

**VISUALSECURITY**

DATE _____

EMPLOYMENT APPLICATION

What you tell us on this application is important to you and to us. This information helps us understand your qualifications. Please answer ALL QUESTIONS as completely as you can. This is a permanent record and information should be accurate and complete.

The Age Discrimination in Employment Act of 1967 prohibits discrimination with respect to individuals age 40 and over.

IDENTIFICATION

Please Print Full Name		First	Middle	Last	Social Security Number	
Present Address	Street or RFD#		City		State	Zip Code
Previous Address	Street or RFD#		City		State	Zip Code
Phone Number for Making Contact with you			Name of Person Phone is Listed Under if Other Than Your Own Home			
NOTIFY IN EMERGENCY		Name	Relationship		Phone Number	
Street or RFD#		City		State	Zip Code	
United States Citizen		Yes <input type="checkbox"/> No <input type="checkbox"/>	Selective Service Classification		Vietnam Veteran	Yes <input type="checkbox"/> No <input type="checkbox"/>
Athletic or Recreational Activities		Reservist Active <input type="checkbox"/> In Active <input type="checkbox"/>				
Hobbies						

REFERENCES

Relatives Employed by this Company - Relationship		Friends Employed by this Company	
Four Persons (not relatives) to Whom We May Refer			
Name	Present Address and Phone Number		Business or Position

EDUCATION

	Name of School	Location City & State	No. Yrs Attended	Graduate	Course or Major
Grade School				Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Jr. High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College or University				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Correspondence				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate Work, etc.				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Extra Curricular Activities					

AN EQUAL OPPORTUNITY EMPLOYER

WORK EXPERIENCE

Consecutive Record of Present and Previous Employment
Beginning with your most recent position, list all employment. Attach supplementary sheet if more space is needed.

Date		Employer: Give Full Name and Address of Company			
From Mo. Yr.	To Mo. Yr.	Name and Present Address of Person Under Whom You Worked		Phone Number	
		Position You Occupied	Reason for Change	Salary	Beginning Leaving

Date		Employer: Give Full Name and Address of Company			
From Mo. Yr.	To Mo. Yr.	Name and Present Address of Person Under Whom You Worked		Phone Number	
		Position You Occupied	Reason for Change	Salary	Beginning Leaving

Date		Employer: Give Full Name and Address of Company			
From Mo. Yr.	To Mo. Yr.	Name and Present Address of Person Under Whom You Worked		Phone Number	
		Position You Occupied	Reason for Change	Salary	Beginning Leaving

Date		Employer: Give Full Name and Address of Company			
From Mo. Yr.	To Mo. Yr.	Name and Present Address of Person Under Whom You Worked		Phone Number	
		Position You Occupied	Reason for Change	Salary	Beginning Leaving

Were You Ever Employed By This Company?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, What Job?	
Any hours that you cannot work?			Are You Willing to Work Nights? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you have any special skill(s) or trade(s), answer the following questions:				
Name of Skill(s) or Trade(s)		Length of Time Worked at Skill(s) or Trade(s)		
Where Learned?		Length of Learning Period		

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information will be grounds for dismissal. I authorize my current employer and any and all past employers or education institutions to give you any and all information concerning my employment and/or education including any pertinent information they may have, personal or otherwise, and hereby release all such parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations that may be established from time to time by Visual Security.

I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any given time, at the option of either party.

I also understand that no one other than the President of Visual Security has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Neither this application nor any Company handbook or policy manual is a contract of employment for a guaranteed period of time.

I understand and agree that any offer of employment is contingent on satisfactorily passing a pre-employment physical and drug screen, if required by law.

Signature _____

POSITION APPLIED FOR 1ST CHOICE _____

2ND CHOICE _____

WHAT SALARY DO YOU EXPECT? \$ _____ LAST SALARY \$ _____