

**ARROW SECURITY COMPANY INC.**  
**APPLICATION FOR EMPLOYMENT**

Please print clearly in ink. If you need assistance in completing the application, please let us know so that we can discuss a reasonable accommodation. Today's Date: \_\_\_\_\_

**PERSONAL DATA**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Current Address: Street and Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone Number ( ) \_\_\_\_\_ Evening Phone Number ( ) \_\_\_\_\_

How or by whom were you referred? \_\_\_\_\_

Position Desired: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Social Security No. \_\_\_\_\_

Have you applied here before?  Yes.  No. If yes, give dates: \_\_\_\_\_

Are you under 18 years of age.  Yes.  No.

If applicable: Military Status:  Active .  Inactive. Branch: \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes.  No.  
(If hired, you will be required to submit proof of your identity and legal work authorization as a condition of employment.)

Do you have any relatives employed at Arrow?  Yes.  No.

If yes, give name and location employed: \_\_\_\_\_

Have you ever been employed by Arrow?  Yes.  No.

If yes, give dates and location of employment: \_\_\_\_\_

Do you have specific salary requirements?  Yes.  No. If yes, please indicate: \_\_\_\_\_

**EMPLOYMENT DATA**

Date available for work: \_\_\_\_\_ Total hours available for work: \_\_\_\_\_

Type of hours:  Full Time.  Part Time.  Days  Nights. Hours: \_\_\_\_\_

Regular.  Temporary/ What date will you no longer be available for work? \_\_\_\_\_

Will you work overtime if necessary:  Yes.  No. If yes, how many hours per week? \_\_\_\_\_

Are there any days or hours you are unable or unwilling to work? If yes, write specifics below:

\_\_\_\_\_

Do you have transportation to/from work?  Yes.  No.

What is the most amount of time you wish to spend commuting to work: \_\_\_\_\_

Will you travel?  Yes.  No. If yes, what percent of your time? (where) \_\_\_\_

\_\_\_\_\_

**AN EQUAL OPPORTUNITY/DRUG-FREE EMPLOYER**

We are an equal opportunity employer and do not discriminate against any applicant because of race, color, religion, sex, national origin, age, disability, sexual orientation, marital status, or any other class protected by federal, state or local law.

**EDUCATION**

High School: Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Circle highest grade completed: High School 9 10 11 12 College 13 14 15 16 17

Diploma or GED:  Yes.  No.

College (List all whether or not degree was obtained)

Name	Address	Major	Minor	Degree	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Academic honors, awards, or special recognition \_\_\_\_\_

Extra curricular activities \_\_\_\_\_

Other high school, correspondence, home study or courses not listed above \_\_\_\_\_

Do you have any objection to our contacting your previous schools?  Yes.  No.

If yes, explain: \_\_\_\_\_

**POLYGRAPH**

It is unlawful to require or administer a lie detector test as a condition of employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

**REFERENCES**

**Professional References**

Please list 3 professional references who can verify your work history and performance. References should not be relatives and at least two must have directly supervised you at some time in your work history.

Please Print.

1. Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Company Name and Address

\_\_\_\_\_  
\_\_\_\_\_

2. Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Company Name and Address

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3. Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Company Name and Address

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### Personal References

Please list 2 personal references (must not be a relative)

1. Name and Address

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Phone Number including area code and extension \_\_\_\_\_

Occupation \_\_\_\_\_

Years acquainted: \_\_\_\_\_

How do you know this individual? \_\_\_\_\_

2. Name and address

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Phone Number including area code and extension \_\_\_\_\_

Occupation \_\_\_\_\_

Years acquainted: \_\_\_\_\_

How do you know this individual? \_\_\_\_\_

### **EMPLOYMENT RECORD INFORMATION**

Please complete in full even though you may have a resume. You may include military service and any verifiable work performed on a volunteer basis.

