

Shepherd Security Services Application for Employment

PERSONAL INFORMATION

Name						
Last Name	First Name			M.I.	Maiden	Name
Address						
Current Address Zip			City,		S	tate,
Phone Number(s)				E-Ma	ail	
Telephone Number	Alternative N	umber		E-Ma	il Addres	SS
Social Security Number				DOB	3	
Marital Status	Single	Married	Separated	Divo	rced	Widowed

EMPLOYMENT DESIRED

Position Applied For	Unarmed Se	curity Officer	Armed Sec Officer	curity	Site Super	visor
Date Available:			Employment [Desired:	Full-Time	Part-Time
Hours Available	1st Choice		2nd Choice	3	rd Choice	
Availability	Days	Nights	Weekends	Holidays	Rotati	ng Shifts
Availability	Yes No	Yes No	Yes No	Yes No	Yes	No
Do you understand the holidays, overtime a	•	•	•		Yes	No
After review the fundable to perform the t	•	ition in which	you have applie	d for, are you	Yes	No
	·					
Are you 18 years of	age or older?	Yes	No	Salary Desire	ed:	
Are you a U.S. Citize Authorized To Work i States?		Yes I	No	If employment accepted, you submit verification work in the	u will be requ	uired to r legal right

LICENSE

Do you have a drivers license?	Yes No	State Issued:		Expires:	
Drivers License Number:			Means of Tra	ansportation?	
Have you had any accidents d years?	uring the past 3	Yes	No If so, I	now many?	
Have you had any moving viol 3 years?	ations during the past	Yes	No If so,	how many?	
Do you have reliable transport weather?	cation to and from wor	k, even durin	g inclement	Yes N	0
Do you have a current DCJS Li No	cense issued by the Vi	rginia Depart	ment of Crim	ninal Justice?	Yes
If yes, please provide Registra	tion Number:			Expires:	
Are there any endorsements?	Yes No	If yes, type?		Expires:	

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Have you ever been in the armed forces?	Yes	No
If yes, were you dishonorably discharged?	Yes	No
Branch?		
Field of Speciality:		

Please list any special skills that you acquired in the Military:

Are you now a member of the National Guard? Yes No

CRIMINAL HISTORY

Have you ever been convicted of a crime? Yes No

If yes, please explain the number of conviction(s), nature of offense(s) leading to conviction(s), how recent were the offense(s) committed, sentence(s) imposed, and types of rehabilitation:

WORK EXPERIENCE

Employer:

Please list your work experience for the past 5 years beginning with your most recent job held. If you were self-employed, give company name. Attach additional sheets if necessary.

Employer:	Supervisor:	Supervisor:		
Address:	Contact Number:	Contact Number:		
Dates of Employment:	Hourly Pay / Salary:	Title:		
Job Duties Performed:		<u> </u>		
Reason for Leaving:				

Supervisor:

Address:	Contact Number:	
Dates of Employment:	Hourly Pay / Salary:	Title:
Job Duties Performed:		
Reason for Leaving:		
Employer:	Supervisor:	
Address:	Contact Number:	
Dates of Employment:	Hourly Pay / Salary:	Title:
Job Duties Performed:		
Reason for Leaving:		
Are you currently employed? Yes No		
May we contact your present employer? Yes	No	

PLEASE READ CAREFULLY APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Shepherd Security Services, LLC., (hereafter called "The Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, wither in the position applied for or any other position, and regardless he contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices shall serve to create an actual or implied contract of employment, or to confer and right to remain and employee of Shepherd Security Services, LLC., or otherwise to change in any respect the employment-at-will relationship between it and he undersigned, and that relationship cannot be altered except by a written instrument signed by the President / General Manager of the Company. Both the undersigned and Shepherd Security Services, LLC., may end the employment relationship at any time, without specified notice or reason. If Employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and that such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references and others, and hereby release the Company from any liability as a result of such contract.

I also understand that 1) the Company has a drug and alcohol policy that provides pre-employment testing as well as testing after employment; 2) consent to and compliance with such policy is a condition of my employment; and 3) continued employment is based on the successful passing of testing under such policy.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will or any reason by either party.

Signature of Applicant	Date

This Company is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

The Equal Employment Opportunity Commission (EEC) requires organizations with 100 or more employees to complete an EEO - 1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment for terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate.

To help us win our recruiting efforts, we would like to know how you heard about our company

Newspaper

Website

College Job Posting

Walk In

Facebook

Other (Please explain)

Employee Referral (Please list referring employee)