

# Application For Employment

HUNTER NORTH ASSOCIATES, LLC  
P.O. BOX 20  
SPOFFORD, NH 03462  
603-363-8200  
FAX: 802-257-8002

## Personal Information

<b>Name:</b>		<b>Date:</b>
<b>Social Security Number:</b>		
<b>Home Address:</b>		
<b>City, State, Zip:</b>		
<b>Home Phone:</b>	<b>Business Phone:</b>	
<b>US Citizen?</b>	<b>If Not Give Visa No. &amp; expiration:</b>	

## Position Applying For

<b>Title:</b>	<b>Full Time or Part Time:</b>	<b>Salary Desired:</b>
<b>Referred By:</b>	<b>If PT, Hours Available:</b>	<b>Date Available:</b>

## Education:

<b>High School ( Name, City, State):</b>	
<b>Graduation Date:</b>	
<b>Business or Technical School:</b>	
<b>Dates Attended:</b>	<b>Degree, Major:</b>
<b>Undergraduate College:</b>	
<b>Dates Attended:</b>	<b>Degree, Major:</b>
<b>Graduate School:</b>	
<b>Dates Attended:</b>	<b>Degree, Major:</b>

## References

<b>Professional - Name/Address/Phone</b>
<b>Professional - Name/Address/Phone</b>
<b>Professional - Name/Address/Phone</b>
<b>Personal - Name/Address/Phone</b>

# EMPLOYMENT

List all Employment for the past ten years. If additional space is necessary, this form may be duplicated for that purpose.

<b>1. Employer</b>	<b>Dates Employed (From/To)</b>	<b>Work Performed</b>
Address	/	
Telephone Number(s)	<b>Hourly Rate/Salary</b>	
Job Title Supervisor	/	
Reason for Leaving		
<b>2. Employer</b>	<b>Dates Employed (From/To)</b>	<b>Work Performed</b>
Address	/	
Telephone Number(s)	<b>Hourly Rate/Salary</b>	
Job Title Supervisor	/	
Reason for Leaving		
<b>3. Employer</b>	<b>Dates Employed (From/To)</b>	<b>Work Performed</b>
Address	/	
Telephone Number(s)	<b>Hourly Rate/Salary</b>	
Job Title Supervisor	/	
Reason for Leaving		
<b>4. Employer</b>	<b>Dates Employed (From/To)</b>	<b>Work Performed</b>
Address	/	
Telephone Number(s)	<b>Hourly Rate/Salary</b>	
Job Title Supervisor	/	
Reason for Leaving		
<b>5. Employer</b>	<b>Dates Employed (From/To)</b>	<b>Work Performed</b>
Address	/	
Telephone Number(s)	<b>Hourly Rate/Salary</b>	
Job Title Supervisor	/	
Reason for Leaving		

## LICENSING & CRIMINAL HISTORY

1. Have you ever applied for and been denied a private detective or security license in this or any other state, territory or country? \_\_\_\_\_ Yes \_\_\_\_\_ No.
2. Have you ever been denied any pistol or firearms permit, firearms ID card, or dealer's license in any state? \_\_\_\_\_ Yes \_\_\_\_\_ No.
3. Do you no hold or have ever held a private detective or security license that had been subject to any disciplinary proceedings before any state licensing authority or had a license suspended, revoked, or limited in any way? \_\_\_\_\_ Yes \_\_\_\_\_ No.
4. Have you ever received care for a physical or mental health problem that may make it unsafe for you to handle firearms? \_\_\_\_\_ Yes \_\_\_\_\_ No.
5. Have you ever been investigated, cited, arrested, charged, indicted, held, or convicted for any violation or any federal, state, county, or municipal law or ordinance? (Include all charges and convictions, even if dismissed or expunged, but exclude any traffic violations resulting in fines of \$25.00 or less). \_\_\_\_\_ Yes \_\_\_\_\_ No.
6. Have you ever received a pardon or any type of criminal offense whether in this state or any other jurisdiction? \_\_\_\_\_ Yes \_\_\_\_\_ No.
7. Have you ever been involved with, or had personal knowledge of, any person or organization which advocates the overthrow, by force or otherwise, of the U. S. government, or with, or had personal knowledge of, any organization which advocates or promotes racial discrimination or the discrimination of any minority class of people? \_\_\_\_\_ Yes \_\_\_\_\_ No.
8. Have you ever been dismissed or asked to resign from employment? \_\_\_\_\_ Yes \_\_\_\_\_ No.

