

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 #:
EMAIL ADDRESS:	DATE:
SOCIAL SECURITY #	#:
18 YEARS OF AGE?	(Y/N) AUTHORIZED TO WORK IN THE U.S.? (Y/N)
GUARD CARD #	EXPIRATION DATE:
DRIVER LICENSE ST	TATE & #: EXPIRATION DATE:
SALARY DESIRED:	DATE YOU CAN START:
WANT CHECKS:	\Box DIRECT DEPOSIT \Box MAILED \Box PICKED-UP
DAYS AVAILABLE:	SHIFTS AVAILABLE:
□ M □ T □ W □	
OTHER:	
TYPE OF TRANSPOR	RTATION: POSITION APPLYING FOR:
HAVE YOU EVER WO	ORKED HERE BEFORE? (Y/N) WHEN?
ANY RELATIVES WO	DRKING HERE? (Y/N) WHO?

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

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.

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

REFERENCES

....

1) Name and years acquainted:	
Address:	
	Occupation:
2) Name and years acquainted:	
Address:	
	Occupation:
3) Name and years acquainted:	
Address:	
	Occupation:

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

1) Name & Address				
		Telephone Number		
Employed From	То	Position		
Duties		Reason for leaving		
2) Name & Address				
Supervisor's Name	· · · · · · · · · · · · · · · · · · ·	Telephone Number		
Employed From	То	Position		
Duties		Reason for leaving		
3) Name & Address				
Supervisor's Name	· · · · · · · · · · · · · · · · · · ·	Telephone Number		
Employed From	То	Position		
Duties		Reason for leaving		
4) Name & Address				
Supervisor's Name		Telephone Number		
Employed From	То	Position		
Duties		Reason for leaving		
5) Name & Address				
Supervisor's Name		Telephone Number		
Employed From	То	Position		
Duties		Reason for leaving		
6) Name & Address				
		Telephone Number		
Employed From	То	Position		
Duties		Reason for leaving		

PLEASE LIST BELOW YOUR ADDRESSES FOR THE LAST 10 YEARS

Current Street	City	State	Zip Ye	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.