

EMPLOYMENT / JOB APPLICATION - FLORIDA

Walton Investigations Corporate Headquarters
4004K Spring Garden Street, Greensboro, NC 27407
336-908-4625 waltonpi.com

PERSONAL INFORMATION – PLEASE PRINT CLEARLY

FULL NAME: _____ DATE: _____
First Middle Last

ADDRESS: _____ Apt/Suite _____
Street Address
City State Zip Code

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DRIVERS LICENSE #: _____ ST: _____

EMERGENCY CONTACT:

NAME: _____ PHONE: _____ RELATIONSHIP: _____

DATE AVAILABLE: _____ DESIRED PAY: \$ _____ per hour

POSITION APPLIED FOR: Security Officer ☐ D (Unarmed) ☐ G (Armed) ☐ Other: _____

ARE YOU CURRENTLY, OR HAVE BEEN WITH IN THE LAST 10 YEARS A REGISTERED SECURITY OFFICER IN FLORIDA? No ☐ Yes ☐ Level: D (Unarmed) ☐ G (Armed) ☐

EMPLOYMENT DESIRED: Full-Time ☐ Part-Time ☐

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? ☐ Yes ☐ No*

HAVE YOU EVER WORKED FOR US? ☐ Yes* ☐ No

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

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ Yes* ☐ No

*IF YES, PLEASE EXPLAIN: _____

BACKGROUND/DRUG/CREDIT CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ Yes ☐ No

IF ASKED, ARE YOU WILLING TO CONSENT TO A CREDIT CHECK? ☐ Yes ☐ No

IF ASKED ARE YOU WILLING TO CONSENT TO A DRUG TEST? ☐ Yes ☐ No



MILITARY SERVICE

ARE YOU A VETERAN? ☐ YES ☐ NO

FROM: _____ TO: _____

BRANCH: _____

RANK AT DISCHARGE: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

DO YOU HAVE A COPY OF YOUR DD214? ☐ YES ☐ NO

EDUCATION

HIGH SCHOOL: _____

CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? ☐ YES ☐ NO DIPLOMA: _____

COLLEGE: _____

CITY / STATE/ZIP: _____

FROM: _____ TO: _____

GRADUATE? ☐ YES ☐ NO DEGREE: _____

OTHER: _____

CITY / STATE/ZIP: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____

CITY / STATE/ZIP: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
 Company / Individual _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____
 Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

PROFESSIONAL REFERENCES

FULL NAME: _____ **RELATIONSHIP:** _____
 First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
 First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

DISCLAIMER

Applicant understands 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. Please complete each section EVEN IF you decide to attach a resume.

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 _____

UNIFORM INFO FOR NEW APPLICANTS: HEIGHT: _____ WEIGHT: _____ SHIRT SIZE: _____