

Hub Security Systems LLC

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EMPLOYMENT APPLICATION

All potential employees are evaluated regardless to race, color, religion, national origin, sex, sexual orientation, age, marital or veteran status, the presence of a non-job related handicap or any other legally protected status.

Name: _____ Date: _____

Address: _____

Mobile Phone: _____ Home/Office Phone: _____

Email Address: _____ SSN: _____

Emergency Contact Name: _____ Phone: _____

Day you can start work: _____ Days you cannot work: _____

- Are you a US citizen, or are you otherwise authorized to work in the US without any restriction? Circle: **YES** or **NO**
- Have you ever been convicted of a felony? Circle: **YES** or **NO** If yes, please describe circumstances: _____
- Have you ever been involuntary terminated or asked to resign from any position of employment? Circle **YES** or **NO** If yes, please describe circumstances: _____

• Have you ever worked under another name? Circle **YES** or **NO**
If so, what name? _____ When? _____ City/State? _____

• Education Level: _____

• Massachusetts Drivers License in good standing? Circle **YES** or **NO**

• Other training, certifications, or license held: _____

• List of other information pertinent to the employment you are seeking: _____

EMPLOYMENT (starting with most recent)

1. Employer _____ Dates Employed _____
Address _____
Job Title _____ Supervisor _____
Phone _____

2. Employer _____ Dates Employed _____
Address _____
Job Title _____ Supervisor _____
Phone _____

3. Employer _____ Dates Employed _____
Address _____
Job Title _____ Supervisor _____
Phone _____

PERSONAL REFERENCES (List three (3) personal references who are NOT relatives or current employers).

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

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 time period should inquire as to whether or not applications are being accepted at this time.

I 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, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

**Private Detective/Watch Guard Patrol Agency
EMPLOYEE AFFIDAVIT**

Chapter 147 Section 28 "No person shall be employed by any licensee until he shall have executed and furnished to such licensee a statement under oath setting forth his full name, date of birth and residence; his parent's names and places of birth; the business or occupation in which he has been engaged for the three years immediately preceding the date of filing his statement; and that he has not been convicted of a felony or of any offense involving moral turpitude. Such

statements shall be kept on file by the licensee and furnished to the colonel of the state police on demand".

Print neatly or type:

1. Full Legal Name: _____

2. Date of Birth:* _____

3. Residence: _____

4. Mother's Name: _____

5. Mother's Place of Birth: _____

6. Father's Name: _____

7. Father's Place of Birth: _____

8. Business or occupation engaged in for three (3) years immediately preceding the date of filing this statement:*

9. Have you ever been convicted of a felony?:

If yes, explain:

10. Have you ever been convicted of any offense involving moral turpitude?:

If yes, explain:

Such statements shall be kept on file by the licensee and furnished to the Colonel of the Department of State Police on demand.

THE ABOVE STATEMENTS ARE MADE UNDER THE PAINS AND PENALTIES OF PERJURY.

Signature: _____

Date: _____

FOR LICENSED EMPLOYER ONLY

I clarify that on _____ I performed a Criminal Offender Record Information (CORI) and Massachusetts Sex Offender Registry query of the above named applicant/employee. Consistent with MGL c. 147 Section 28, this applicant/employee has not been convicted of a felony or crime or moral turpitude and is not listed in the Massachusetts Sex Offender Registry

Licensed Holder Signature: _____ Date: _____

CORI REQUEST FORM

Hub security systems has been certified by the Criminal History Systems Record for access to conviction and pending criminal case data. As an applicant/employee for _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant Employee Signature: _____

Last: _____ First: _____ Middle: _____

Maiden Name (if applicable): _____ Place of Birth: _____

Date of Birth: _____ Social Security #: _____

Mother's Maiden Name: _____

Current and Former Addresses: _____

Sex: _____ Height: _____ Weight: _____ Eye
Color _____

State Driver License #: _____

*The information was verified with the following form of government issued photographic
identification: _____

Requested By: _____

Signature of Cori Authorized Employee

EMPLOYEE CODE OF CONDUCT STATEMENT

I _____ (printed name), acknowledge that my job working for
Hub Security Systems, at no time, unless in self-defense, allow me to place my hands on any
persons at any time during my employment.

I _____ (printed name), fully understand that, at any time, if I
violate this procedure, that I will be discharged forthwith;

I _____ (printed name), acknowledge that I have received a
Personal Policies and Procedures Manual, also known as the Employee Handbook. It is my full
responsibility to read and familiarize myself with its contents;

Signature of Employee: _____ Date: _____

Printed Name: _____

Hub Security Systems Representative: _____ Date: _____

AFFORDABLE CARE ACT

Please be advised that federal law requires that we notify all employees about the Affordable Care Act, also known as Obamacare

Hub Security Systems does not offer a health plan. As the Massachusetts law allows and now the federal law, we have opted to out and pay a quarterly fee.

If you do not have health insurance and are looking for coverage, please contact the Commonwealth of Health at www.masshealthconnector.gov. Depending on income levels, plans are available. Thank you for your cooperation.

VEHICLE REGISTRATION

Vehicle Registration # _____ Year _____

Color _____

Make/Model: _____

Important Disclaimer: Parking pass, when applicable, are not transferable and can only be used during work. Parking is on a first come, first serve basis.

UNIFORM SIZE (please circle)

S M L XL XXL XXXL OTHER: _____

POLICIES

All employees must report to work in full uniform which must be clean and wrinkle free. Employees must wear the specific clothing issued by Hub Security and pre approved pants suited to your job location. Shirts must be tucked in at all times and can only be worn at the designated place of employment (hooded sweatshirts are strictly prohibited).

Upon completion of employment with Hub Security Systems, it is the employees responsibility to return the uniform and ID Badge prior to the last check being issued.

Employee Signature: _____ Date: _____

Printed Name: _____

