



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

Position(s) Your Applying For	Date of Application
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How Did You Learn About Us?
 Advertisement Relative Inquiry Company Employee Friend Other _____.

Name: _____
 First Name Middle Name Last Name

Address: _____
 Street City State Zip

Contact #: _____
 Cell Phone Number Home Telephone Number Message Phone Number

Email Address: X _____

Proof of citizenship or immigration status will be required upon employment.

Are you legal to work in the U.S.? ----- Yes No

Best time to contact you is ----- _____ am / pm to _____ am / pm

Have you ever filed an application with us before? ----- Yes No
 If yes, give date _____

Have you ever been employed with us before? Give date: _____ ----- Yes No

Are you currently working? ----- Yes No

May we contact your present employer? ----- Yes No

Date you are available to begin work: _____ What is your desired hourly range? _____.

Which shifts are you available to work? () days () swing () graves () any

Which weekdays are you available to work? () Monday () Tuesday () Wednesday () Thursday () Friday

Which weekend days are you available to work? () Sunday () Saturday

Are you willing to work part-time? () Yes () No; Are you willing to work full-time? () Yes () No

Can you work overtime or travel, if needed? () Yes () No; How many miles are you willing to travel to work? _____

Can you perform all of aspects of this job safely and satisfactorily? () Yes () No, Explain: _____.

Security guards are require to work inclined weathers, do you anticipate anything that would affect your ability to carry out the responsibilities of this job in the future? () Yes () No, Explain:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Highest level of schooling you've completed	Name & Address of School	Course of Study	No. of Years Completed	Graduated or Degree Received Yes/No Type
High School				
College or Professional Trade School				
Security Training & Certificates (AB2880)				

Military History

Have you ever served in the military? Yes No Do you have a secret clearance? ----- Yes No
 Branch: _____ Rank: _____
 Start Date: _____ Release Date: _____ Do you have a DD-214 ----- Yes No

“Please attach a copy of your DD-214”

Security Guard Licenses

What is your Guard Card Number? _____ Expiration Date: _____
 What is your Firearms Permit Number? _____ Expiration Date: _____
 Have you completed 40hrs of guard training? Yes No
 Will you be able to provide proof of Certificate of trainings? Yes No

“Please attach copies of certificate of trainings”

Security guards are required to wear a uniform and comply with uniform and grooming standards, do you anticipate anything that would affect your ability to meet these job requirements in the future? () Yes () No, Explain: _____

What are some professional goals you've set for yourself this year? Tell me about the method you used to set those goals. _____

What can you do for our company and/or what talents do you bring? _____

Employment Experience

Employment history must be listed here. You may also include a resume. List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Years of experience may be used to demine wages. Use additional paper if needed and include employer, name of contact person, phone number, type of work done and responsibilities. Explain any gaps in employment in comments section below.

1)

Employer _____ Phone _____.

Address _____ City _____ State _____ Zip _____.

Dates Employed _____ to _____ Work duties & responsibilities: _____.

_____.

_____.

Reason for leaving: _____ May we contact for reference? () Yes () No () Later

2)

Employer _____ Phone _____.

Address _____ City _____ State _____ Zip _____.

Dates Employed _____ to _____ Work duties & responsibilities: _____.

_____.

_____.

Reason for leaving: _____ May we contact for reference? () Yes () No () Later

3)

Employer _____ Phone _____.

Address _____ City _____ State _____ Zip _____.

Dates Employed _____ to _____ Work duties & responsibilities: _____.

_____.

_____.

Reason for leaving: _____ May we contact for reference? () Yes () No () Later

4)

Employer _____ Phone _____.

Address _____ City _____ State _____ Zip _____.

Dates Employed _____ to _____ Work duties & responsibilities: _____.

_____.

_____.

Reason for leaving: _____ May we contact for reference? () Yes () No () Later

Explain any gaps in employment here:

Past Residence – Where have you lived?

List the places where you have lived, beginning with the most recent and work back 10 years. All periods must be accounted for on your list. Be sure to indicate the actual physical location of your residence. Do not use a P.O. Box address or temporary college/school address.

1) Month/Yr: To Month/Yr: Address: _____ City _____ State: _____ Zip _____
_____ To _____

2) Month/Yr: To Month/Yr: Address: _____ City _____ State: _____ Zip _____
_____ To _____

Emergency Contacts

1) Name: _____ Phone No: _____ Relationship: _____

2) Name: _____ Phone No: _____ Relationship: _____

References – Do not list your spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

1) Name: _____ Phone No: _____ Relationship: _____

Dates Known: _____ to _____ Email Address: _____

2) Name: _____ Phone No: _____ Relationship: _____

Dates Known: _____ to _____ Email Address: _____

Applicant's Statement

I declare under penalty of perjury, under the laws of the State of California that all statements on this application are true and correct, with full knowledge that all statements herein are subject to investigation. I authorize investigation of all statements contained in this application for employment purposes only.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "At Will" nature, which means that Employee may resign at any time and Employer may discharge Employee at any time with or without cause. It is further understood that this "At Will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Equal Employment Opportunities and decisions at Security Defense are based on merit, qualifications, and abilities. Except where required or permitted by law, employment practices will not be influenced or affected by an applicant's race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, and military and/or veteran status of any person or any other characteristic protected by law.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by a rules and regulations of the employer.

Applicant Signature

Today's Date