

Any other special skills, knowledge or qualifications: List any trade, community or professional organizations of which you are a member:

EMPLOYMENT HISTORY

Please list your work experience starting with your most recent employment.

Name and Address of Employer:

 Phone Number:

Dates of Employment:

FROM

TO

Position Held:

Rate of Pay:

Reason for Leaving:

Name and Address of Employer:

 Phone Number:

Dates of Employment:

FROM

TO

Position Held:

Rate of Pay:

Reason for Leaving:

Name and Address of Employer:

 Phone Number:

Dates of Employment:

FROM

TO

Position Held:

Rate of Pay:

Reason for Leaving:

REFERENCES

Please list three references other than previous employers or relatives.

Name and Address:

Company:

Phone Number:

Relationship:

Name and Address:

Company:

Phone Number:

Relationship:

Name and Address:

Company:

Phone Number:

Relationship:

In case of an accident or an emergency, please notify:

Name: Address:

Telephone: HOME WORK CELL

Relationship:

DRUG CONTROL POLICY AND CONSENT TO TESTING

The company has a vital interest in maintaining safe, healthful and efficient working conditions for its associates. An associate under the influence of a drug or alcohol on the job may pose serious safety and health risks, not only to the user but to those who work with or otherwise come into contact with the user. Studies show drug and alcohol use in the workplace may be the single greatest factor responsible for industrial accidents and injuries, declining productivity, employee theft and low employee morale.

Therefore, the Company will require, as one of the steps in the hiring process, which all otherwise qualified applicants for employment with the Company consent to and submit to testing for illegal and legal incapacitating drug use. "Illegal" drugs include any drug which is not legally obtainable or which is legally obtainable but has not been legally obtained and prescription drugs not being used for prescribed purposes. "Legal drugs" include prescribed drugs and over the counter drugs which have been legally obtained and are being used for the purpose for which they were prescribed or manufactured and in such doses as prescribed or suggested by the manufacturer.

Refusal to consent to and participate in such drug testing will automatically disqualify the applicant from further hiring consideration. Applicant testing positive for the presence of drugs in their bodies will automatically be disqualified from further consideration.

I hereby give my consent to the Company to administer a drug test consisting of the taking of urine or blood, or any other medically recognized test designed to detect traceable amounts of drugs in the body and I agree to be tested within 48 hours of the time requested to be tested. The medical facility is authorized to release the results of the test to the Company who is authorized to communicate the test results internally as it deems appropriate.

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge, and understand falsification or omissions in this application in any details is grounds for disqualification from further consideration or for dismissal from employment at the time the Company discovers the omission or falsification.

This application for employment shall be considered active for a period of time not to exceed 45 days and then will be kept on file. Any applicant wishing to be considered for employment beyond this period of time should inquire as to whether or not they need to fill out another application. In the event of employment, I agree to abide by all rules and regulations of the Company.

I hereby acknowledge that my employment relationship with the Company is of an "at will" nature which means that the associate may resign at any time and the Company may discharge the Associate at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President of the Company.

Signature of the Applicant Date

Thank you for completing this application form and for your interest in working for our company.

FOR PERSONNEL DEPARTMENT USE ONLY

Interviewed By: Date:

Comments:

Hired: Department: Position: Starting Date: Wage:

Additional Notes:



(The Company)



AUTHORIZATION FORM

I hereby authorize Security Supply Corp. to periodically run credit reports, request current information from law enforcement agencies and others, to release and furnish whatever information regarding my background, character and qualifications. I hereby release any employer, school, credit bureau or person from all liability in responding to inquiries in connection with my application.

Signature of Applicant

Date

Main Office, 196 Maple Avenue, Selkirk, NY 12158
Telephone (518) 767-2226 (800) 333-2226 Fax (518) 767-2065

- SELKIRK ALBANY SCHENECTADY GLENS FALLS JOHNSTOWN PLATTSBURGH
- NO. ADAMS POUGHKEEPSIE WATERTOWN KINGSTON SARATOGA