



**Zicherheit**  
P.O. Box 408  
Selbyville, DE 19975  
(855)638-9611

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## Employment Application

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

### POSITION/AVAILABILITY:

Position Applied For

\_\_\_\_\_

Days/Hours Available

Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_

Friday \_\_\_\_ Saturday \_\_\_\_ Sunday \_\_\_\_

Hours Available: from \_\_\_\_\_ to \_\_\_\_\_ Date available to start work? \_\_\_\_\_

### PERSONAL INFORMATION:

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Phone Number

( ) \_\_\_\_\_

Home

( ) \_\_\_\_\_

Cell

Initial: \_\_\_\_\_



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Are you a United States Citizen or a Permanent Resident? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

(Documentation will need to be provided to meet US Government requirements)

Driver's License # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

(A copy of your driving record is required, if hired, or Zicherheit will obtain one for a fee)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If you are under age 18, do you have an employment/age certificate? Yes \_\_\_ No \_\_\_

Can you read and write in the English language? Yes \_\_\_ No \_\_\_

### **EDUCATION:**

Name and Address of School - Degree/Diploma - Graduation Date

High School \_\_\_\_\_ Year Graduated \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

College \_\_\_\_\_ Year Graduated \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Major \_\_\_\_\_

Trade/Business School \_\_\_\_\_ Year Graduated \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Course(s) \_\_\_\_\_

Initial: \_\_\_\_\_



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Training relevant to the position for which you are applying:

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Skills and Qualifications: Licenses, Skills, Training, Awards

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How did you learn about Zicherheit LLC:

Advertisement \_\_\_\_\_ (which \_\_\_\_\_)  
Job Fair \_\_\_\_\_ (which \_\_\_\_\_)  
Other \_\_\_\_\_ (\_\_\_\_\_)

**Service Record**

Branch \_\_\_\_\_

Dates of Service \_\_\_\_\_

Type of Discharge \_\_\_\_\_

Are you a veteran \_\_\_\_\_

❖ A copy of your DD-214 is required if identifying as a veteran

Initial: \_\_\_\_\_



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## **EMPLOYMENT HISTORY:**

Present or Last Position:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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## **Previous Position(s):**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Initial: \_\_\_\_\_



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Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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**(List any additional employment history on separate pages)**

**May we contact your present employer?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Have you ever been terminated from a job or resigned in lieu of termination?**

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, list circumstances on a separate page and attach to this application)

Initial: \_\_\_\_\_



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**References:**

Name/Title Address Phone

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Can you successfully pass a drug test? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you successfully pass a background investigation? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, list on a separate page and attach to the application – list date of offense, charge(s), court location, outcome – having been arrested won't necessarily eliminate you from obtaining employment)

Do you have any physical restraints or abilities that would prevent you from completing the duties as described? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list: \_\_\_\_\_

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I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Initial: \_\_\_\_\_