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EMPLOYMENT APPLICATION

JOB APPLYING FOR _____

ARMED UNARMED

PLEASE PRINT ALL INFORMATION ● COMPLETE ALL PAGES IN BLACK OR BLUE INK

LAST NAME		FIRST NAME		MIDDLE INITIAL	SOCIAL SECURITY NUMBER		
STREET ADDRESS			CITY	STATE	ZIP CODE	HOME TELEPHONE	MOBILE TELEPHONE
SECURITY GUARD LICENSE NUMBER AND EXPIRATION DATE					E-MAIL ADDRESS		
EMERGENCY CONTACT NAME AND RELATIONSHIP TO YOU					EMERGENCY PHONE	OVER 18 YEARS OLD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
AVAILABLE TO WORK (CHECK ALL THAT APPLY)							
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Day Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Overnight Shift <input type="checkbox"/> Weekends							
HOW DID YOU LEARN ABOUT US?		WORKED FOR US BEFORE? WHEN?		DATE AVAILABLE	AUTHORIZED TO WORK IN U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PRIOR MILITARY SERVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No		SERVICE BRANCH		SERVICE DATES	HONORARY DISCHARGE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PRIOR LAW ENFORCEMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		DEPARTMENT		SERVICE DATES	HONORARY DISCHARGE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> DRIVERS LICENSE <input type="checkbox"/> LEARNERS PERMIT <input type="checkbox"/> STATE I.D. (SPECIFY)		NUMBER		STATE	CLASS	EXPIRATION DATE OTHER	
HAVE YOU EVER BEEN CONVICTED OF A CRIME (INCLUDING MISDEMEANORS)? IF YES, PLEASE EXPLAIN							
EDUCATIONAL BACKGROUND							
SCHOOL NAME AND ADDRESS			GRADUATED?		COURSE OF STUDY / DEGREE EARNED		
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED INSTITUTE			<input type="checkbox"/> Yes <input type="checkbox"/> No				
COLLEGE OR TRADE SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No				
LIST JOB EQUIPMENT YOU HAVE USED (METAL DETECTOR, X-RAY, ETC.):				SPEAK OTHER LANGUAGES? SPECIFY:		OWN A CAR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>As an equal opportunity employer we abide by all Federal and State Laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, age, or disability; as well as laws governing protected veterans.</small>							
I affirm that the information that I provided herein is complete and correct. I understand that misrepresentation or omissions of fact called for in this application or in other company records will cause my dismissal, if employed. I authorize this company to verify all information provided. I assume all liability in connection with furnishing such information. This application is not a contract of employment. I agree that my employment is for no definite period of time and may be terminated at any time with or without cause. I understand that no one is authorized to make an agreement contrary to the foregoing without senior management approval. I understand that I will be subjected to the company requirements regarding drug and alcohol testing. My signature indicates agreement.							
APPLICANT SIGNATURE					DATE		
EMPLOYMENT BACKGROUND							

PRINT A COMPLETE RECORD OF YOUR EMPLOYMENT HISTORY COVERING THE LAST 3 YEARS
LIST MOST RECENT INFORMATION FIRST

PRINT A COMPLETE RECORD OF YOUR EMPLOYMENT HISTORY COVERING THE LAST 3 YEARS LIST MOST RECENT INFORMATION FIRST				
FROM (MO / YR)	TO (MO / YR)	COMPANY NAME	ADDRESS	TELEPHONE / FAX
START WAGE	END WAGE	POSITION HELD	IMMEDIATE SUPERVISOR	REASON FOR LEAVING
DESCRIPTION OF DUTIES				
FROM (MO / YR)	TO (MO / YR)	COMPANY NAME	ADDRESS	TELEPHONE / FAX
START WAGE	END WAGE	POSITION HELD	IMMEDIATE SUPERVISOR	REASON FOR LEAVING
DESCRIPTION OF DUTIES				
FROM (MO / YR)	TO (MO / YR)	COMPANY NAME	ADDRESS	TELEPHONE / FAX
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