

SECURITY GUARD EMPLOYMENT APPLICATION

Employment is equally available to everyone. Please inform us			Date of Interview (mm/dd/yyyy):		
if you require reasonab	or interview.				
How were you reffered		Position applie	ed for:		
Full Name:					
SSN:					
D.O.B.					
Address:					
City:					
State:					
Zip:					
Cell:					
E-mail:					
Date Available to Sta	rt:	Notice Re	Notice Required, If so How Long?		
Have you ever worked	for Brotherhood Secu	rity Services? Y / N	If yes, wh	en?	
Are you a citizen of the	United States? Y / I	N			
If not, can you legally w	ork in the United Sate	es? Y / N			
			Part-Time/Tempo	orary	
Shifts available to work	Weekends	Weekends? Y / N Overtime? Y / N			
Have you ever been ple	aded guilty, no conte	st, or been convicted	of a crime? Y / N	I	
If yes, give dates and d	etails:				
Name background and	fingerprint clearance	is required.			
EDUCATION:					
Do you have a High Sch	ool Diploma or equiva	alent? Y / N	Can y	ou provide a copy? Y / N	
	Yrs. Completed	Field of Study		Graduate or Degree	
High School					
College/University					
Business/Technical	I	1			

Military Service: Y / N Training	Were you honorably discharged? Y / N		Discharge Date:	Rank Duty/Specialized			
Summarize Your Special	Skills, Qualifications, Pro	fessional License	es, Certifications, or Re	egistrations:			
References: List two pers	sonal references who are	not relatives or	former supervisors.				
Name	Occupation	Telephone		Years known			
Name	Occupation	Telephone		Years known			
Previous Employment (be	egin with most recent po	sition)					
Dates of Employment:	From/	To//	Position (s) He	ld:			
Company Name:		City:		State:			
Phone:	Supervisor:						
Responsibilities:							
Starting Salary and Title:		Enc	ding Salary and Title:				
Reason for Leaving			May we contact this	employer?	Y / N		
Dates of Employment:	From//	То//	Position (s) He	ld:			
Company Name:		City:		State:			
Phone:	Supervisor:		Title:				
Responsibilities:							
Starting Salary and Title:		Ending Salary and Title:					
Reason for Leaving			May we contact this	employer?	Y / N		
Dates of Employment:	From//	То//	Position (s) He	ld:			
Company Name:		City:		State:			
Phone:	Supervisor:		Title:				
Responsibilities:							
Starting Salary and Title:		Enc	Ending Salary and Title:				
Reason for Leaving		May we contact this employer? Y / N					

Questions in the framed area are voluntary and will be used these fields for employment.	d for fingerprint application; however, state law requires					
11-2-1-1	Sex.					
Race: Hair Color:	Sex: Eye Color:					
	State or County of Birth:					
Answer the following, only if applicable to the position app						
Any moving violations in the past three years? Y / N						
If you give data(s) and conviction						
Do you own a vehicle? Y / N If so, complete the	e following					
Year: Make:	Model:					
If asked can you use your vehicle for company purpose? \mathbf{Y}	/ N					
Can you provide proof of Registration and Insurance? Y /	N					
Do you have Florida Concealed Weapon Permit? Y / N						
If yes, expiration date:	and number:					
Do you have Florida G License? Y / N						
If yes, expiration date:	and number:					
Are you certified in First Aid/CPR? Y / N	If yes, expiration date:					
Do you have experience with CCTV? Y / N						
Summarize other employment related to this job:						
Additional skills including supervision skills, other language the employer's attention:	es, or information you wish to bring to					
Information to the applicant: As part of our procedure f personal, employment references, name background, fingery registration checks may be performed if applicable to the positive any facts on this application, and are subsequently have you may make a written request for information derived from	orints, credit, driving record, title, and/or sition applied for. If you have misrepresented or nired, you may be discharged from your job.					
If necessary for employment, you may be required to: supply authorization to work in the US, driver's license, proof of region G.E.D., first aid/CPR Certification, have a physical examination alcohol tests, or to sign a nondisclosure and nonsolicitation as	istration, insurance, High School diploma or on and/or initial and random drug and					
I understand and agree to the information shown above.						
Signature:	Date:					