR:			
FROM	ТО	COMPANY/ENTITY NAME		ADDRESS			
JOB TITLE:				PHONE:			
BASIC JOB DUTIES:							
REASON FO	R LEAVING:		SUPERVISOR:	SUPERVISOR:			
FROM	ТО	COMPANY/ENTITY NAME		ADDRESS			
JOB TITLE:				PHONE:			
BASIC JOB D	OUTIES:						
REASON FO	R LEAVING:		SUPERVISOR:				
FROM	ТО	COMPANY/ENTITY NAME		ADDRESS			
JOB TITLE:				PHONE:			
BASIC JOB DUTIES:							
REASON FOR LEAVING:				SUPERVISOR:			
PLEASE LIST PERIODS OF UNEMPLOYMENT:							
FROM:	TO:	REASON:					
FROM:	TO:	REASON:					
PLEASE STAPLE YOUR PROFESSIONAL RESUME TO THIS EMPLOYMENT APPLICATION							
PLEASE STAPLE YOUR PROFESSIONAL RESUME TO THIS EMPLOYMENT APPLICATION							

In compliance with the Americans with Disabilities Act (ADA) we will reasonably accommodate all persons with disabilities under the circumstances of applying for a job, performing a job, or enjoying benefits equal to those offered to other employees considering the accommodation would not pose any undue hardship. Additionally, the Company will strive to meet any special needs or assistance of those disabilities not covered under the ADA.

I hereby consent to Surveillance Systems Integration, Inc. contacting my former employers, places of education, and any other required source to assist in verifying or determining employment eligibility. I understand that if hired, regular drug testing and background checks may be required to maintain such employment. I understand that misrepresentation, omission, or falsification of information may be grounds for dismissal, criminal action, and/or civil action. I understand that filling out this application for employment or discussing such related items does not indicate an open job opportunity nor does it ensure the obligation of an interview, hiring, or employment contract in any form whatsoever. Furthermore, I understand that if hired, my employment would be at-will, which is employment for no specific duration that may be terminated without notice or cause by either myself or the potential employer. Additionally, I understand that should I be employed, I will be bound by confidentiality and non-compete agreements and may be required to sign related acknowledgments.

I certify that, to the best of my knowledge,	the information on this non-binding	g job application is true and correct

APPLICANT SIGNATURE: DATE: