



DILLARD ALARM COMPANY

3100 Lafayette Boulevard
Fredericksburg, VA 22408
(540) 898-0771

PRIVATE SECURITY SER. BUSINESS LICENSE ID# 11-1768

Honeywell

Authorized Security Dealer



Employment Application

Employment with *Dillard Alarm Company* is based on qualifications and suitability for the position. Applicants will not be discriminated against on the basis of race, creed, color, religion, sex, national origin, age, marital status, or disability. To help us learn about your experience, abilities, and education, please complete this employment application as thoroughly as possible. Applicants with disabilities are encouraged to request any accommodation needed to complete the job application process.

DILLARD ALARM COMPANY'S PRIVATE SECURITY SERVICES LICENS ID # 11-1768

PERSONAL (Please print clearly) Date _____

Name _____ Social Security Number _____
Last First Middle Initial

Other Names Used _____

Present Address _____
No. Street City State Zip Code

Previous Address _____

Telephone No. (Home) _____ (Work) _____

Overseas applicants: Please indicate permanent or previous stateside address _____

Are you legally eligible for employment in the U.S.? Yes No

Are you over 18 years of age? Yes No How did you learn of *Dillard Alarm Co.*? _____

Job(s) applied for

1. _____ Rate of pay desired \$ _____ per _____

2. _____ Rate of pay desired \$ _____ per _____

Do you want to work full-time or part time? If part time, specify days and hours _____

Have you ever applied for employment with *Dillard Alarm Company*? Yes No

List any Security or Fire-Related Registration, Experience or Training Courses that you may have:

Private Security Registration: Yes No Date of Expiration? _____

Level I Training? Yes No Date Completed? _____

Level II Training? Yes No Date Completed? _____

Fire Courses? Yes No Date Completed? _____

List Course Title _____

OTHER RELATED TRAINING OR EXPERIENCE: _____

EMPLOYMENT

* MANDATORY FIELDS TO BE COMPLETED

List in order, with most recent or present employer first, the jobs you have held for the past 10 years. (Ask for a continuation sheet, if necessary).

| | | | |
|----------------------|--|------------------|------------------|
| * Name | * Date Hired | * Departure Date | Type of Business |
| * Address | * Salary Start: \$ _____ per _____ * Finish: \$ _____ per _____ | | |
| * City/State | Last Supervisor | | |
| * Telephone | Exact Title of Position and Duties Performed | | |
| * Reason for leaving | | | |
| | | | |

| | | | |
|--------------------|--|----------------|------------------|
| Name | Date Hired | Departure Date | Type of Business |
| Address | Salary Start: \$ _____ per _____ Finish: \$ _____ per _____ | | |
| City/State | Last Supervisor | | |
| Telephone | Exact Title of Position and Duties Performed | | |
| Reason for leaving | | | |
| | | | |

| | | | |
|--------------------|--|----------------|------------------|
| Name | Date Hired | Departure Date | Type of Business |
| Address | Salary Start: \$ _____ per _____ Finish: \$ _____ per _____ | | |
| City/State | Last Supervisor | | |
| Telephone | Exact Title of Position and Duties Performed | | |
| Reason for leaving | | | |
| | | | |

| | | | |
|--------------------|--|----------------|------------------|
| Name | Date Hired | Departure Date | Type of Business |
| Address | Salary Start: \$ _____ per _____ Finish: \$ _____ per _____ | | |
| City/State | Last Supervisor | | |
| Telephone | Exact Title of Position and Duties Performed | | |
| Reason for leaving | | | |
| | | | |

May we contact the employers listed above, (and on the continuation sheet, if any)? _____ If not, indicate below any job you do not wish us to contact: _____

To assist us in considering you for employment, use the space below to summarize any additional information (i.e., occupations goals, additional skills, etc.). _____

OFFICE SKILLS / ELECTRICAL SKILLS

- | | | |
|---|--|--|
| <input type="checkbox"/> Wiring Skills | <input type="checkbox"/> Computers (Specify) _____ | <input type="checkbox"/> Programming |
| <input type="checkbox"/> CCTV | | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Telephone or Intercoms | <input type="checkbox"/> Electrician | _____ |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> DCJS Registration | _____ |
| <input type="checkbox"/> Typing _____ wpm | <input type="checkbox"/> Alarm Systems | |

Please circle the answer to each of the following questions. Use additional paper to explain answer where necessary.

1. (a) Have you ever been bonded?
- (b) Have you ever been refused a bond by a surety company?
- (c) Has such a bond ever been denied or revoked?
- (d) Has any surety company paid out any funds on your coverage?

If answer to (b), (c), or (d) is "Yes," attach details including name of surety company.

2. Have you ever been convicted of any criminal offense?

(You may omit: (a) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a Youth Offender law, (b) any conviction, the record of which has been expunged under federal or state law, and (c) any conviction set aside under the Federal Youth Corrections Act or state authority.) If you have circled "Yes," describe in full on separate sheet of paper, which must be annotated with your name and Social Security Number.

3. Have you ever had any credit judgments against you? If "Yes," attach details

PROFESSIONAL REFERENCES

Please do not list relatives.

Name: _____ Business Phone _____
 Place of Employment _____ Home Phone _____
 Business Address _____ Title _____

Name: _____ Business Phone _____
 Place of Employment _____ Home Phone _____
 Business Address _____ Title _____

Name: _____ Business Phone _____
 Place of Employment _____ Home Phone _____
 Business Address _____ Title _____

EDUCATIONAL

Circle highest grade completed in high school: 9 10 11 12

Please complete the following for all education beyond high school:

High School Attended: _____
 City / State: _____
 Dates Attended: _____

| Name of School | Address (City, State) | Dates Attended | Grad. Yes / No | Type of Degree, Diploma or Certificate and Major Field of Study |
|----------------|-----------------------|----------------|----------------|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

ATTENTION: READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING.

I CERTIFY that the statements made by me are true, complete, and correct to the best of my knowledge. I understand that a false or dishonest answer to any question may be grounds for cancellation of my application and my dismissal after employment. *DILLARD ALARM COMPANY* is hereby authorized to make any investigation of my personal, educational and employment history. I understand that *DAC* may verify my educational record, secure transcripts of that record, if so desired, makes inquiries of former employers as to my job performance, request consumer reports from recognized agencies or bureaus of *DAC*'s choice for the purpose of evaluating my application for employment or retention as an employee. In accordance with the Fair Credit Reporting Act, I understand that should information be received from a consumer report which results in denial of employment to me, or be cause for my dismissal, I will be provided, on request, with the name and address of the consumer reporting agency. I hereby release *DAC*, any person, educational body, and former employer from any and all claims of whatever nature I might have as a result of a response given to inquiries made by *DAC*. I will voluntarily provide information requested on the attached Authorization to Release Information form for the purpose of verification of such information as is necessary to complete a background investigation of me. If accepted for employment, I agree to be fingerprinted. I have the right to request disclosure in writing of the nature and scope of any FBI fingerprint record received by *DAC*.

If I am hired by *DAC* I agree, in consideration of my employment, to abide by the policies, procedures and rules, or other management communications, as may be directed to employees of *DAC*. I also agree and understand that my employment and compensation may be terminated at any time, with or without notice, with or without cause, by *DAC*. Additionally, I understand that I may resign from my position at any time. I further understand that my employment relationship will be "at will," that I am not being hired for any specified period of time, and that no supervisor or manager of *DAC* other than the President, in writing and signed by him, has any authority to enter into any other agreement for employment or to make any agreement contrary to the foregoing.

All employment offers are made contingent on satisfactory completion of background checks of credit, past employment and education, and approval of the surety bonding company.

This application will be considered current for no longer than 1 year from the date of receipt. If I want to be considered for employment after this time, I must complete another application form.

I understand that smoking of any kind is prohibited in *DAC*.

I acknowledge that I have read and understand the above statements.

Date

Applicant's Signature

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize *Dillard Alarm Company* to obtain any information in your files pertaining to my records of employment, military and educational records (including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records); credit records and law enforcement records of my conviction for any criminal offense. I hereby request you to release such information upon the request of the bearer.

This release is authorized with the full understanding that the information is for the exclusive use of *Dillard Alarm Company* and incorporation in a report which will become a permanent record of my application for employment.

I hereby release you as the custodian of such records—and the organization which originated them, or any related personnel, both collectively and individually—from any liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of your compliance with this authorization. I am furnishing my Social Security Account Number voluntarily, with the understanding that if it is not furnished, no action will be taken with respect to my application for employment.

Full Name: _____
(Signature)

Full Name: _____
(Printed)

Other Names Used: _____

My Social Security Number: _____ - _____ - _____

Current Address: _____

Previous Address (if less than 5 years at current address) _____

Telephone Number: (_____) _____ - _____

Date of Authorization: _____

Witness: _____