

Employment Application

The Civil Rights Act of 1964 prohibits discrimination in employment because of sex, race, color, religion or national origin. Other federal laws prohibit discrimination because of age or disability. The laws of some state prohibit some or all of the above mentioned types of discrimination.

PERSONAL

Date: _____

Name _____ Social Security No. _____
LAST FIRST MIDDLE Name

Present Address _____
NO STREET CITY STATE ZIP

How many years have you lived at this address? _____ Telephone No. () _____

Previous Address _____ How long? _____
NO STREET CITY STATE ZIP

Job(s) applied for 1. _____ Rate of pay expected \$ _____ per _____
2. _____ Rate of pay expected \$ _____ per _____

How did you learn of this opening? _____

Do you want to work ☐ Full-Time or ☐ Part-time? Specify days and hours, if part-time _____

Have you filed an application or been employed here before? ☐ Yes ☐ No Date(s) _____

List and friends or relatives working for us _____

If hired, on what date will you be available to start work? _____

Do you hold a current Driver's License? If "Yes" give State and No. _____

If hired, do you have a reliable means of transportation to get to work? _____

Have you ever been convicted of a crime, including misdemeanors? ☐ No ☐ Yes

If yes describe in full _____

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

Name _____ Relationship _____ Phone No. _____

Address _____

Are you known to schools/references by another name? ☐ Yes ☐ No

If yes, by what name? _____

Are you legally entitled to work in the United States? ☐ Yes ☐ No

Are you on Lay-Off and subject to Recall? ☐ Yes ☐ No

EDUCATIONAL BACKGROUND

NAME AND ADDRESS OF SCHOOL	GRADUATED		COURSE OR DEGREE
	YES	NO	
GRADE SCHOOL			
HIGH SCHOOL			
COLLEGE			
MILITARY AND OTHER			

MILITARY SERVICE RECORD

Have you ever served in the armed forces? ☐ Yes ☐ No If yes, what branch? _____

Dates of Duty: From _____ To _____ Rank at discharge _____
MONTH DAY YEAR MONTH DAY YEAR

What were your duties in the Service (include special training and duty station)? _____

REFERENCES

Give the name of three persons whom you have known for at least five years. Do not list relatives or persons by whom you have been employed.

1. Name: _____ Street Address: _____

Occupation: _____ Phone _____ City and State: _____

2. Name: _____ Street Address: _____

Occupation: _____ Phone _____ City and State: _____

3. Name: _____ Street Address: _____

Occupation: _____ Phone _____ City and State: _____

EMPLOYMENT RECORD

Are you employed at present? _____ If so, may we contact present employer? _____

Give complete employment record, starting with your **LAST** or **PRESENT** employer. Dates should include month and year; any periods of unemployment must be accounted for. If additional space is needed, a separate sheet should be attached.

DATES (MONTH & YEAR)	NAME AND ADDRESS OF EMPLOYER	TYPE OF POSITION HELD AND NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR	RATE OF PAY	REASON FOR LEAVING
FROM:			\$	
TO:			PER	
FROM:			\$	
TO:			PER	
FROM:			\$	
TO:			PER	
FROM:			\$	
TO:			PER	
FROM:			\$	
TO:			PER	
FROM:			\$	
TO:			PER	
FROM:			\$	
TO:			PER	

Have you ever been dismissed, or asked to resign from employment? _____ Date _____

Employer _____ Reason _____

Summarize special skills and qualifications acquired from employment or other experience. _____

Is there any reason why you cannot be bonded? ☐ Yes ☐ No

Please Explain. _____

Note here any additional facts you may wish to present for consideration: _____

In consideration of the employment and wages to be paid to me by the Company, I make the following declarations:

I authorize investigation of all matters contained in this application and agree that if, in the judgement of the Company any misrepresentation has been made by me herein, or if the results of such investigation are not satisfactory, any offer of employment made by the company may be withdrawn, or my employment with the Company may be terminated immediately without any obligation or liability to me, other than for payment, at the rate agreed upon, for services actually rendered if I have been employed.

I agree that I will not accept employment by any client or former client or competitor of the Company, where I have been employed by the Company, for a period of 120 days from the termination of my employment with the Company. I agree that I will not divulge to anyone, other than as I may be directed by the Company, any information acquired by me during my employment, except as may be required by law.

I understand that all appointments are probationary, during which time I must demonstrate my fitness for continued employment. I further certify that all statements made by me on this application are true and complete to the best of my knowledge and belief.

Signature of Applicant _____

CLOTHING SIZES: (to be completed only by applicants for uniformed positions)

MALE:

FEMALE:

Vest Size _____

Shirt:

Trousers:

Skirt Size _____ Belt Size _____

Neck _____ Waist _____ Belt _____ Coat _____ Slack Size _____ Hat Size _____

Sleeves _____ Inseam _____ Hat _____ Shoes _____ Blouse Size _____ Coat Size _____

FOR FIELD / OFFICE USE ONLY

Interviewer _____ Employed by _____

Date _____ Remarks _____ Starting Date _____

_____ Position _____

_____ Dept. _____ Location _____

_____ Rate \$ _____ per _____

TELEPHONE REFERENCE _____

The following questions help us realize an **applicant's strengths and report writing ability**. We recommend answers that are **not too short** and that you spend some time detailing your narrative.

