

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination of race, creed, color, sex, national origin or veteran status

SECURITY LICENSES & EQUIPMENT

D. Lic. _____ G. Lic. _____

PERSONAL

Last Name _____ First _____ Middle _____ Date _____

Have you ever applied for employment with us? _____ Home # _____

If Yes Month and Year _____ Cell # _____

Apart from absences for religious observances, are you available full time?
Yes _____ NO _____ Email _____

If no, what hours can you work? _____ Height _____ Weight _____

Other special training or skills? _____ Hair Color _____ EyeColor _____

Will you work overtime if asked?
Yes _____ No _____ Pay Expected _____

When will you be available to work? _____

Have you ever been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes _____ No _____

The information provided in this application for employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decided to engage an investigative consumer reporting agency to report my credit or personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature _____ Date _____

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE?
High School	_____	_____	_____	_____
College	_____	_____	_____	_____

DO YOU OWN A VEHICLE?

YES _____ NO _____ MAKE _____ MODEL _____ YEAR _____

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Please give accurate, complete full-time and part-time employment record. Start with your most recent employer.

Company Name _____	Telephone # () _____
Address _____	Employed: From _____ To _____
Name of Supervisor _____	Weekly Pay: Start _____ Last _____
State Job Title _____ Describe your work _____	Reason for leaving _____
_____	_____
Address of Company _____	_____

Company Name _____	Telephone # () _____
Address _____	Employed: From _____ To _____
Name of Supervisor _____	Weekly Pay: Start _____ Last _____
State Job Title _____ Describe your work _____	Reason for leaving _____
_____	_____
Address of Company _____	_____

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Company Name _____	Telephone # () _____
Address _____	Employed: From _____ To _____
Name of Supervisor _____	Weekly Pay: Start _____ Last _____
State Job Title _____ Describe your work _____	Reason for leaving _____
_____	_____
Address of Company _____	_____

WE MAY CONTACT EMPLOYERS LISTED ABOVE: LIST EMPLOYERS YOU DO NOT WANT CONTACTED

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PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE WITHHELD NOTHING WHICH, IF DISCLOSED, WOULD AFFECT THIS APPLICATION UNFAVORABLY.

I AUTHORIZE MY PREVIOUS EMPLOYERS, SCHOOLS AND PERSONS NAMED AS REFERENCES TO GIVE ANY INFORMATION REGARDING EMPLOYMENT OR EDUCATIONAL RECORD. I AGREE THAT THIS OFFER IS NOT EXTENDED, IS WITHDRAWN OR MY EMPLOYMENT IS ERMINATED BECAUSE OF FALSE STATEMENTS, OMISSIONS OR ANSWERS MADE BY ME ON THIS APPLICATION. IF I AM EMPLOYED WITH THIS COMPANY, I WILL COMPLY WITH ALL RULES AND REGULATIONS AS SET FOURTH IN ANY COMMUNICATION DISTRIBUTED TO EMPLOYEES.

IN COMPLIANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, I UNDERSTAND THAT I WILL BE REQUIRED TO PROVIDE APPORVED DOCUMENTATION THAT VERIFIES, MY RIGHT TO WORK IN THE UNITED STATES ON MY FIRST DAY OF EMPLOYMENT. I AM IN RECEIPTOF A LIST OF APPROVED DOCUMENTS WHICH HAVE BEEN SUPPLIED WITH THIS APPLICATION.

I FURTHER UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF WAGES OR SALARY, BE TERMINATED FOR ANY REASON AND AT ANY TIME WITHOUT PREVIOUS NOTICE.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

SIGNATURE _____

DATE _____

ESTIMATED UNIFORM SIZES (CIRCLE ONE):

SHIRT: S M L XL 2XL 3XL 4XL

PANTS: 28 30 32 34 36 38 40 42 44 46 48 50 52 54

HOW DID YOU HEAR ABOUT US?

NEWSPAPER(WHICH ONE)_____

SECURITY SCHOOL(WHICH ONE)_____

APB SECURITY EMPLOYEE(WHICH ONE)_____

RADIO_____

TV_____

OTHER_____
