

# MARLIN CENTRAL MONITORING

Employment Application



APPLICANT INFORMATION			
<p><b>We consider all applicants for positions without regard to race, color, creed, religion, sex, ancestry, national origin, nationality, age, marital, familial, veteran status, sexual orientation or preference, or the presence of a non-job-related medical condition, handicap or disability, or any other legally protected status.</b></p>			
<p><b>PLEASE PRINT</b></p>			
Last Name	First	M.I.	Date:
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone:		E-mail Address:	
No. of years at above address:	Previous address:		
Date Available:	Social Security No.:		
Position Applied for:			
Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Other <input type="checkbox"/>			
Specify days and hours you are available for work:			
Salary/Compensation Desired:			
Have you ever applied for a position with us?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If "yes" when?
Have you ever been employed by us?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If "yes" when?
Do you have a relative working here?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If "yes" state identity and relationship?
Do you have any relative working for a competitor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you currently on "lay off" status and subject to recall?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you been convicted of a felony within the last 5 years (a conviction will not necessarily disqualify an applicant from employment)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If "yes" please explain:
Are you able to perform in a reasonable and safe manner each essential job function and requirement of the job for which you are applying?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If "no" please explain
Are you at least 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If "no" state your age:
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>
If employment is offered, can you submit two of the following: birth certificate, social security card, certificate of U.S. citizenship, a U.S. passport; a state issued driver's license, or other verification of your identity and authorization to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**EMPLOYMENT HISTORY**

**In the following space give a complete record of your employment including periods of unemployment, if any. Begin with your most recent employment and work back. If additional space is needed, attach a supplementary sheet.**

1. Employer:

Address:

Starting position:

Last position:

Other positions held:

From Mo./Yr.:

To Mo./Yr.:

Phone:

Starting Salary:

Final Salary:

Immediate Supervisor:

Duties:

What did you like best about your job?

What did you like least about your job?

Reason for leaving?

2. Employer:

Address:

Starting position:

Last position:

Other positions held:

From Mo./Yr.:

To Mo./Yr.

Phone:

Starting Salary:

Final Salary:

Immediate Supervisor:

Duties:

What did you like best about your job?

What did you like least about your job?

Reason for leaving?

3. Employer:

Address:

Starting position:

Last position:

Other positions held:

From Mo./Yr.:

To Mo./Yr.

Phone:

Starting Salary:

Final Salary:

Immediate Supervisor:

Duties:

What did you like best about your job?

What did you like least about your job?

Reason for leaving?

**EDUCATION**

High School:

Address:

From	To	Did you graduate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
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College

Address:

From	To	Did you graduate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
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Major Course of Study:

Other:

Address:

From	To	Did you graduate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
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**REFERENCES**

*Please list three professional references.*

Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

**SPECIAL SKILLS AND QUALIFICATIONS**

**Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, skills, abilities, articles/books published, activities, foreign languages, accomplishments, professional/trade/business/or civic activities and offices held, etc. (You may exclude all information of age, sex, race, religion, color, national origin, handicap, or disability or any relationship with any labor organization).**

**ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY**

**In responding to these inquiries, continue on a separate sheet if you require additional space.**

May we contact your present employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we contact your present employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please identify any exceptions and reasons for not contacting:	
In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If "yes", identify name(s) and relevant dates:	
Have you ever been dismissed or asked to resign from any employment?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If "yes" please explain:	

MILITARY SERVICE	
Have you ever served in the U.S. Armed Forces?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Describe any special job-related training received:	

**PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION**

1. I authorize the Company to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the Company from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Company. \_\_\_\_\_ initials
  
2. I also authorize the company to secure criminal and financial and credit information through an appropriate agency, and I understand that, upon my written request made within a reasonable period of time, the agency providing a consumer credit report to the Company will provide me with a complete description of the nature and scope of the credit report investigation, \_\_\_\_\_ initials
  
3. I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my credit, academic credentials, and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the Company has not employed me and for immediate dismissal if the Company has employed me. I also authorize the Company to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release the Company from any and all liability for its providing this information. \_\_\_\_\_ initials
  
4. In the event of employment or an offer of employment, I authorize any physician or hospital to release any information to the Company which may be necessary to determine my ability to perform the essential functions of the job for which I am hired or being considered or any future job. \_\_\_\_\_ initials
5. I hereby agree to submit to any lawful drug, alcohol or other testing that may be required as a condition of employment or continued employment and understand that refusal to submit such testing during the course of my employment may result in disciplinary action up to and including discharge. \_\_\_\_\_ initials
  
6. I understand that according to federal law individuals who are hired must, as condition of employment, produce certain documentation to verify their identity and U.S. citizenship status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law. \_\_\_\_\_ initials

7. I agree and understand that any offer of employment I may receive is contingent upon my successful completion of the Company's pre-employment, post-offer, screening process including any pre-employment, post-offer, physical examination that may be required. \_\_\_\_\_  
initials

8. In the event of my employment with the Company, I will comply with all rules, regulations, and policies of the Company. \_\_\_\_\_  
initials

9. I agree that if any claims arise against the Company, for any reason whatsoever, I will assert them against the Company within six (6) months or forever be barred from bringing them. \_\_\_\_\_  
initials

I understand that nothing in this employment application, the Company's policy statements, personnel guidelines, or in my communications with any Company official is intended to create an employment contract between the Company and me. I also understand that the Company has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless it is made in writing and signed by the President. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason I think appropriate, I also understand that the Company retains the right to terminate my employment at any time for any reason that the Company believes is appropriate. \_\_\_\_\_  
initials

I hereby acknowledge that I have read, understand and agree to the preceding 10 statements.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

FOR PERSONNEL DEPARTMENT USE ONLY	
Arrange follow-up Interview?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Offer Employment?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Accept Offer?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Decline Offer?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Further Consideration?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Start:	
Hourly Rate/Salary: \$	
Department:	
Notes:	

By: \_\_\_\_\_