

Seldin Security Services, LTD (the "Company") is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

Last Name	First	Middle Initial	Social Security #	
Other Name(s) Used			Home Telephone #	
Home Address, City , State , Zip Code			Business or Messag	re #
Position Applying For: Referred By:			Date of Birth:/_	_/
What hours are you available to work? day evenings nights			When are you available to start work?	
Do you have a valid Drivers License? □ Yes □ No			If yes, do you own an automobile? □ Yes □ No	
Drivers License #			Can you report to a different post other than your primary location? ☐ Yes ☐ No	
Are you at least 18 years old? □ Yes □ No			Number of years experience in the Security industry. Years Months	
Do you have any medical concerns or take any prescribed medication or under Doctor's care: Yes □ No □ : If yes, please explain			Do you have a FOIE  #  Do you have a PERO  #	
EDUCATION				
Circle Highest Grade Com	pleted:	10 11 12 Business 1 2 3 4		
	School	Address	Major Studies	Degree, Diploma, License or Certificate
High School				
College/University				
Vocational, Business Other				
List training security courses completed?				
Other Special Knowledge, Skills or Oualifications				

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Employed From	Employer Name	Supervisor Name	Starting Salary
Employed Until	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Respons	sibilities		
Employed From	Employer Name	Supervisor Name	Starting Salary
Employed Until	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Respons	sibilities		
Employed From	Employer Name	Supervisor Name	Starting Salary
Employed Until	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Respons	sibilities —————		

Yes No  ☐ May we contact your current employer for references?					
☐ ☐ If hired, will you be able to work overtime?					
☐ Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?					
☐ Have you ever been convicted of a crime, including felonies, misdemeanors and summary offenses, which has not been annulled, expunged or seals by court?					
SECURITY BACKG	ROUND				
Have you ever been in the U.S. Armed Services? □ Yes □ No Branch □ Rank Held at Discharge □					
Are you recently a member of any reserve or National Guard Unit?   Yes  No  Branch  Rank Held at Discharge					
U.S. Military Duties and Special Training					
Please indicate any foreign languages that you Speak / Read / Write					
Security Clearance Have you ever been issued security cleaance? □ Yes □ No What degree? Issuing Agency?					
Have you ever been denied Security Clearance? ☐ Yes ☐ No If yes, explain					
Conviction History  Have you ever been convicted of a crime (civil or military) or is there now pending against you a criminal prosecution for which you have been released on your own recognizance? □ Yes □ No					
List three references. <b>DO NOT</b> list relatives or persons who live in the same household with you.					
Name	Address	City, State Zip Code			
Telephone #	Relationship	Years Known			
Name	Address	City, State Zip Code			
Telephone #	Relationship	Years Known			
Name	Address	City, State Zip Code			
Telephone #	Relationship	Years Known			

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing. I agree to take any employment test required, such as drug, psychological, or physical test during my employment, failure of such test may terminate my employment.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above	e statements.
Signature	Date