IF YES: List employer, supervisor, and date: \_\_\_\_\_  
\_\_\_\_\_

IF THE ANSWER TO ANY OF THESE QUESTIONS (#1 - #8) IS YES, IDENTIFY BY NUMBER AND EXPLAIN FULLY USING A SEPARATE SHEET.

9. Have you ever had you name legally changed? \_\_\_\_\_ Yes \_\_\_\_\_ No.

IF YES: List pervious name(s): \_\_\_\_\_

List STATE & COUNTY where each change took place: \_\_\_\_\_

List ANY aliases or nicknames you have used: \_\_\_\_\_

## MILITARY HISTORY

10. Have you ever served in an active military service organization of the United States or foreign government? \_\_\_\_\_  
Yes \_\_\_\_\_ No.

IF YES: Branch of Service: \_\_\_\_\_ Dates of Service \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Specialty: \_\_\_\_\_ Rank held: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_  
(ATTACH COPY OF DD-214 OR OTHER RELATED DISCHARGE PAPERS)

11. Have you ever received a discharge from any military service organization under less than honorable conditions, or fled the country to avoid military service? \_\_\_\_\_ Yes \_\_\_\_\_ No.

IF YES: Branch of Service: \_\_\_\_\_ Dates of Service \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Discharge: \_\_\_\_\_ Reason: \_\_\_\_\_

Last Unit Assigned To: \_\_\_\_\_  
(ATTACH COPY OF DD-214 OR OTHER RELATED DISCHARGE PAPERS)

12. Have you ever served as an active member of the Reserve Forces (any Branch) of the United States, any foreign government, or National Guard? \_\_\_\_\_ Yes \_\_\_\_\_ No.

IF YES: Branch of Service: \_\_\_\_\_ Dates of Service \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Specialty: \_\_\_\_\_ Rank held: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_  
(ATTACH COPY OF DD-214 OR OTHER RELATED DISCHARGE PAPERS)

## CREDIT HISTORY

13. Have you ever had a consumer credit account placed of collection? \_\_\_\_\_ Yes \_\_\_\_\_ No.

14. Have you ever had any collateral repossessed, or any bank notes "called in" by the lender?  
\_\_\_\_\_ Yes \_\_\_\_\_ No.

15. Have you ever filed for bankruptcy protection? \_\_\_\_\_ Yes \_\_\_\_\_ No.

16. Have you ever been denied credit or had credit privileges revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No.

17. Have you ever sued or been sued by anyone? \_\_\_\_\_ Yes \_\_\_\_\_ No.

IF THE ANSWERS TO ANY OF THESE QUESTIONS (#13 - #17) IS YES, IDENTIFY THE NUMBER AND EXPLAIN FULLY ANY CIRCUMSTANCES SURROUNDING YOUR CREDIT HISTORY WHICH MIGHT BE VIEWED ADVERSELY BY A PROSPECTIVE EMPLOYER USING A SEPARATE SHEET.

## Driving History

18. Do you have a valid driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No License Number: \_\_\_\_\_

In more than one state? \_\_\_\_\_ Yes \_\_\_\_\_ No.

IF YES: In what state(s)? \_\_\_\_\_ License Number(s): \_\_\_\_\_

In what state(s)? \_\_\_\_\_ License Number(s): \_\_\_\_\_

19. List ALL vehicles that you own below:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

20. Have you ever had your privilege to operate a motor vehicle suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No.

