



P.O. Box 20068 Worcester, MA 01602
office:508.421.4849 fax:508.421.3489

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer Marker Security Inc. does not discriminate on the basis of race, color, religion, sexual orientation, national origin, gender, age, veteran status or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decision be based on job-related factors

Personal Information:

Today's Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____ Are you 18 or older? _____

Current Home Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____
(Daytime) (Evening)

If hired, can you furnish proof you are eligible to work in the U.S. _____

Have you ever applied or were employed at M.S.I. or any of its subsidiaries before? _____

Position You Are Applying For:

Position Title: _____ Salary Requirements: _____

Referred by: _____

Are you seeking Full Time / Part Time / Temporary Employment? _____

When you can start? _____ Days/Hours/Shifts Available? _____

Education and Training:

	Name	City, State	Yrs Completed	Degree	Course/Major
High School					
College					
Other Training					

PLEASE READ AND COMPLETE CAREFULLY

Have you ever been fired or asked to resign from any job? If yes, please list employer, date and reason below. YES / NO

Have you ever been refused bond by a bonding company? YES / NO

Is there any reason that you could not adequately perform the essential duties of the job for which you have applied? YES / NO

EXPLAIN ALL "YES" ANSWERS BELOW

Have you ever been convicted of any law violation? (Include any finding of plea of guilt. Exclude minor traffic offenses)
() YES () NO If yes, give all dates, places, charges and disposition. _____

A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date and the job which you are applying will be considered.

SPECIAL SKILLS:

What skills or additional training do you have that are related to the job for which you are applying?

Employment History:

Employer	Month/Year Employed From	Position Title
Address	to	Responsibilities
City, State, Zip		
Name of Supervisor phone #	Last Base Salary	Reason for leaving
Employer	Month/Year Employed From	Position Title
Address	to	Responsibilities
City, State, Zip		
Name of Supervisor phone #	Last Base Salary	Reason for leaving
Employer	Month/Year Employed From	Position Title
Address	to	Responsibilities
City, State, Zip		
Name of Supervisor phone #	Last Base Salary	Reason for leaving

May we contact the employers listed above? YES _____ NO _____
If no, Indicate which: _____

Other names under which your former employers or educational institution would know you:

Professional / Work-Related References:			
Name	Relationship	Daytime Phone	Evening Phone

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.

- I CERTIFY that all information provided in the employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my immediate dismissal if discovered at later date.
- I UNDERSTAND that the employer may request an investigative consumer report agency, as well as a check of my criminal record. I understand that should this application or a criminal record check reveal a conviction of a crime, further processing of this application or my employment, if hired, may be terminated. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.
- I understand that I will be required to possess a current and valid drivers license if my job requires me to drive in the course of my work.
- I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations from any legal liability in making such statements. I hereby waive any right or claims I have or may have against all current and/or former employers, and their agents, employees and representatives and damages that may directly or indirectly result from use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against M.S.I. and any outside agency utilized by M.S.I. as a result of any information which is obtained in this investigation.

This application is submitted with the understanding that upon acceptance of a formal employment offer, I will be required to pass M.S.I.'s pre-placement testing, which may include a drug and alcohol screen. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT THE OPTION OF THE COMPANY OR MYSELF.

SIGNATURE: _____

DATE: _____