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| **APPLICANT INFORMATION** |
| **Personal Information:** |
| Last Name |  | First |  | M.I |  |
| Address |  | Apartment |  |
| City |  | State |  | Zip Code |  | Date of Birth |  |
| Phone |  | Email |  |
| Are you 21 years of age or older? Yes No |
|  |
| **Identification:** |
| Social Security |  | Driver’s License |  | Expiration date |  |
| Permanent Employee Registration Card (PERC) Number: |  | Expiration date |  |
| Fireman Owner’s Identification Card (FOID) Number:  |  | Expiration date |  |
|  |
| **Additional Information:** |
| Are you a U.S citizen or legally authorized to work in the United States? \_\_Yes \_\_No |
| Are you a veteran of the U.S Military Service? \_\_Yes \_\_No |
| Are you an ACTIVE Police Officer? \_\_Yes \_\_No  | Department:  |
| Are you a RETIRED Police Officer? \_\_Yes \_\_No | Department: |
| Numbers of years of experience in the Security Industry: |
| Have you ever been convicted of a crime, including felonies, misdemeanors and summary offenses, which has not been annulled, expunged or seal by court? \_\_Yes \_\_NoIf yes, explain: |
| Do you have any medical concerns or take any prescribed medication or under Doctor’s care? \_\_Yes \_\_NoIf yes, please explain: |
| **Education** |
| High School |  | City |  |
| Did you graduate? \_\_Yes \_\_No | If yes, graduation year: |
| College |  | City |  | Major |  |
| Did you graduate? \_\_Yes \_\_No | If yes, graduation year: |
|  |
| **Employment Availability** |
| Date available to start |  | How many hours can you work weekly? |  |
| Would you consider working? | \_\_Any shift \_\_Weekends \_\_Holidays \_\_Rotating shifts \_\_On call |
| Shift Preference:  |  \_\_ Days \_\_Evenings \_\_Nights  |
| Specific days and hours if limited:  |  |
| Emergency Contact:  |  |
| Are you currently employed?  | \_\_Yes \_\_No |
|  |
| **Employment History starting with most recent:** |
| Company |  | Job Title |  |
| Starting Salary $ | Ending Salary $ | Manager  |  |
| Start date: | End date:  | Phone Number: |
| May we contact your previous manager? \_\_Yes \_\_No |
| Reason for leaving: |
| Responsibilities: |
| Company |  | Job Title |  |
| Starting Salary $ | Ending Salary $ | Manager |  |
| Start date: | End date: | Phone Number: |
| May we contact your previous manager? \_\_Yes \_\_No |
| Reason for leaving: |
| Responsibilities: |
| Company |  | Job Title |
| Starting Salary $ | Ending Salary $ | Manager |
| Start date: | End date: | Phone Number: |
| May we contact your previous manager? \_\_Yes \_\_No |
| Reason for leaving: |
| Responsibilities: |
| **References** |
| Full Name |  | Relationship |  |
| Phone Number |  |
|  |
| Full Name |  | Relationship |  |
| Phone Number |  |
|  |
| ACKNOWLEDGEMENTRead carefully before signing this form |
| I certified that the information provided by me in this application is factual and subject to verification by **Invictus Security Services LLC.** I understand that this is simply an application for employment and does not imply that I will be employed. Any statement or material omissions made by me to Invictus Security Services either in my application and/or interview or, if hired, during my employment, that are found to be false or misleading in any way can result in refusal to hire, or if I am employed, discipline up to and including termination. In order to verify the information I have presented on this application, I authorize any former employer, school, persons, credit reporting agencies or organizations referenced in this application to provide Invictus Security Services with any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I hereby release all such parties from all liability from any damages which may result for furnishing such information. I further authorize any physician or hospital to release information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired. Additionally, I authorize Invictus Security Services to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.I understand that if I am hired, the length of my employment is not guaranteed. Recognizing that I will be free to voluntarily terminate my employment at any time, with or without cause, I acknowledge that my employment and compensation can be modified or terminated with or without cause, and with or without notice, and at any time.If you accept employment with, Invictus Security Services you must be aware that in accordance with Employment Policy, you are prohibited from applying for employment with our clients and our clients are contractually prohibited from hiring Invictus Security Services employees for a period of one-1year following the end of an employee’s relationship with Invictus Security Services. If employed, I agree to comply with Company policy regarding the confidentiality of all corporate and client matters. I agree not to discuss either corporate and/or client matters with anyone outside the Company except on a “need to know” basis.If employed, I agree to comply with the registration and training requirements of the Illinois Department of Financial and Professional Regulation. In addition, if employed by Invictus Security Services, I agree to comply with all provisions of the Employment Policy and Procedure Manual of the company.Furthermore, it is understood that I may be required to complete a written pre-employment profile, and I hereby release from liability Invictus Security Services and its representatives for seeking such information.**I** **acknowledge** **that** **I** **have** **read** **all** **of** **the** **above** **statements** **and** **that** **I** **understand** **them** |
| Signature:  | Date: |

Invictus Security Services Is an Equal Opportunity Employer and does not discriminate against any individual in any phase of employment in accordance with the requirements of applicable local, state, or federal law.