21. Have you ever been involved as a driver in a serious motor vehicle accident, or one in which any passengers or other operators have been killed or seriously injured? \_\_\_\_\_ Yes \_\_\_\_\_ No.

22. Have you ever been involved in a motor vehicle accident in which you were criminally charged or cited by police? \_\_\_\_\_ Yes \_\_\_\_\_ No.

23. Have you ever been in an accident that you failed to report to the police? \_\_\_\_\_ Yes \_\_\_\_\_ No.

24. Have you ever been charged, cited and/or held by police for impaired or drunk driving? \_\_\_\_\_ Yes \_\_\_\_\_ No.

**IF THE ANSWERS TO ANY OF THESE QUESTIONS (#18 - #24) IS YES, IDENTIFY BY NUMBER AND EXPLAIN USING A SEPARATED SHEET.**

25. How many motor vehicle accidents have you been involved in? (circle one)

0      1      2      3      4      5      6 or more

26. Are you able to obtain automobile liability insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No.

IF NO, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Applicant's Statement

I understand that any misrepresentation, falsification, or omission of this application shall be sufficient reason for refusal of dismissal of my employment. I hereby authorize investigation of all matters contained in this application and agree that if the results of such investigation are not satisfactory, any offer of employment made by Hunter North Associates may be withdrawn, or my employment with Hunter North Associates may be terminated immediately. I agree that to conform and adhere to the rules and regulations of Hunter North Associates. Further, I understand and agree that this application and any other materials I may receive are not intended to be, nor shall be construed to be a contract of employment, and that my employment and compensation may terminate, with or without cause, and with or without notice, at any time, at the option of either Hunter North Associates or myself.

In consideration of any offer of employment by Hunter North Associates, I hereby acknowledge, understand and agree that the following will constitute terms and conditions of any such employment:

- (1) Any losses or expenses incurred by Hunter North Associates, its clientele, or other third parties as a result of my unauthorized actions shall be immediately reimbursed to Hunter North Associates on terms that are satisfactory and acceptable to Hunter North associates. To the extent permitted by law, I agree and hereby authorize Hunter North Associates to reduce my wages for any sums owing by me hereunder, and
- (2) In recognition of the fact that any work related injuries which might be sustained by me are covered by state Workers' Compensation statutes, and to avoid the circumvention of such state statutes which may result from suits against the customers or clients of Hunter North Associates based on same injury or injuries, and to the extent permitted by law, I **HEREBY WAIVE AND FOREVER RELEASE ANY RIGHTS I MIGHT HAVE** to make claims or bring suit against any client or customer of Hunter North Associates for damages based upon injuries which are covered under Workers' Compensation statutes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### FOR PERSONNEL DEPARTMENT ONLY

Arrange First Interview    \_\_\_ Yes                    \_\_\_ No                    Initials \_\_\_\_\_

Remarks \_\_\_\_\_

Arrange Second Interview    \_\_\_ Yes                    \_\_\_ No                    Initials \_\_\_\_\_

Remarks \_\_\_\_\_

Employed                    \_\_\_ Yes                    \_\_\_ No                    Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_

Department \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_

By \_\_\_\_\_

Name & Title

\_\_\_\_\_

Date

Filename: HNA application  
Directory: C:\Documents and Settings\Brian\Desktop\HNA Forms  
Template: C:\Documents and Settings\Brian\Application  
Data\Microsoft\Templates\Normal.dotm  
Title: Application For  
Subject:  
Author: Merrimack Security  
Keywords:  
Comments:  
Creation Date: 3/15/2000 5:35:00 AM  
Change Number: 20  
Last Saved On: 6/8/2000 4:25:00 PM  
Last Saved By: Merrimack Security  
Total Editing Time: 236 Minutes  
Last Printed On: 2/7/2008 6:15:00 PM  
As of Last Complete Printing  
Number of Pages: 6  
Number of Words: 1,612 (approx.)  
Number of Characters: 10,013 (approx.)