

EMPLOYMENT APPLICATION

1. Employer Information

Employer: Alpha & Omega Loss Prevention
Address: 5198 Terry Ave.
City/State/ZIP: Portage, Indiana 46368
Telephone: (219) 916-0690

It is the policy of Alpha & Omega Loss Prevention to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Name: _____
Address: _____
City/State/ZIP: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Social Security Number: _____
Driver's License (State/Number): _____

3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime phone: _____ Evening phone: _____

4. Job Position Applied For: CCTV Tech

5. Who referred you to our company? _____

6. Have you applied to our company previously? _____ Yes _____ No
If yes, when? _____

7. Are you at least 18 years old? _____ Yes _____ No

8. How will you get to work? _____

9. Are you willing to work any shift, including nights and weekends? ____ Yes ____ No
If no, please state any limitations:

10. If you are offered employment, when would you be available to begin work?

11. Are you legally eligible for employment in the United States? ____ Yes ____ No

12. Are you able to perform the essential functions of the job position with
or without reasonable accommodation? ____ Yes ____ No

What reasonable accommodation, if any, would you require?

13. Have you ever been convicted of any crime, including traffic violations?
____ Yes ____ No If yes, please describe:

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN
AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF
EMPLOYMENT.

14. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability or Rating
[] Microsoft Office Suite (Word, Excel, etc.)	_____	1 2 3 4 5
[] Networking	_____	1 2 3 4 5
[] Experience with Closed Circuit, Wireless Cameras and Digital Recorders	_____	

_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

15. Applicant Employment History

List your current or most recent employment first.

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
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Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

16. Applicant's Education and Training

College/University Name and Address

Did you receive a degree? _____ Yes _____ No If yes, degree received: _____

High School/GED Name and Address

Did you receive a degree? _____ Yes _____ No
_____ Yes _____ No

Other Training (graduate, technical, vocational):

Awards, Honors, Special Achievements:

Military Service:

_____ Yes _____ No

Branch: _____

Specialized Training: _____

17. References

List any two people who would be willing to provide a reference for you.

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

18. Please provide any other information that you believe should be considered:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Alpha & Omega Loss Prevention to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Alpha & Omega Loss Prevention, except in a specific written contract of employment signed on behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE