



Hinson Security Services

HINSON SECURITY SERVICES, LLC. EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

DATE _____

PERSONAL INFORMATION

NAME _____ DATE OF BIRTH _____
First Middle Last

ADDRESS _____
Street City State Zip Code

SOCIAL SECURITY NUMBER _____ Are you 18 years or older? Yes No

DRIVERS LICENSE # _____ STATE OF ISSUE _____

CELL PHONE # _____ EMAIL ADDRESS _____

Are you legally able to work in the U.S.A.? Yes No

Salary Requirements \$ _____ If the job needs one, I have a current VALID driver's license? Yes No

Have you ever been convicted of a misdemeanor or felony? Yes No. Convictions may not stop you from being eligible for hire. Please describe any convictions: _____

Have you signed a non-compete agreement or employment contract in the past year or so? Yes No. If yes, describe: _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____

I desire to work: FULL-TIME PART-TIME TEMPORARY

I PREFER to work what shift(s)? DAY SHIFT EVENING SHIFT NIGHT SHIFT ANY SHIFT

What hours can you work? MONDAY _____ TUESDAY _____ WEDNESDAY _____
From - To From - To From - To

THURSDAY _____ FRIDAY _____ SATURDAY _____ SUNDAY _____
From - To From - To From - To From - To

Are you employed now? Yes No. If yes, what hours? _____

If yes, may we inquire of your current employer? Yes No

Are you available for on-call work? Yes No Are you willing to travel? Yes No If yes, what percent? _____

TRANSPORTATION (check all that apply)

I have reliable transportation I do not have reliable transportation

It matters based on the shift I work Just those close to a bus stop / other public transportation

JOB REQUIREMENTS

Have you ever worked for a company in our industry before? Yes No. If yes, when? _____

What Company? _____ What State? _____

Why do you want to work for our company? _____

Please list applicable skills and behaviors needed to be successful in this job _____

EDUCATION	NAME OF SCHOOL	LOCATION	# YEARS	GRAD?	DEGREE NAME
High School					
College/University					
Trade, Business or other school					

MILITARY SERVICE

U.S. Military Yes No National Guard Yes No. Branch _____ Rank _____
 Active Now? Yes No Position Title or Summary _____

EMPLOYMENT HISTORY

List your last five (5) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below.

EMPLOYER _____	DATES EMPLOYED	Summarize the job performed
ADDRESS _____	From _____ To _____	
JOB TITLE _____		
SUPERVISOR NAME _____	Hourly Rate/Salary	
REASON FOR LEAVING _____	\$ _____ Per _____	
May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Phone # _____		

EMPLOYER _____	DATES EMPLOYED	Summarize the job performed
ADDRESS _____	From _____ To _____	
JOB TITLE _____		
SUPERVISOR NAME _____	Hourly Rate/Salary	
REASON FOR LEAVING _____	\$ _____ Per _____	
May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Phone # _____		

EMPLOYER _____	DATES EMPLOYED	Summarize the job performed
ADDRESS _____	From _____ To _____	
JOB TITLE _____		
SUPERVISOR NAME _____	Hourly Rate/Salary	
REASON FOR LEAVING _____	\$ _____ Per _____	
May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Phone # _____		

EMPLOYER _____	DATES EMPLOYED	Summarize the job performed
ADDRESS _____	From _____ To _____	
JOB TITLE _____		
SUPERVISOR NAME _____	Hourly Rate/Salary	
REASON FOR LEAVING _____	\$ _____ Per _____	
May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Phone # _____		

EMPLOYER _____	DATES EMPLOYED	Summarize the job performed
ADDRESS _____	From _____ To _____	
JOB TITLE _____		
SUPERVISOR NAME _____	Hourly Rate/Salary	
REASON FOR LEAVING _____	\$ _____ Per _____	
May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Phone # _____		

Comments, including explanation of gaps in employment _____

REFERENCES List three personal references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

EMERGENCY CONTACT In case of emergency, please notify

Name _____ Phone _____ Relationship _____

Address _____

Name _____ Phone _____ Relationship _____

Address _____

PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature of Applicant _____

Date _____

NOTICE TO ALL PARTICIPANTS DRUG SCREENING REQUIREMENTS

As part of the employment process and after a conditional offer of employment has been extended, potential employees will be required to cooperate in the collection of a urine specimen administered by qualified medical or laboratory personnel designated by the company. Testing of the specimen will be conducted by a company-approved biomedical testing laboratory with demonstrated expertise and procedures to ensure proper handling and reporting of results. In the event of a confirmed positive test result, the conditional offer of employment will be revoked and the hiring process will be terminated immediately.

APPLICANT INFORMED CONSENT TO DRUG TESTING AND RELEASE OF LIABILITY AND MEDICAL INFORMATION

I understand and agree that I am required, as a potential employee, to submit a sample of my urine for chemical testing as a part of my pre-employment screening. It is understood that the urine sample will be taken in the offices of a company designated laboratory and analyzed by qualified medical or laboratory personnel. Further, I understand this analysis will be used to determine the presence, if any, of non-prescribed, unauthorized or prohibited controlled substances in my urine.

I freely and voluntarily consent to this request for a urine specimen. I hereby release and hold harmless the Company, the laboratory, the property owner and their respective employees, agents, contractors, officers, directors and affiliates from any liability whatsoever arising from the request for a urine sample, the testing of the urine sample, and any decisions made on the basis of analysis. I further freely voluntarily authorize the company-designated laboratory to release to the Company all test results of the drug screening urine test as permitted by law.

I understand that a document chain of specimen custody will be made to ensure the identify and integrity of my urine sample throughout the collection and testing process.

Signature of Applicant

Date

Signature of Witness

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Hinson Security Services, LLC. and/or any of their managed properties and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report/investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal, state county jurisdictions, motor vehicle records to include traffic citations and registration and any other public records.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. This authorization and consent shall be valid in original, fax, or copy form.

I hereby release Hinson Security Services, LLC. and/or any of their managed properties, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me because of compliance with this authorization. Information on this application and results of the background investigation will be maintained in confidence in accordance with company hiring practices.

I understand that the company will provide me with a copy of any such report as pursuant to the federal Fair Credit Reporting Act or I may request a copy of any report that is prepared, along with the name and address of the reporting agency that produced the report regarding me and "A Summary of Your Rights under the Fair Credit Reporting Act."

*I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions.

Signature of Applicant _____

Date _____

Immigration Reform and Control Act Requirement

In compliance with the Immigration Reform and Control Act of 1986, you are required to provide approved documentation that verifies your right to work in the United States prior to your employment with this company. Please be prepared to provide us with the following documentation in the event you are offered and accept employment with our company.

Any one of the following: (These establish both identity and employment authorization.)

1. U.S. Passport.
2. Certificate of U.S. Citizenship (issued by USCIS).
3. Certificate of Naturalization (issued by USCIS).
4. Resident alien card or other alien unexpired endorsement card, with photo or other approved identifying information which evidences employment authorization.
5. Unexpired foreign passport with unexpired endorsement authorizing employment.

Or one from List A and List B:

List A (These establish employment authorization.)

1. Social Security card.
2. Birth Certificate or other documentation that establishes U.S. nationality or birth.
3. Other approved documentation.

List B

1. Driver's license or similar government identification card with photo or other approved identifying information.
2. Other approved documentation of identity for applicants under age 16 or in a state that does not issue an I.D. card (other than a driver's license).