www.vigilantesecurity.com

AutoCAD Operator

Vigilante Security Inc., located in Troy, MI, is seeking an AutoCAD operator.

Description:
The ideal candidate should have the following:

- AutoCad experience or training.
- High school degree.
- Strong technical and organizational skills
- Can meet deadlines and work in a fast-pace environment
- Professional verbal and written communication skills
- Proficiency in using Microsoft Office applications
- Maintain confidentiality at all times
- Have a valid driver's license
- Available to work overtime as needed
- Electrical & Low Voltage understanding a plus.
- Must be authorized to work in the United States
- Must pass a full background check

Benefits include Medical/Dental and Vision Plan, Flexible Spending Account, paid Holidays, Vacation and Sick Time.

We are leaders in the Security Industry providing exceptional services for our customers.

Interested candidates please send your resume, with complete work history & salary requirements to: cadjob@vigsec.com
No phone calls please

APPLICATION FOR EMPLOYMENT

www.vigilantesecurity.com

To the Applicant: We appreciate your interest in our Company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position, which in our judgment best meets your qualifications.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status or disability.

Please note that this application will remain active for six (6) months, after which time the applicant must re-apply.

PERSONAL

Name:_____ Date of Application:_____

Address:_____ City:_____ Zip:_____ Telephone Number:_____

Social Security Number: _____ E-mail address _____

Are you authorized to work in the United States Yes No Are you 18 years or older? Yes No
Have you been previously employed here? Yes No If yes, date(s):_____

Have you filled out an application here before? Yes No If yes, date(s):_____

Under what name? _____

List any friends or relatives working here: _____

EMPLOYMENT DESIRED

Position(s) applied for: _____

Can you perform the essential functions of the job you are applying for with or without reasonable accommodation?_____

Kind of work sought:_____

If part-time, please specify hours and days desired:_____

Salary or wage desired:_____ Date available to start:_____

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard?_____

If yes, what branch?_____ Rank at discharge:_____ Honorable Discharge?_____

Are you in the reserves?_____ If yes, date obligation ends:_____

Special/technical training:_____

ADDITIONAL INFORMATION

Have you been convicted of a crime? Yes No (Conviction of a crime will not necessarily disqualify you from employment.)

If so, where, when and nature of offense:_____

If operation of a vehicle is part of the job duties of the position you are applying for, provide the following information:

Driver's License Number:_____ Expiration Date:_____ State of Issue:_____

Is your license currently valid?_____ License Type:_____

Do you have any points on your license?_____ If so, how many and when do they expire?_____

List professional, trade, business or civic activities and offices held, excluding groups the name or character of which indicates race, color, religion, sex, national origin, age, disability or marital status:_____

List any additional information you feel may be helpful to us in considering your application, including multi-line phone and/or computer experience:_____

AVAILABILITY INFORMATION *(If applying for a position as an Alarm Dispatcher)*
This position requires 12 hour shifts. This is a 24/7/365 company.
Shifts are: 5:30 am – 5:30 pm 6:00 am – 6:00 pm 5:30 pm – 5:30 am 6:00 pm – 6:00 am

Please answer all of the following:

Are you **available** to work? M T W Th F Sa Su ALL

Is there any shift you would not be able to work at all?_____ If yes, which one:_____

This position requires weekends & holidays. Are you available to work them when scheduled? Weekends_____ Holidays_____

List any exceptions to working weekends & holidays:_____

Do you currently attend school or are you planning on attending classes in the future?_____ If yes, when and how many hours:_____

For training purposes, you will be subject to working any of the shifts with prior arrangements. Would you be able to do this?_____

This position does include mandatory overtime. Would you be able to do this?_____

Do you have reliable transportation?_____

EMPLOYMENT EXPERIENCE (List current or most recent job first.)

1	Employer / Phone number	Dates From / To	Work Performed	
	Address			
	Job Title	Hourly Rate/Salary Starting / Final		
	Supervisor			
	Reason for Leaving			
2	Employer / Phone number	Dates From / To	Work Performed	
	Address			
	Job Title	Hourly Rate/Salary Starting / Final		
	Supervisor			
	Reason for Leaving			
3	Employer / Phone number	Dates From / To	Work Performed	
	Address			
	Job Title	Hourly Rate/Salary Starting / Final		
	Supervisor			
	Reason for Leaving			
4	Employer / Phone number	Dates From / To	Work Performed	
	Address			
	Job Title	Hourly Rate/Salary Starting / Final		
	Supervisor			

	Reason for Leaving		

EDUCATION

	Name/Location	Years Completed	Diploma/ Degree	Course(s) of Study
Elementary				
High School				
College				
Graduate				
Vocational				

Any other education or training:

BUSINESS REFERENCES

	Name	Company/Title	Phone Number	Years Acquainted
1				
2				
3				

AUTHORIZATION AND UNDERSTANDING

Release of Prior Personnel Records

By signing this application, I agree that all of the information now or later by me in support of my application for employment is true and complete. I understand that you may verify any of the information concerning my employment, education, and any statements made herein with the appropriate individuals, organizations, or governmental agencies. I give these individuals, organizations, and governmental agencies my permission to release any information that you need, including my previous disciplinary record, without requiring them to contact me or give me written notice before revealing the information to you. I expressly authorize the Company to contact my prior employers and I release all of those prior employers and the Company from any and all liability arising from their providing job-related and lawful information about my employment history. I understand that you may undertake no verification of my credit history or request for a "consumer report" under the Fair Credit Reporting Act without my express written authorization in a separate document. By signing the application, and in the case of a consumer report under the Fair Credit Reporting Act should I sign the separate Authorization for credit reports on me, I release you and them from any liability whatsoever arising out of any information request or disclosure. I agree that any false information in support of my application may subject me to discharge at any time during employment.

At-Will Employment Status

I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME, FOR ANY REASON, AND I FURTHER AGREE THAT THIS ARRANGEMENT MAY ONLY BE CHANGED BY THE PRESIDENT OF THE COMPANY, IN WRITING, DIRECTED TO ME PERSONALLY, AND SIGNED BY THE PRESIDENT. I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions of employment of the Company as they are from time to time changed and that no additional obligations can be imposed on me by the Company except those that have been acknowledged, in writing, by the Company President and his/her designated representative. I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and Control Act of 1986 and until such time as the results of my pre-employment physical (if such physical is required) are known. For purposes of any required post-offer medical examination, I hereby authorize the Company to access any medical histories or records pertaining to me.

Signature _____ Date _____

STATE APPROVAL FOR ALL NEW EMPLOYEES (ALL INFORMATION BELOW IS REQUIRED BY THE STATE FOR BACKGROUND CHECKS)

LAST:_____

FIRST:_____

MIDDLE:_____

MAIDEN:_____

DATE OF BIRTH:_____

DRIVERS LICENSE OR STATE ID NUMBER:_____ STATE OF ISSUE:_____ EXPIRE DATE:_____