

**FIRST RESPONSE/SYSTEMS/IWATCH  
EMPLOYMENT APPLICATION**

First Response is an EQUAL OPPORTUNITY EMPLOYER. We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**PLEASE PRINT**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Address Number Street</b>	<b>City</b>	<b>State Zip</b>
<b>Home Number</b>	<b>Cell Phone Number</b>	<b>E-mail Address</b>

**POSITIONS APPLYING FOR** (Check all that apply)      Date of Application: \_\_\_\_\_

<input type="checkbox"/> Operations Manager/Supervisor	<input type="checkbox"/> Field Supervisor/Lead Officer	<input type="checkbox"/> District/Patrol Officer
<input type="checkbox"/> On-Site Security Officer	<input type="checkbox"/> Dispatcher/Operator	<input type="checkbox"/> Systems Technician
<input type="checkbox"/> Administrative	<input type="checkbox"/> Any Open Position	<input type="checkbox"/> Other: _____

**How did you learn about us?**

<input type="checkbox"/> Newspaper: _____	<input type="checkbox"/> On-Line: _____	<input type="checkbox"/> Employee _____
<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Relative	<input type="checkbox"/> Other: _____	

**Have you ever filed an application with us before?**  Yes  No      If "Yes", Date: \_\_\_\_\_

Provide the **date** you would be available for work: \_\_\_\_\_

Provide the **hourly pay rate** that you believe is fair for the position you applying for: \_\_\_\_\_

Check the **amount of hours** you are available to work:  Full time     Part time     Shift work     OnCall

If you prefer **Part-time**, what is the maximum amount of hours you want to work per week? \_\_\_\_\_

Check the **shifts** are you **available** to work:       Days       Swing       Graveyard

Check the **days** you **can** work:       Sun     Mon     Tue     Wed     Thur     Fri     Sat

Check the **transportation** available to you:       Vehicle       Public Transportation       Other

Have you ever been employed with us before?	If yes, give date: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what are the hours? (Full-time or part-time)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your current/previous employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently on "lay-off" status and subject to recall?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Will you be able to provide proof of eligibility to work in US if hired?  Yes  No

If YES, please explain: \_\_\_\_\_

Do you have any limitations that would hinder you from performing the duties required for the position in which you are applying for?  Yes  No

If YES, please explain: \_\_\_\_\_

Are you over **18** Years of Age? (Minimum age for employment is 18)  Yes  No

Are you over **21** Years of Age? (Drivers must be over 21 for insurance purposes)  Yes  No

Are you available to work **indoors**?  Yes  No

Are you available to work **outdoors**?  Yes  No

Can you **travel** if a job requires it?  Yes  No

Are you willing to work **overtime**?  Yes  No

Are you willing to be **on-call** on your days off?  Yes  No

Are you **capable of performing**, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied?  Yes  No

If NO, please Explain: \_\_\_\_\_

Explain what a strong work ethic looks like to you? \_\_\_\_\_

EDUCATION	Name of School	Course of Study	Years Completed	Diploma/Degree
High School				
College/University				
Other (Specify)				

LANGUAGES	Fluent	Good	Fair	
Speak				
Read				
Write				

**ADDITIONAL QUALIFICATIONS**  
**TRAINING/CERTIFICATIONS:** Specialized training, apprenticeship, skills and certifications:

\_\_\_\_\_

**MILITARY:** Job-related training:

\_\_\_\_\_

**MEMBERSHIP:** List professional, trade, business or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)

\_\_\_\_\_

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**EMPLOYMENT EXPERIENCE**

**Start with your current or last job.** (Include any job related military services assignments. You may exclude any organization that would indicate race, color, religion, gender, national origin, disabilities or other protective status.)

<b>Employer Name</b>	Job Title	Start Date	Term Date
City, State	Phone	Direct Supervisor Name	
Work Performed			
Reason for Leaving			

<b>Employer Name</b>	Job Title	Start Date	Term Date
City, State	Phone	Direct Supervisor Name	City, State
Work Performed			
Reason for Leaving			

<b>Employer Name</b>	Job Title	Start Date	Term Date
City, State	Phone	Direct Supervisor Name	City, State
Work Performed			
Reason for Leaving			

<b>Employer Name</b>	Job Title	Start Date	Term Date
City, State	Phone	Direct Supervisor Name	City, State
Work Performed			
Reason for Leaving			

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**ADDITIONAL INFORMATION**

**State any additional information you feel may be helpful to us in considering your application:**

(Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS FOR THE JOB FOR WHICH YOU ARE APPLYING.)


**APPLICATION STATEMENT:** I certify that answers given herein are true to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. The Company has my permission to verify the information in this application. I authorize persons, schools, and current or previous employers (if applicable) named in this application (and accompanying resume, if any) to provide First Response with any relevant information needed to arrive at an employment decision. Initials: \_\_\_\_\_

I understand that if I am extended an offer of employment I will be required to submit a drug test and background check that my employment is conditioned upon passing the examination. Initials: \_\_\_\_\_

This application for employment shall be considered active for a period of time **not to exceed 45 days**. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time. Initials: \_\_\_\_\_

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an **“at will”** nature, which means that the Employee may resign at any time and that the Employer may discharge Employee at anytime with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of this organization. Initials: \_\_\_\_\_

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations by the employer. Initials: \_\_\_\_\_

NOTE: This application will remain on file for one (1) year.

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**PERSONAL REFERENCES**

<b>1</b>	<hr/>	<hr/>
	Name	Phone
	<hr/>	<hr/>
	City, State	Relation
<b>2</b>	<hr/>	<hr/>
	Name	Phone
	<hr/>	<hr/>
	City, State	Relation
<b>3</b>	<hr/>	<hr/>
	Name	Phone
	<hr/>	<hr/>
	City, State	Relation