

Mahoney Notify-Plus, Inc.
P.O.Box 767
15 Cooper St.
Glens Falls, N.Y. 12801
Phone (518) 793-7788
Toll Free (800) 794-6277
Fax (518) 793-0602

Employment Application

An equal opportunity and affirmative action employer

Mahoney Alarms

Personal Information

Last Name	First Name	Middle Initial	Date
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Other names by which you have been known (for date verification and reference checking purposes)	Social Security Number
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Home Phone	Business Phone	E-mail Address
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Permanent Address	City	State	ZIP Code
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Previous Address (If at current address less than 5 years)	Driver's License Number/State
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If you are not a citizen of the United States, are you eligible to work in the U.S. and would you be able to provide the necessary documents of proof of the legal right to work upon hire? Yes No

Have you ever been convicted of a crime? Yes No

If YES, what was (were) the offense(s)?

Date(s) and place(s) of conviction A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. Factors such as age at the time of the offense, type of offense and relevance to the job for which you are applying, seriousness and nature of the offense, and rehabilitation will be taken into account.

How did you hear about this career opportunity? MNI website Other website (specify below) Advertisement (specify publication below) Agency (specify below) Self MNI Recruiter (specify below) Employee Referral (specify below) Other (specify below)

Name of Referral Source

Have you ever been employed by or contracted with MNI? Yes No Full-Time Contractor through If so, when?

What position did you hold? Manager

Employment Interest

Position Desired	Salary Desired	Date Available
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Have you interviewed for another position at Mahoney Alarms? Yes No If so, when?

Education and Training

Indicate last level completed: High School College or University Graduate School

Name of High School, Technical School, and College	City, State	Major	Degree	Month/Year of Degree

Additional education, vocational, professional, military, or other information you feel may be helpful to us in considering your application:

Employment History

Please list most recent employer first.

Company Name		Street Address	
City	State	ZIP Code	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Job Title		Final Job Title	
Supervisor's Name and Title			Phone
Reason for Leaving			
Job Duties		Dates of Employment	
		From (mo/yr)	To (mo/yr)
		Starting Rate of Pay (\$)	Ending Rate of Pay (\$)

Company Name		Street Address	
City	State	ZIP Code	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Job Title		Final Job Title	
Supervisor's Name and Title			Phone
Reason for Leaving			
Job Duties		Dates of Employment	
		From (mo/yr)	To (mo/yr)
		Starting Rate of Pay (\$)	Ending Rate of Pay (\$)

Company Name		Street Address	
City	State	ZIP Code	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Job Title		Final Job Title	
Supervisor's Name and Title			Phone
Reason for Leaving			
Job Duties		Dates of Employment	
		From (mo/yr)	To (mo/yr)
		Starting Rate of Pay (\$)	Ending Rate of Pay (\$)

Business Reference Data

Please list at least one present or former manager.

Name	Email Address	Phone	Business Relationship
1			
2			
3			

Read Carefully and Sign

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that any misstatement or omission of information is grounds for ending the hiring process or dismissal. I authorize verification of information provided on this application; and authorize the references listed above to give you all pertinent information concerning my previous employment; and release all parties from all liability for any damage that may result from furnishing same to Adobe. In consideration of my employment, I agree to conform to the rules and regulations of Mahoney Notify-Plus Incorporated. I further agree that either I or the Company may terminate my employment with or without cause and with or without prior notice, at any time. Finally, I understand that no representative of the Company other than an Executive Officer has the authority to enter into any agreement for employment for any specified period or time, or to otherwise alter the foregoing.

Signature	Date
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Mahoney Notify-Plus, Incorporated
Equal Employment Opportunity Information
Self Identification

MNI is considered a Federal contractor or subcontractor in terms of doing business with the US government and other prime contractors. We are required to gather and maintain certain information on individuals who reside in the US who apply for employment with us. (Those who don't reside in the United States may disregard this document.) To assist MNI in maintaining accurate employment records and comply with federal government reporting requirements, your assistance is requested. The information you provide (below) is considered entirely voluntary and confidential, and will be used only for data reporting requirements. If you choose not to self-identify, your employment status will not be affected in any way. We request that you complete this voluntary form and fax it to: 518-793-0602. You may also return this voluntary form to:

Mahoney Alarms, P.O. Box 767, Glens Falls, N.Y. 12801.

MNI is an Equal Employment Opportunity employer. We conduct all employment-related activities without regard to race, color, religion, gender, gender identity, marital status, age, disability, veteran status, sexual orientation, national origin, or any other classification protected by applicable State or Federal employment discrimination laws. MNI welcomes diversity in the workplace.

For more info about Mahoney Alarms, check out <http://www.mahoneynotify-plus.com>

Please check the categories, which apply to you:

GENDER (SEX) INFORMATION: **Male** **Female**

RACE/ETHNIC GROUP INFORMATION:

- Black (African American) not of Hispanic Origin:** All persons having origins in any of the Black racial groups of Africa.
- Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa and India.
- American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- White, not of Hispanic Origin:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Printed Name: _____

Date: _____

Signature: _____