JOB APPLICATION

County Security Services, inc Miami, FL (305)390-4115

Info@countysecurityser.com

County Security Services is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below: **Applicant Information Applicant Name:** Address: City, State and Zip Code: **Telephone Number:** Email Address: Date of Application: **Employment Position** Position(s) applying for: Security Officer How did you hear about this position? What days are you available for work? What hours or shift are you available for work? If needed, are you available to work overtime? On what date can you start working if you are hired? Do you have reliable transportation to and from work? **Personal Information** Have you ever applied to or worked for County Security Services Yes No before? If yes, when? Do you have any friends, relatives, or acquaintances working for County Security Service if yes, state name & relationship: Yes No Are you 18 years of age or older? Yes No Are you a U.S. citizen or approved to work in the United States?

Yes

No

What document can you	provide as proof of citizenship	or legal status?		
Will you consent to a mandatory controlled substance test?				
Do you have any condition which would require job accommodations?				
	ccommodations required below		Yes	No
Have you ever been convicted of a criminal offense (felony or misdemeanor)?				
If yes, please state the nature of the crime(s), when and where convicted and disposition				
The date of the offense description of the event,	e denied employment solely on e, the nature of the offense, in and the surrounding circumst y, however, be considered.)	ncluding any significar	nt details that affe	ect the
Job Skills/Qualification Please list below the skills	ns s and qualifications you posses:	s for the position for wh	ich you are applyir	ng:
Education and Training	g			
High School				
Name	Location (City, State)	Year Graduated	Degree Earne	i d
College/University				
Name	Location (City, State)	Year Graduated	Degree Earne	ed
Vocational School/Spec	ialized Training	1		
Name Name	Location (City, State)	Year Graduated	Degree Earne	ed
Military: Are you a member of the	e Armed Services?			
What branch of the milita	ary did you enlist?			

What was your military rank when disch How many years did you serve in the m		
What military skills do you possess that	would be a	n asset for this position?
Previous Employment Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:		
Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:		
Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:		
References Please provide 2 personal and professio	nal referenc	re(s) below:
Reference		Contact Information

AT-WILL EMPLOYMENT

The relationship between you and County Security Services is referred to as "employment at will."

This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or by County Security Services. No representative of County Security Services has authority to enter into any agreement contrary to the foregoing "employment at will"

relationship. You understand that your employment is "at will," a written statements or representations regarding your employe status, except for a written statement signed by you and eit Operations Officer or the Company's President.	ment can alter your at-will employment
Applicant Signature:	Dated: