

Additional Information

Please provide the names of **three business** references (references will be checked):

Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:

Are you currently bound by the terms of an Employment Agreement with any company that may impact your ability to work for 1 st Security Services of Ohio? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:
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During your employment with other employers, or during the education listed on your application and/or resume, have you ever worked under a different name? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please list other names:

Employment Authorization Certificate

I certify that the answers and information provided on this form and any addenda are true, correct and complete to the best of my knowledge and belief and that I shall ensure that such facts are accurate for the duration of my employment (if I am offered employment) and will advise 1ST SSO of any changes to said information. I understand that false information, misrepresentation or omission of facts called for on this form may results in job refusal or discharge. I authorize 1ST SSO to investigate all statements contained in this form and any addenda, and to do reference checks and a medical examination (including but not limited to a drug test), as deemed appropriate to determine complete qualification, in connection with this application. I authorize all corporations, companies credit agencies, educational institutions, persons, law enforcement agencies, military services and former employers to release information they may have about me to 1ST SSO or its agents and release them from any liability or responsibility whatsoever; Further I authorize the procurement of any investigative consumer report (e.g. credit check, criminal background check), and understand that such report may contain information about my background, character and personal reputation. I understand that information about the nature and scope of this report may be available to me upon written request within a reasonable period of time. I understand this notice will also apply to any updated future reports that may be obtained.

I further agree and acknowledge that my employment is "Employment at Will" and can be terminated with or without cause or notice, at any time. I further agree and acknowledge that nothing in this application or any addenda is intended to imply or create an employment relationship or contract.

I certify that I have read, understand and agree to the above.

Date _____

Signature of Applicant _____