1. What led you to pursue a career in the security profession? _____

2. Describe a situation where you had to provide guidance, training, instruction, or coaching to other people. _____

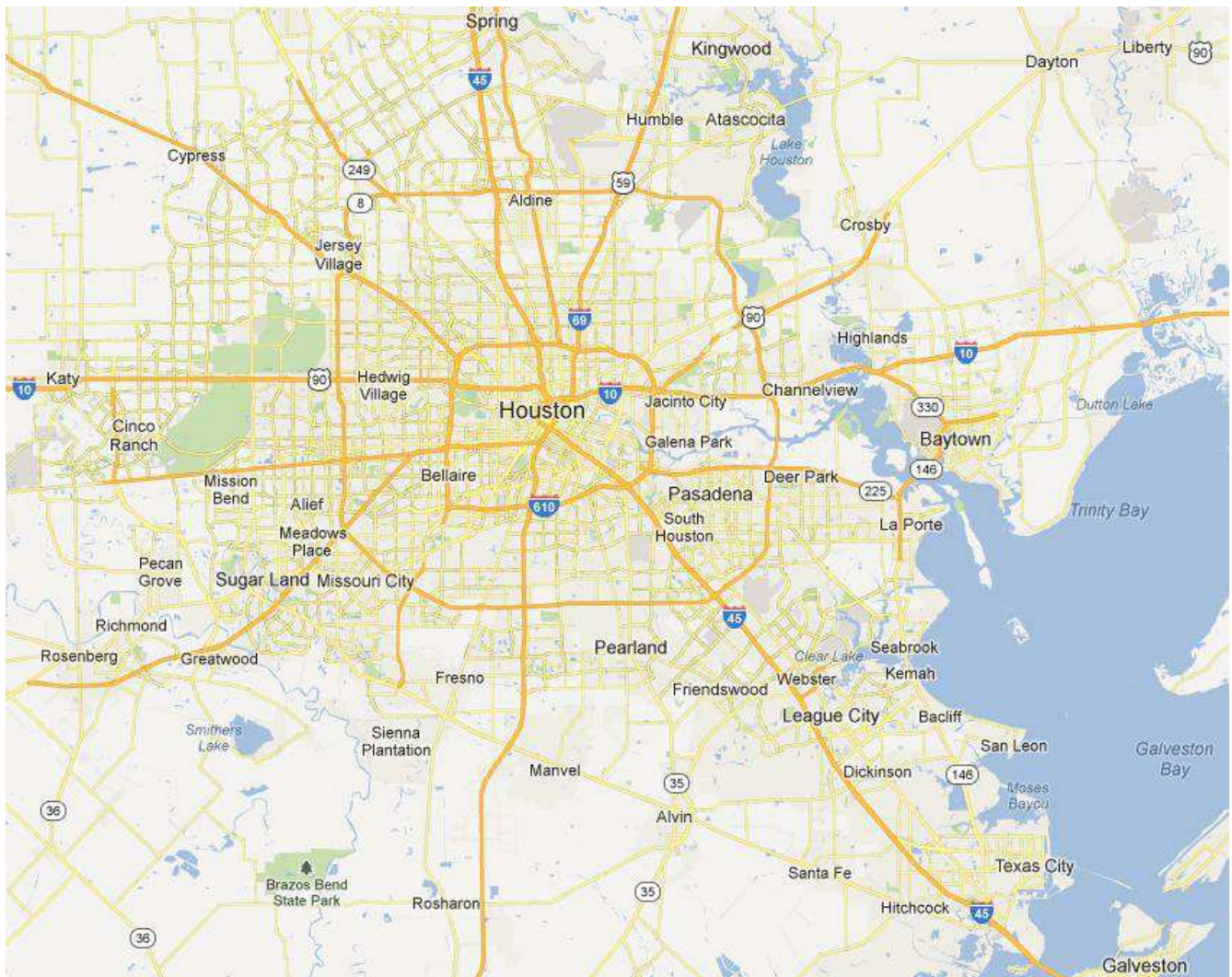
3. Tell us about other skills, talents, hobbies, interests, and accomplishments that define you as an individual. _____

4. What would your customer say about you as an officer _____

Date: _____

Your Scheduling Information (Print Very Neatly)			I am available to work: (circle) Full-time, Part-time, Days, Nights, Any
Last Name:			I have a valid: (circle) Level 2: Certificate / Card Level 3: Certificate / Card Level 4: Certificate / Card P.I: Certificate / Card
First & Middle Name:			
Email:			
Address:			
City:	State: TX	Zip: 77 _____	I have no valid certificate or card: (circle) Untrained or Requalification
Phone:	SS#:		
D.O.B.:	Max Miles: (circle) 20 30 40 50		
How soon can you start?		Do you own a reliable vehicle? (circle) YES / NO	
Any obligations, events, or appointments we should tell Scheduling? (circle) YES / NO. If yes, explain: _____			

On the MAP, mark where you live with an X



Candidacy Rating: 1 2 3 4 5	Post(s) Staffed: _____
Interviewed by: _____	Processing Date: ____ / ____ / ____