

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER



PERSONAL INFORMATION

NAME _____ DATE _____
First Middle Last

ADDRESS _____
Street City State Zip Code

SOCIAL SECURITY NUMBER _____ Are you 18 years or older? YES NO

PHONE # _____ CELL PHONE # _____ PAGER # _____ WORK # _____

Are you legally able to work in the U.S.A.? YES NO

Salary Requirements \$ _____ If the job needs one, I have a current VALID driver's license? YES NO

Have you ever been convicted of a misdemeanor or felony? YES NO. Convictions may not stop you from being eligible for hire. Please describe any convictions: _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____

I desire to work: FULL-TIME PART-TIME TEMPORARY

I PREFER to work what shift(s)? DAY SHIFT EVENING SHIFT NIGHT SHIFT ANY SHIFT

What hours can you work? MONDAY _____ TUESDAY _____ WEDNESDAY _____

THURSDAY _____ FRIDAY _____ SATURDAY _____ SUNDAY _____
From - To From - To From - To From - To

From - To From - To From - To From - To

Are you employed now? YES NO. If yes, may we inquire of your current employer? YES NO

Do you plan to work another job? If yes, what hours? _____

TRANSPORTATION

I have reliable transportation to: (check all that apply)

It matters based on the shift I work

Just those close to a bus stop / other public transportation I do not have reliable transportation - I walk to work

Just those close to my residence

I Have my own transportation

Just those where a friend or family could drop me off

JOB REQUIREMENTS

Have you ever worked for a company in our industry before? YES NO. If yes, when? _____

What Company? _____ What State? _____

Why do you want to work for our company? _____

EDUCATION	NAME OF SCHOOL	LOCATION	# YEARS	GRAD?	DEGREE NAME
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE					
Trade, business or other school					

MILITARY SERVICE

U.S. Military [] YES [] NO National Guard [] YES [] NO. Branch _____ Rank _____
 Active Now? [] YES [] NO Position Title or Summary _____

EMPLOYMENT HISTORY

List your last five (5) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below.

EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
JOB TITLE _____			
SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
REASON FOR LEAVING _____	\$	Per	
EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
JOB TITLE _____			
SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
REASON FOR LEAVING _____	\$	Per	
EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
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SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
REASON FOR LEAVING _____	\$	Per	

Comments, including explanation of gaps of employment _____

Guard card # _____ Exp date: _____ Firearm permit# _____ Exp date: _____
 Baton permit# _____ Chemical agents training (yes) (no) CPR: (yes) (no) First aid: (yes) (no)
 BSIS 40 hours training: (yes) (no) BSIS 8 cont. training yearly: (yes) (no) Handcuff training: (yes) (no)

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules, regulations and Supervisor's directions. I agree that my employment is at-will, and that my employment and compensation can be terminated, with or without cause, and with or without notice, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than the President, and then only in writing, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the forgoing. **I further authorize all work related verifications of employment, education, training or other work related information, as well as credit or criminal records checking. I authorize all of this information to be provided to the company or their agent and release them from any liability which might be claimed. If required, I agree to fully participate and complete the required pre-employment drug screening.**

Applicant's Signature _____ DATE _____