1. Current/Last Employer: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_ Bonus/Incentive: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_ Co. Phone Number ( ) \_\_\_\_\_

\_\_\_\_\_ May we contact?  Yes  No

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2. Current/Last Employer: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_ Bonus/Incentive: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_ Co. Phone Number ( ) \_\_\_\_\_

\_\_\_\_\_ May we contact?  Yes  No

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3. Current/Last Employer: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_ Bonus/Incentive: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties/Responsibilities : \_\_\_\_\_ Co. Phone Number ( ) \_\_\_\_\_

\_\_\_\_\_ May we contact?  Yes  No

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4. Current/Last Employer: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_ Bonus/Incentive: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_ Co. Phone Number ( ) \_\_\_\_\_

\_\_\_\_\_ May we contact?  Yes  No

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**DRUG AND ALCOHOL TESTING**

I understand and agree that I may be required to undergo and successfully pass a screening for alcohol

and/or drugs during the hiring process, and if employed by the Company, such screening may also be conducted thereafter by the Company as required by it, the specific job assignment or client contract.

Signature: \_\_\_\_\_

**SECURITY**

1. Read this carefully before answering the following questions:

**You may answer “No” if your criminal record consists only of one or more of the following: (a) a sealed record on file with the Commissioner of Probation, (b) a case of delinquency or a child in need of services which did not result in a complaint transferred to Superior Court for criminal prosecution, (c) your crimes were misdemeanors and they occurred five or more years ago, or (d) your misdemeanors were limited to a first offense for drunkenness, simple assault, speeding, minor traffic offenses, disturbance of the peace, or affray.**

***Have you been convicted of a felony or misdemeanor?     Yes    No***

If yes, give details including date, location (city) nature of offense and disposition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: A conviction record **will not necessarily** be a bar to employment.

2. Pursuant to Massachusetts General Laws, Chapter 147, Section 28, Arrow may not knowingly employ in any capacity any person who has been convicted of a felony or any former Licensee under G.L. Ch. 147, Sec. 25 where license has been revoked.

No person shall be employed by Arrow until they have signed and furnished to Arrow a statement under oath setting forth his/her full name, date of birth and residence, his/her parents' names and places of birth, the business or occupation in which he/she has been engaged for three (3) years immediately preceding the date of filing such statement, and that he/she has not been convicted of a felony of any offense, including moral turpitude. This statement will be kept on file by Arrow and furnished to the colonel of the Massachusetts State Police on demand.

Note: The provisions of this subparagraph B shall take precedence with any inconsistent provisions of subparagraph A above.

**ALL APPLICANTS FOR EMPLOYMENT SHALL BE REQUIRED TO SIGN A SEPARATE REQUEST TO THE CRIMINAL HISTORY SYSTEMS BOARD TO ENABLE ARROW TO REQUEST THE RELEASE OF INFORMATION CONCERNING THE CRIMINAL HISTORY OF THE APPLICANT IN ACCORDANCE WITH MASSACHUSETTS AND OR CONNECTICUT GENERAL LAWS.**

**SIGNATURE**

**READ CAREFULLY BEFORE SIGNING:**

1. I understand that the receipt of this application does not imply that I will be employed.
2. The statements and information furnished by me in this application are true and complete. I understand that I will be subject to immediate dismissal or refusal to hire if at any time Arrow discovers any material falsification, omission, or misrepresentation of fact in this application.
3. I authorize Arrow to conduct a background inquiry to verify the statements and information on this application, other documentation that I have provided, and other areas that may include prior employment, consumer credit, criminal convictions and history, motor vehicle history, and other reports. I authorize all previous employers or other persons who have knowledge of me, or my records, to release such information to Arrow. I hereby release any individual, agency, and Arrow from all claims or liabilities whatever that may arise from the disclosure of such information.
4. I understand that I may be required, depending upon my position, to sign a non-compete, confidentiality, and/or business ethics agreement as a condition of my employment.
5. I understand that all employees of Arrow are employed at will. If hired, I will be free to resign at any time. Likewise, Arrow will have the right to terminate my employment at any time with or without any reason or notice, regardless of the date of payment of my wages or salary. Neither this application, the Employee Handbook, or any other documents given to employees is intended to create, nor should such documents be construed as creating, an express or implied contract.

***My Signature Certifies That I Have Read And Agree With The Above Statements.***

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_