



J.H Empire Protection LLC

1901 Glenwood ave n, Minneapolis Minnesota 55303

Office: (612) 315-3375

Employment Application

Personal Information

Full name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Phone: _____

Social Security(SSN): _____ - _____ - _____

Date Available: _____

Desired Pay:\$ _____ Hourly Salary

Employment Desired: Full-Time Part-Time Seasonal

Employment Eligibility

Are you a citizen? Yes No

If not, are you allowed to work in the US.? Yes No

Have you ever worked for this company before? Yes No

If yes, write start and end dates: _____

Have you ever been convicted of a felony? Yes No

If yes please explain: _____

Education

Highschool: _____ City/State: _____

From: _____ To: _____

Graduate? Yes No

Diploma: _____

College: _____ City/State: _____

From: _____ To: _____

Degree: _____

Other: _____ City/State: _____

From: _____ To: _____

Degree: _____

Other: _____ City/State: _____

From: _____ To: _____

Degree: _____

Employment History

Employer 1: _____
Company/Individual

E-mail: _____ Phone: _____

Address: _____
Street Address Apt/Suite

_____ City State Zip Code

Starting Pay:\$ _____ Hourly Salary Ending Pay\$ _____ Hourly 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:\$ _____ Hourly Salary Ending Pay\$ _____ Hourly Salary

Job Title: _____ Responsibilities: _____

From: _____ To: _____

Reason for leaving: _____

Employer 3: _____

Company/Individual

E-mail: _____ Phone: _____

Address: _____

Street Address

Apt/Suite

City

State

Zip Code

Starting Pay:\$ _____ Hourly Salary Ending Pay\$ _____ Hourly Salary

Job Title: _____ Responsibilities: _____

From: _____ To: _____

Reason for leaving: _____

References
(professional only)

Full name: _____

Relationship: _____

Company: _____

Title: _____

E-mail: _____

Phone: _____

Full name: _____

Relationship: _____

Company: _____

Title: _____

E-mail: _____

Phone: _____

Full name: _____

Relationship: _____

Company: _____

Title: _____

E-mail: _____

Phone: _____

Military Service

Are you a veteran? Yes No

Branch: _____

Rank at discharge: _____

From: _____ To: _____

Type of discharge: _____

If not honorable, please explain: _____

Background Check Consent

If asked, are you willing to consent to a background check? Yes No

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 _____