



ALIMAR SECURITY, INC.

24870 Forterra Drive
Warren, Michigan 48089
Phone: 313-343-9173
Fax: 313-281-2243
Toll Free: 1-866-ALIMAR1

EMPLOYMENT APPLICATION

A person with a disability or handicap requiring accommodation for completing the application process should notify the Company as soon as possible. This Company is an Equal Opportunity Employer. It is the policy of the Company to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital status, height, weight, familial status, veteran status, or disability. Michigan law requires that a person with a disability requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

Date of Application: _____

PERSONAL INFORMATION

Name (first, middle, last):

Present Address (street, city, state, zip code):

Email Address: _____

Telephone Number Where You Can Be Reached: _____

Position Desired: _____ Date Available: _____

What hours can you work? _____

CPL Y/ N Expiration Date: _____ Registered Firearm: Y / N

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

2. Work Permit No. _____ (If under 18)

3. Have you ever been convicted of a felony within the last 15 years? (A "Yes" answer will not automatically disqualify you.) Yes _____ No _____

If yes, please explain conviction: when, where, and disposition:

4. Have you previously been employed by this Company?

Yes _____ No _____ If yes, when: _____

5. Have you submitted an application to this Company before?

Yes _____ No _____ If yes, when: _____

6. Are you legally able to work for any employer in the United States? Yes: _____ No _____



ALIMAR SECURITY, INC.

24870 Forterra Drive
Warren, Michigan 48089
Phone: 313-343-9173
Fax: 313-281-2243
Toll Free: 1-866-ALIMAR1

EDUCATIONAL HISTORY

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name and location of high school:

Other schools attended Graduated or # of years attended Degree

MILITARY HISTORY

(Armed Forces of the United States or State Militia Only)

Branch Date entered Date discharged

Rank at discharge Reserve status

Special training received

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation?

Yes _____ No _____

In case of emergency, contact (name, address, phone number, and relationship to you):



ALIMAR SECURITY, INC.

24870 Forterra Drive
Warren, Michigan 48089
Phone: 313-343-9173
Fax: 313-281-2243
Toll Free: 1-866-ALIMAR1

EMPLOYMENT EXPERIENCE

List current or most recent job first. Please use a separate sheet if necessary, to note any other positions.

Please note any lapses in employment and provide an explanation.

Dates Employed From : _____ To _____

Employer Name and Address: _____

(City) (State) (ZIP) Hourly Rate/ Salary: Starting _____ Final _____

Phone Number _____

Supervisor _____

Reason for leaving _____

Work Performed _____

Dates Employed From : _____ To _____

Employer Name and Address: _____

(City) (State) (ZIP) Hourly Rate/ Salary: Starting _____ Final _____

Phone Number _____

Supervisor _____

Reason for leaving _____

Work Performed _____

Dates Employed From : _____ To _____

Employer Name and Address _____

(City) (State) (ZIP) Hourly Rate/ Salary: Starting _____ Final _____

Phone Number _____

Supervisor _____

Reason for leaving _____

Work Performed _____



24870 Forterra Drive
 Warren, Michigan 48089
 Phone: 313-343-9173
 Fax: 313-281-2243
 Toll Free: 1-866-ALIMAR1

REFERENCES

*(Do not include relatives
 or former employers)*

Name	Address	Phone Number	Years Acquainted
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

I certify that all of the information furnished on this application is true, complete and correct. I understand and agree that any falsification, misrepresentation, or omission of fact either on this application or during the prehire process will be reason for (1) my not being offered employment or (2) dismissal at any time from the service of this Company if employed. I further understand that I am applying for at-will employment.

I also understand that my employment is dependent upon my supplying proof that I am authorized to work in the United States. In addition, I understand this application does not create an employment agreement between the Company and myself.

It is further understood that I may be offered employment conditioned on my successfully passing a drug test and/or physical exam to the satisfaction of the Company and criminal background checks as may be applicable.

By signing this application I agree that any lawsuit arising out of my employment with, or my application for employment with the Company must be filed within six months after the date of the employment action that is the subject of the lawsuit, or if there is a limitations period provided by law that is less than six months, the shorter time frame shall apply. However, this shortened statute of limitations does not apply to federal employment discrimination lawsuits and claims under Title VII, the ADA, the EPA, the ADEA, and GINA, as well as any charges filed with any state or local Fair Employment Practice Agency (FEPA) whose charges could be dual filed with EEOC, as they are exempt from any limitation period that may be referenced anywhere else within this document.

SIGNATURE OF APPLICANT: _____

DATE : _____

OFFICE USE ONLY!			
Date of Hire: _____		Starting Pay: _____	
Armed/Unarmed		Part Time/Full Time	
Alarm Response	Security Guard	Dispatch	Office

Applicant Initials: _____