



www.ZueconUSAInc.com

Phone: (919) 345.2135, Fax: (888) 398.8099
4801 Glenwood Avenue, Suite 200, Raleigh, NC 27612

EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE

Today's Date _____

First Name MI Last Name Preferred Name/Nickname

Street Address Apt # City State Zip Code

Home Phone Alternate/Work Phone Email Address

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION

Are you interested in: Full Time Part Time Temporary

What schedule would you prefer? Weekdays Weekends Evenings Nights

How did you hear about the position? Classified Ad Friend (Name) Radio Internet

Desired Pay: Hourly Pay \$ _____ Annual Pay \$ _____
(Minimum, if applicable) Minimum Desired

When are you able to start work? Date: _____

In what local area do you prefer to work? _____

Position desired: _____

PLEASE CHECK YES OR NO TO THE FOLLOWING:

Are you authorized to work in the United States? Yes No

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, [Zuecon USA, Inc.] will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you under 18 years of age? Yes No

Zuecon USA Inc. is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Zuecon USA, Inc. complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Zuecon USA, Inc. also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

If yes, can you furnish a work permit?	___ Yes	___ No
Are you capable of performing the essential functions of the job for Which you are applying with or without a reasonable accommodation?	___ Yes	___ No

SPECIAL PURPOSE QUESTIONS:

NOTE: Do not answer any of the questions in this BOX unless the Employer has Checked the Box preceding questions, thereby indicating that the information is required for a Bona Fide occupational qualification, or dictated by National security laws, or is needed for other legally permissible reason.

___ Height ___ Feet ___ Inches, ___ Weight _____ Lbs, ___ Are you a US Citizen? ___ Yes ___ No.

Have you ever been convicted of a ___ Felony or ___ Misdemeanor within the last 5 years? ___ Yes ___ No
You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which have applied.

___ I understand and agree that I may be required to take one or more ___ Physical examination; ___ drug test; ___ Lie Detectors Test, as a condition of hiring or continued employment. I agree to consent to take such Test(s) at such time as designated by the company and to release the company, its directors, officers, agents or employees from any claim arising in connection with the issue of such test(s) ___ Yes: ___ No.

___ Can you perform the following jobs with or without accommodations or assistance?

- Remain at a fixed post for extended periods of time, ___ Yes | ___ No
(If you can perform the job functions with accommodation, how you would perform the tasks and with what accommodation?)

- Perform periodic patrols of 30-50 minutes per hour during 8hrs shift ___ Yes| ___ No
(If you can perform the job functions with accommodation, how you would perform the tasks and with what accommodation?)

- Stay Calm and self-Control during emergencies ___ Yes| ___ No
(If you can perform the job functions with accommodation, how you would perform the tasks and with what accommodation?)

- Observe, identify security breach, fire & Safety Hazards under different lightening conditions, at different time of the day ___ Yes| ___ No
(If you can perform the job functions with accommodation, how you would perform the tasks and with what accommodation?)

___ Were you ever seriously injured? ___ Yes| ___ No *(provide details)*

___ Do you understand, speak or ready fluently a foreign language? ___ Yes| ___ No *(provide details)*

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

	COMPANY NAME			YOUR POSITION and TITLE	
FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$	
TO ____ / ____ Month Year	TELEPHONE NUMBER ()		TERMINATION ____ VOLUNTARY ____ INVOLUNTARY	REASON	
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				

	COMPANY NAME			YOUR POSITION and TITLE	
FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$	
TO ____ / ____ Month Year	TELEPHONE NUMBER ()		TERMINATION ____ VOLUNTARY ____ INVOLUNTARY	REASON	
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				

	COMPANY NAME			YOUR POSITION and TITLE	
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	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$	
TO ____ / ____ Month Year	TELEPHONE NUMBER ()		TERMINATION ____ VOLUNTARY ____ INVOLUNTARY	REASON	
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				

ADDITIONAL INFORMATION:

UNEMPLOYMENT ACCOUNT FOR ALL PERIODS OF TIME, THREE MONTHS OR MORE, BETWEEN POSITIONS HELD OR AFTER SCHOOL

FROM _____ MM DD YYYY	TO _____ MM DD YYYY	HOW DID YOU SPEND THIS TIME?
FROM _____ MM DD YYYY	TO _____ MM DD YYYY	HOW DID YOU SPEND THIS TIME?

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

PROFESSIONAL DESIGNATIONS:

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

PROFESSIONAL LICENSES:

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

REFERENCES: Please list three professional references

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

SIGNED:

DATE:

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