

RELIABLE SECURITY

SERVICES, INC.



APPLICATIONS FOR EMPLOYMENT

1. PERSONAL INFORMATION:

<u>LAST NAME:</u>	<u>FIRST NAME:</u>	<u>MIDDLE:</u>	<u>Date of Birth:</u> / /	<u>Sex:</u> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary	<u>SOCIALSECURITY#</u> - -
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To complete our records, please indicate all other names you have used while working or going to school.school.

*Please list your addresses for the past five years. Give most recent first, using additional sheets if necessary. P.O. Box is not acceptable.

<u>Number and Street:</u>	<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>	<u>From:</u>	<u>To:</u>

PHONE NUMBERS

<u>Cell:</u> () -	<u>Home:</u> () -	<u>Work:</u> () -
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2. REFERENCES:

<u>Name:</u>	<u>Address:</u>	<u>Business/Company:</u>	<u>Telephone Number:</u>	<u>Years Known:</u>

3. EDUCATION:

<u>School</u>	<u>Name and Location of School</u>	<u>Did you Graduate?</u>	<u>Diploma or Degree</u>
<u>High School</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	
<u>College</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	
<u>Trade School</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	
<u>Other</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	

4. PRIOR GUARD INFORMATION:

Guar Card #		Expiration Date:		
Firearm Card #		Expiration Date:		Caliber:
PR24 Card #		Mace Card #		CPR (Circle One) Y or N
Straight Baton Card #		Pepper Spray Card #		First Aid (Circle One) Y or N

5. EMPLOYMENT HISTORY (A RESUME WILL NOT BE ACCEPTED IN LIEU OF COMPLETEING THIS SECTION):

List all employment for the past 10 years starting with your most recent job. All time should be accounted for. If you were unemployed for any period list the reason:

	<u>Responsibilities</u>	<u>Supervisor's Name and Number</u>	<u>Reason for Leaving</u>
Employer Name: _____ Employer Address: _____ City, State, Zip: _____ Position: _____ Ending Wage: _____ FT/PT: _____ Employed From: _____ To: _____ May we contact?, Yes or No _____			
Employer Name: _____ Employer Address: _____ City, State, Zip: _____ Position: _____ Ending Wage: _____ FT/PT: _____ Employed From: _____ To: _____ May we contact?, Yes or No _____			
Employer Name: _____ Employer Address: _____ City, State, Zip: _____ Position: _____ Ending Wage: _____ FT/PT: _____ Employed From: _____ To: _____ May we contact?, Yes or No _____			

*List any foreign Language(s) you speak and check your level of familiarity:	<u>Speak Some:</u>	<u>Speak Fluently:</u>	<u>Read:</u>	<u>Write:</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever taken illegal narcotics? ☐ Yes ☐ No

If YES, When was the last time you used that narcotic (Date)? How often? Elaborate: _____

Have you ever been convicted of a Felony or Misdemeanor (Including DUI)? ☐ Yes ☐ No

If YES, When (Date)? Why? Explain: _____

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

Are you employed now? ☐ Yes ☐ No

Have you ever applied for employment with us? ☐ Yes ☐ No

If YES, Month and Year: _____/_____/_____ Location: _____

Do you know anybody working for us? ☐ Yes ☐ No

If YES, Names of friends and/or family members: _____

How did you hear of our organization? _____

I understand that RELIABLE SECURITY SERVICES has work available seven (7) days a week all Twenty-four (24) hours. If employed, I agree to work any Hour(s), Day(s), or Shift(s) deemed necessary by Management . Initials: _____.

Signature:

Date Application was Completed:

Please complete this application thoroughly bring it to the office.



Reliable Security Services
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