

ALERT SECURITY

· Asset Protection ·

PLEASE PRINT CLEARLY when filling out this application and answer all questions as completely and accurately as possible.
DO NOT REMOVE ANY PAGES FROM THIS APPLICATION

LAST NAME: _____ FIRST NAME _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

HOME #: _____ CELL #: _____

SOCIAL SECURITY #: _____ DATE: _____

18 Years of age? (Y/N) _____ Authorized to work in the U.S.? (Y/N) _____

Guard Card# _____ EXPIRATION DATE: _____

DRIVER LICENSE STATE & #: _____ EXPIRATION DATE: _____

DATE YOU CAN START: _____ SALARY DESIRED: _____

DAYS AVAILABLE:

SHIFTS AVAILABLE:

M T W T F S S DAY SWING GRAVE

OTHER: _____

TRANSPORTATION? (Y/N) _____ POSITION APPLYING FOR: _____

HAVE YOU EVER WORKED HERE BEFORE? (Y/N) _____ WHEN? _____

ANY RELATIVES WORKING HERE? (Y/N) _____ WHO? _____

Alert Security Asset Protection fully and actively supports equal opportunity employment for qualified candidates regardless of race, religion, color, sex, age, national origin or disability.

PLEASE REVIEW THE ATTACHED JOB DESCRIPTION. CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATION? (Y/N) _____

DO YOU MEET THE MINIMUM AGE REQUIREMENTS FOR THE POSITION YOU ARE APPLYING IF STATED IN THE JOB DESCRIPTION? (Y/N) _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY, ENTERED A PLEA OF NO CONTEST, HAD PROSECUTION DEFERRED OR ADJUDICATION WITHHELD FOR ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? (Y/N) _____
IF YES, PLEASE DESCRIBE:

ARE YOU A VETERAN? (Y/N) _____ BRANCH OF SERVICE: _____

DATES OF SERVICE: _____ TO _____ RANK/PAY GRADE: _____

DUTIES: _____

WHO REFERRED YOU TO US (IF NEWSPAPER OR INTERNET PLEASE SPECIFY NAME)?

PLEASE LIST ANY SPECIAL SKILLS YOU HAVE THAT RELATE TO THE POSITION APPLIED FOR; INCLUDE ANY OTHER RELEVANT INFORMATION SUCH AS PROFESSIONAL DESIGNATIONS, CERTIFICATIONS, SCHOOL DEGREES, ETC.

REFERENCES

LIST 3 PERSONS NOT RELATED TO YOU WHO HAVE KNOWN YOU FOR AT LEAST 3 YEARS

1) Name and years acquainted: _____

Address: _____

Telephone: _____ Occupation: _____

2) Name and years acquainted: _____

Address: _____

Telephone: _____ Occupation: _____

3) Name and years acquainted: _____

Address: _____

Telephone: _____ Occupation: _____

WORK HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER IF APPLICABLE? (Y/N) _____

1) Name & Address _____

Supervisor's Name _____ Telephone Number _____

Employed From _____ To _____ // Salary _____ // Position _____

Duties _____ Reason for leaving _____

2) Name & Address _____

Supervisor's Name _____ Telephone Number _____

Employed From _____ To _____ // Salary _____ // Position _____

Duties _____ Reason for leaving _____

3) Name & Address _____

Supervisor's Name _____ Telephone Number _____

Employed From _____ To _____ // Salary _____ // Position _____

Duties _____ Reason for leaving _____

4) Name & Address _____

Supervisor's Name _____ Telephone Number _____

Employed From _____ To _____ // Salary _____ // Position _____

Duties _____ Reason for leaving _____

5) Name & Address _____

Supervisor's Name _____ Telephone Number _____

Employed From _____ To _____ // Salary _____ // Position _____

Duties _____ Reason for leaving _____

6) Name & Address _____

Supervisor's Name _____ Telephone Number _____

Employed From _____ To _____ // Salary _____ // Position _____

Duties _____ Reason for leaving _____

PLEASE LIST BELOW YOUR ADDRESSES FOR THE LAST 10 YEARS

Current Street	City	State	Zip	Years at this address
	City	State	Zip	Years at this address
	City	State	Zip	Years at this address
	City	State	Zip	Years at this address
	City	State	Zip	Years at this address

APPLICATION CERTIFICATION

Please read each of the following statements and place your initials by each one to indicate that you understand and agree to the terms stated, then date and sign this application form at the bottom.

_____I authorize the investigation of all statements contained in this application and its accompanying resumes, and release from all liability and persons or employers supplying such information, and I also release Alert Security Asset Protection from all liability which might result from making the investigation.

_____I certify that the facts and information set forth in this application is true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of facts on this application, and resume may result in denial of employment or termination of employment, regardless of when or how discovered.

_____I agree that if I am offered and accept a position, to conform to all existing and future policies of Alert Security Asset Protection and I understand that Alert Security Asset Protection reserves the right to change wages, hours and working conditions as deemed necessary. I also understand that if hired, either party can end the employment relationship at any time and for no reason.

_____I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

I have read and reviewed the information provided in this application/resume and the above statements. By signing this application for employment, I certify that I understand all parts of it and have answered all questions completely and fully.

Dated this _____ day of _____, 20 _____.

Signature

[Print Name]

We are an equal opportunity employer. It is our policy to comply with all applicable State and Federal Laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, Disability or other protected classification.