

First Class Protective Services

Ph:337-224-4616

Website:fcps-security.com

Employment / Job Application

Personal Information

FULL NAME: _____ *DATE:* _____

ADDRESS: _____

CITY: _____ *STATE:* _____ *ZIP CODE:* _____

E-MAIL: _____ *PHONE:* _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

DATE AVAILABLE: _____

POSITION APPLIED FOR: _____

*EMPLOYMENT DESIRED: FULL-TIME/ PART-TIME/
SEASONAL (circle one)*

EMPLOYMENT ELIGIBILITY

ARE YOU A U.S CITIZEN? YES / NO

**IF NO ARE YOU ALLOWED TO WORK IN THE U.S? YES/ NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES/ NO

**IF YES WRITE THE START AND END DATES:_____*

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES/ NO

**IF YES, PLEASE*

EXPLAIN:_____

EMPLOYMENT HISTORY

EMPLOYER #1:_____

*PHONE:*_____

*ADDRESS:*_____

*CITY:*_____ *STATE:*_____ *ZIP CODE:*_____

*JOB TITLE:*_____

*RESPONSIBILITIES:*_____

*STARTING DATE:*_____ *END DATE:*_____

REASON FOR

*LEAVING:*_____

EMPLOYER #2:_____

PHONE:_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP CODE:_____

JOB TITLE:_____

RESPONSIBILITIES: _____

START DATE:_____END DATE:_____

REASON FOR LEAVING: _____

BACKGROUND CHECK CONSENT

ARE YOU WILLING TO CONSENT TO A BACKGROUND
CHECK? YES/ NO (circle one)

DISCLAIMER

Applicant understand that this is an Equal Opportunity EMPLOYER and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ DATE _____

PRINT NAME _____