



# Reeves Security & Investigations

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## APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION	DATE APPLIED _____
NAME: Last: _____ First _____ M.I. _____	
SOCIAL SECURITY # _____ MARITAL STATUS _____	
PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP _____	
HOME PHONE # _____ CELL PHONE # _____ E-Mail _____	
Are you over 18 years old? _____ Have you ever been convicted of a crime? _____	
If yes, give details _____	
_____	

### EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ FULL \_\_\_\_\_ PART-TIME \_\_\_\_\_ PER DIEM \_\_\_\_\_ SUMMER ONLY \_\_\_\_\_  
DAYS \_\_\_\_\_ EVENINGS \_\_\_\_\_ NIGHTS \_\_\_\_\_ DOES NOT MATTER \_\_\_\_\_

(For part-time, per diem and summer) How many hours per week? \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_  
What days and hours are you available?

SUN \_\_\_\_\_ MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_ THURS \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Current position/title? \_\_\_\_\_ How Long? \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ EXT \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_ Reason for seeking employment. \_\_\_\_\_

### EDUCATION

Name of school/address	Years attended	Did you graduate?	Degree
HIGH SCHOOL			
_____	_____	_____	_____
_____	_____	_____	_____
COLLEGE/TECH SCHOOL			
_____	_____	_____	_____
_____	_____	_____	_____

ANY SPECIAL TRAINING RECEIVED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received CPR or First Aid training? \_\_\_\_\_ If yes, do you have a certificate? \_\_\_\_\_

FORMER EMPLOYERS (List the last three employers beginning with the last one first)

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_ EXT \_\_\_\_\_  
POSITION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_ EXT \_\_\_\_\_  
POSITION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_ EXT \_\_\_\_\_  
POSITION \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

PERSONAL REFERENCES (give names of three persons not related to you)

NAME	ADDRESS	PHONE #	YEARS KNOWN
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. I also understand and agree that if hired, or considered for employment, I will be subject to a full criminal investigation and may be required to submit to a drug/alcohol screening. I give permission to the company to obtain said information."

"I have read the above and do understand and agree to all it's conditions"

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_