



Employment Application
(Please Print)

APPLICANT INFORMATION				
Last Name:		First Name:		M.I.
Street Address:			Apt./Unit #:	
City:		State:		Zip:
Phone:		Cell Phone:		
Drivers License No:		Date Available:		Desired Salary:
Position Applied for:			Date of Application:	
Are you a citizen of the United States?		If no, are you authorized to work in the U.S.?		
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No		
Have you ever worked for this company?		If so, when?		
<input type="radio"/> Yes <input type="radio"/> No				
Have you ever been arrested?		If yes, explain:		
<input type="radio"/> Yes <input type="radio"/> No				

Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position.

EDUCATION			
High School:		Address:	
From:	To:	Did you graduate? <input type="radio"/> Yes <input type="radio"/> No	Degree:
College:		Address:	
From:	To:	Did you graduate? <input type="radio"/> Yes <input type="radio"/> No	Degree:
Other:		Address:	
From:	To:	Did you graduate? <input type="radio"/> Yes <input type="radio"/> No	Degree:

REFERENCES	
<i>Please list three professional references.</i>	
Full Name:	Relationship:
Company:	Phone: ()
Address:	
Full Name:	Relationship:
Company:	Phone: ()
Address:	
Full Name:	Relationship:
Company:	Phone: ()
Address:	



Authorization & Release of Liability

I hereby authorize Simpson Security Systems, Inc. to conduct a background check. This includes my personal and employment background in its entirety.

As an applicant, I do hereby acknowledge and grant permission that prior to my employment and/or during the duration of my employment that I may be subject to Drug Testing, to the extent permitted by law. I acknowledge that if I fail my drug test, Simpson Security Systems, Inc. has the right to use these tests results as grounds for termination or rejection of employment. I acknowledge that if I refuse to take a drug test prior and/or during the duration of my employment, Simpson Security Systems, Inc. can use this as grounds for termination.

I hereby authorize any individual, corporation, company, institution, or government agency to release to Simpson Security Systems, Inc. any information, documents, or opinion they may possess concerning me or my reputation as an employee, student, debtor, associate, or acquaintance.

I release, indemnify, and forever hold harmless Simpson Security Systems, Inc. and their agents or assigns, from any and all claims and /or liabilities that may arise as a result of their investigations into my personal and employment background. This Authorization & Release of Liability shall not be applicable to any gross negligence on the part of Simpson Security Systems, Inc.

I release, indemnify, and forever hold harmless any individual, corporation, company, institution or government agency and their agents or assigns to who may act upon authority of this Authorization & Release of Liability.

I hereby authorize and certify that a photocopy or electronic facsimile of this Authorization & Release of Liability shall serve with the same authority as the original.

Applicant's Statement & Agreement

In the event of my employment by Simpson Security Systems, Inc., I will comply with all rules and regulations of this company. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to Simpson Security Systems, Inc.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Simpson Security Systems, Inc. reserves the same right to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not constitute an agreement for employment for any specific period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurance must be in writing and signed by an authorized officer.

If you have any questions regarding this statement, please ask a Simpson Security Systems, Inc. representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

Please do not sign this agreement until you have read and understand the above Authorization & Release of Liability and Applicant's Statement and Agreement.

Name (Please Print):

DOB:

SSN:

Signature:

Date:
