APPLICATION FOR EMPLOYMENT			
One Source Security & Automation, Inc. 446 D.W. Highway Merrmiack, NH 03054 AN EQUAL OPPORTUNITY EMPLOYER			
PERSONAL			
		FOR HUMAN RESOURCES USE ONLYANNOUNCEMENT NO.ANNOUNCEMENT DATEJOB CODE NO.	
POSITION DESIRED	DATE		
NAME: LAST FIRST	MIDDLE	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS: STREET		TELEPHONE WHERE YOU MAY BE REACHED BETWEEN 8:00 A.M. – 5:00 P.M.	
CITY STATE	ZIP		
DO YOU HAVE RELATIVES EMPLOYED BY ONE IF YES, LIST NAMES AND RELATIONSHIP	SOURCE SECURITY?	DEPARTMENT	
	RELATIONSHIP	DEPARTMENT	
WILL YOU ACCEPT SHIFTS INCLUDING WEEKE DO YOU HAVE A VALID DRIVERS LICENSE?		ENSE NO STATE	
	/ERS LICENSE? DR	VER'S LICENSE NO STATE:	
OTHER CHARGES CURRENTLY PENDING AGA	INST YOU?	THER THAN TRAFFIC CITATIONS, OR DO YOU HAVE ANY	
WERE YOU IN THE UNITED STATES ARMED FO)RCES?	ES, WHAT BRANCH?	
DATES OF DUTY: FROM TO		VK AT DISCHARGE:	
TYPE OF DISCHARGE?			

RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	LAST YEAR COMPLETED	DID YOU GRADUATE?	G.E.D. , DIPLOMA , OR DEGREE
ELEMENTARY		N/A			N/A
HIGH					
COLLEGE					
OTHER					

PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

1 DATES OF EMPLOYMENT (MONTH, DAY, YEAR)	EXACT TITLE OR POSITION	SALARY OR EARNINGS	
FROM: TO:		STARTING \$	FINAL \$
NAME AND ADDRESS OF EMPLOYER		NAME OF IMMEDIATE SU	JPERVISOR
REASON FOR LEAVING OR WANTING TO LEAVE:			
DESCRIPTION OF DUTIES AND RESPONSIBILITIES	INCLUDING NUMBER AND TYPE OF EM	IPLOYEES SUPERVISED:	
2 DATES OF EMPLOYMENT (MONTH, DAY, YEAR) FROM: TO:	EXACT TITLE OR POSITION	SALARY OR EARNINGS STARTING \$	FINAL \$
NAME AND ADDRESS OF EMPLOYER		NAME OF IMMEDIATE SU	
REASON FOR LEAVING OR WANTING TO LEAVE:			
DESCRIPTION OF DUTIES AND RESPONSIBILITIES	INCLUDING NUMBER AND TYPE OF EM	IPLOYEES SUPERVISED:	

3 DATES OF EMPLOYMENT (MONTH, DAY, YEAR)	EXACT TITLE OR POSITION	SALARY OR EARNINGS		
FROM: TO:		STARTING \$ FINAL \$		
NAME AND ADDRESS OF EMPLOYER		NAME OF IMMEDIATE SUPERVISOR		
REASON FOR LEAVING OR WANTING TO LEAVE:				
DESCRIPTION OF DUTIES AND RESPONSIBILITIES	INCLUDING NUMBER AND TYPE OF E	MPLOYEES SUPERVISED:		
4 DATES OF EMPLOYMENT (MONTH, DAY, YEAR) FROM: TO:	EXACT TITLE OR POSITION	SALARY OR EARNINGS STARTING \$ FINAL \$		
NAME AND ADDRESS OF EMPLOYER		STARTING \$ FINAL \$ NAME OF IMMEDIATE SUPERVISOR		
REASON FOR LEAVING OR WANTING TO LEAVE:				
DESCRIPTION OF DUTIES AND RESPONSIBILITIES	INCLUDING NUMBER AND TYPE OF E	MPLOYEES SUPERVISED:		
5 DATES OF EMPLOYMENT (MONTH, DAY, YEAR)	EXACT TITLE OR POSITION	SALARY OR EARNINGS		
FROM: TO:		STARTING \$ FINAL \$		
NAME AND ADDRESS OF EMPLOYER		NAME OF IMMEDIATE SUPERVISOR		
REASON FOR LEAVING OR WANTING TO LEAVE:				
DESCRIPTION OF DUTIES AND RESPONSIBILITIES	INCLUDING NUMBER AND TYPE OF E	MPLOYEES SUPERVISED:		
CLERICAL APPLICANTS ONLY				
TYPING SPEED		NOGRAPHY SPEED		

PERSONAL REFERENCES

NAME AND OCCUPATION	ADDRESS	TELEPHONE

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his/her complete background. If you have other skills, qualifications or comments which would assist us in evaluating your application, use the space below.

PLEASE READ CAREFULLY APPLICANTS CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

Applicant Signature

FOR HUMAN RESOURCES ONLY

INTERVIEWER	DATE	COMMENTS