



FOR SECURITY YOU CAN DEPEND ON SINCE 1979



800-229-6693

340 Shore Dr. E.  
Oldsmar, FL. 34677

Admin: 800-366-8005  
Fax: 800-366-8053

License# EF0000020

www.HPIsecurity.com

RESIDENTIAL

COMMERCIAL

SERVICES

SUPPORT

MONITORING

INTRUSION SYSTEMS

VIDEO SECURITY

ACCESS CONTROL

FIRE ALARM

## HPI EMPLOYMENT APPLICATION

(Return to: email: [Jobs@HPIsecurity.com](mailto:Jobs@HPIsecurity.com) , Fax# 800-307-9313; or mail 340 Shore Dr. E.; Oldsmar, FL. 34677)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age veteran status, marital status, non-job-related handicap or disability (except where a bona fide occupational qualification may exist).

### Applicant Information

Position Applied For:	Technician	Division:	<input type="checkbox"/> Service <input type="checkbox"/> Installation	Date of Application:	
First Name:		Last Name:			
Social Security#:					
Current Address:					
City:		State:			
Zip code:		Email:			
Phone:		Cell:			
Currently employed?		May we contact your present employer?			
Are you prevented from lawfully becoming employed in this country because of visa or immigration status?	If yes explain below.				
(Proof of ability to work in the United States will be required upon employment)					
Availability Date:					
Full/Part Time?		Status Desired:			
Are you able to perform the duties of the job for which you are applying?					
Referred by:		Who?			
Do you have <b>reliable</b> transportation to work?					
Military Service:					
Military Discharge:					
Have you ever been convicted of or pled guilty or no contest to a felony or a misdemeanor involving dishonesty?					
If Yes, Explain:					
(Conviction will not necessarily disqualify an applicant from employment.)					
Have you ever been fired from a job?					
If Yes, Explain:					
In the event you are required to drive a company vehicle or use your personal vehicle to conduct company business, please complete the following 3 Questions: (Only applicants whose job will involve driving need respond. Ask the manager to whom you are applying for details.)					
Do you have a valid driver's license?		Do you have automobile liability insurance?			
Do you have more than 2 moving violations in last 3 years on your Driver's License; or any major violation in last 5 years (D.U.I., reckless, >20mph speeding ticket etc.); or more than 2 "at fault" accidents in last 5 years?					
If Yes, Explain:					



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## Training, Education & Certifications or Licenses

(Include Formal Education (H.S. & Up) & Specialized Training Classes in skills or products that relate to the position you are applying for. Provide copies of certificates of completion or licenses at interview.)

### Security/Fire Industry Licensing or Certifications:

Certification(s):	<input type="checkbox"/>	BASA	<input type="checkbox"/>	FASA	<input type="checkbox"/>	EF	<input type="checkbox"/>	EG	<input type="checkbox"/>	EC	<input type="checkbox"/>	NONE						
	<input type="checkbox"/>	NICET	<input type="checkbox"/>	Level	<input type="checkbox"/>	CPP	<input type="checkbox"/>	AAF	<input type="checkbox"/>	NFPA	<input type="checkbox"/>							
Registered(s):	<input type="checkbox"/>	EH	<input type="checkbox"/>	EY	<input type="checkbox"/>	EI	<input type="checkbox"/>	EZ	<input type="checkbox"/>	ER	<input type="checkbox"/>	NONE						
Comment:																		
<b>NOTE:</b> For Information on these designations see:																		
<table><tr><td><a href="http://www.fla-alarms.org/certification/index.html">http://www.fla-alarms.org/certification/index.html</a></td><td><a href="http://www.asisonline.org/certification/index.xml">http://www.asisonline.org/certification/index.xml</a></td></tr><tr><td><a href="http://www.fla-alarms.org/education/index.asp">http://www.fla-alarms.org/education/index.asp</a></td><td><a href="http://www.nfpa.org/ProfessionalDev/index.asp">http://www.nfpa.org/ProfessionalDev/index.asp</a></td></tr><tr><td><a href="http://www.nicet.org/">http://www.nicet.org/</a></td><td></td></tr></table>													<a href="http://www.fla-alarms.org/certification/index.html">http://www.fla-alarms.org/certification/index.html</a>	<a href="http://www.asisonline.org/certification/index.xml">http://www.asisonline.org/certification/index.xml</a>	<a href="http://www.fla-alarms.org/education/index.asp">http://www.fla-alarms.org/education/index.asp</a>	<a href="http://www.nfpa.org/ProfessionalDev/index.asp">http://www.nfpa.org/ProfessionalDev/index.asp</a>	<a href="http://www.nicet.org/">http://www.nicet.org/</a>	
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<a href="http://www.nicet.org/">http://www.nicet.org/</a>																		

### School/Trainer #1:

Name:	
Contact Info:	
Describe:	

### School/Trainer #2:

Name:	
Contact Info:	
Describe:	

### School/Trainer #3:

Name:	
Contact Info:	
Describe:	

### School/Trainer #4:

Name:	
Contact Info:	
Describe:	

### Other Skills or Qualifications:

Languages you speak, Hobbies, Sports, or other Interests:	



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## Work Experiences:

(Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, handicap or sexual preference.)

### Current or Last Employer:

Employer Name:			
Supervisors Name:			
Contact Information:			
Start Date:		End Date:	
Position\Title:		Hours Per Week:	
Start Salary (per Hour):		End Salary (per Hr.):	
Type of Business:			
Reason for Leaving:			
Briefly Describe Duties:			

### Employer #2: (where you last had experience most relevant to the position applied for)

Employer Name:			
Supervisors Name:			
Contact Information:			
Start Date:		End Date:	
Position\Title:		Hours Per Week:	
Start Salary (per Hour):		End Salary (per Hr.):	
Type of Business:			
Reason for Leaving:			
Briefly Describe Duties:			

### Employer #3:

Employer Name:			
Supervisors Name:			
Contact Information:			
Start Date:		End Date:	
Position\Title:		Hours Per Week:	
Start Salary (per Hour):		End Salary (per Hr.):	
Type of Business:			
Reason for Leaving:			
Briefly Describe Duties:			



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**References:** Former Employers or Personal (No Relatives)

**Reference 1:**

Name:	
Relationship:	
Contact Phone(s):	
Mailing Address:	

**Reference 2:**

Name:	
Relationship:	
Contact Phone(s):	
Mailing Address:	

**Reference 3:**

Name:	
Relationship:	
Contact Phone(s):	
Mailing Address:	

Comments:	



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I certify that answers given herein are true and complete 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. I further release from any and all liability to any person or entity providing information to HPI about me, pursuant to this authorization. Such investigation may include a full background investigation, criminal records check, drug testing, written assessment or screening tests and the preparation of a "consumer report" or "investigative consumer report" by a credit reporting agency. Should such a report be obtained, and employment is denied as a result of such report, disclosure of such report will be made pursuant to the Fair Credit Reporting Act (FCRA). This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. 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 the employer may discharge employee at any time 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 change is specifically acknowledged in writing by an authorized executive of this organization. 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 the use of illegal drugs is prohibited during employment. Random drug testing could require you to submit to a drug testing to detect the use of illegal drugs during employment. I understand, also, that I am required to abide by all rules and regulations of the employer.

(If emailing form type Signature now  
then Sign Application at interview)

Signature of Applicant

Date Signed

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**FOR PERSONNEL DEPARTMENT USE ONLY**

Interview Arranged:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Remarks:			
Interviewer			Date
Hired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Start Date
Job Title			Department
Hourly Rate			Salary
By	<b>X</b>		Date
Name/ Title:			
Notes:			