

Pro Security Group, Inc.
Employment Application

Date _____

Note to Applicant: Each question needs to be answered completely and accurately. If an answer is not appropriate then answer with "N/A", or "NONE". Please do not leave any question blank. Applications will not be kept on file once position is filled. Pro Security Group, Inc. is an Equal Opportunity Employer and complies with applicable Federal, State, and local laws which prohibit discrimination against qualified applicants and employees. **PRINT OR WRITE CLEARLY**

Personal Information:

Full Name: _____ SS# _____
First Middle Last (Nickname)

List any other names used: _____

Physical Address: _____
Street Address City State Zip

Mailing Address: _____
Street Address or PO Box City State Zip

Home Number (_____) _____ - _____ Cell Number: (_____) _____ - _____ Other# _____ - _____ - _____

Are you at least 18 years of age? Circle answer Yes No How long have you lived at this address? _____

Work Information:

City applying for: _____ Position: _____ Date available to begin work: _____ Salary Desired: _____

Is your work availability limited? Circle answers YES NO Why? _____

Are you willing to work flexible hours, weekends, nights, holidays and/or overtime? Circle answer YES NO

Day's available Circle answer MON TUES. WED THUR. FRI SAT SUN HOLIDAYS

Are you available for: Circle one FULL-TIME PART-TIME PERMNET TEMPORARY

Shift or times you will work? DAYS NIGHTS GRAVEYARD ROTATING

Are you willing to travel? Circle answer YES NO If yes How far? _____

Do you read, speak, or write another language? Circle answer YES NO If yes what? _____

Will you work overtime if necessary? Circle answer YES NO Will you work extra days if necessary? Circle answer YES NO

Will you work on scheduled days off if necessary? Circle answer YES NO

Have you ever served in the Military? Circle answer YES NO If yes Dates of service _____

Highest rank held _____ Rank at time of discharge _____

Nature of duty and training _____

General Information:

Have you ever worked for us before? Circle answer YES NO When? _____ Where? _____

Do you have relatives in the security Industry? Circle answer YES NO

If yes list names and employers _____

Do you have relatives that are current or past employees of ours? Circle answer YES NO

If yes list names _____

Who referred you to us? _____

Are you engaged in the use of illegal drugs? Circle YES NO Are you willing to be tested for illegal drug use? Circle YES NO

Do you have the legal right to work in the United States? Circle answer YES NO If hired proof of status will be required

Do you plan on working elsewhere or attending school while working here? Circle answer YES NO

If yes give details including employer, times, days, type of work, full time or part time _____

Employment History: List all previous employment for the last five years. Account for all time whether employed or unemployed. We normally contact an applicant's current and previous employment for references purposes.

1. Employer's Names _____ Phone # (____) _____
 Address _____
 From _____ To _____ Salary (beginning) _____ (ending) _____
 Position & Duties _____
 Reason for Leaving: Circle one Resigned with notice Quit without notice Terminated Laid off
 What did you like best about this job? _____
 What did you like least about this job? _____
 Do you authorize us to contact the employer? Circle answer YES NO

2. Employer's Names _____ Phone # (____) _____
 Address _____
 From _____ To _____ Salary (beginning) _____ (ending) _____
 Position & Duties _____
 Reason for Leaving: Circle one Resigned with notice Quit without notice Terminated Laid off
 What did you like best about this job? _____
 What did you like least about this job? _____
 Do you authorize us to contact the employer? Circle answer YES NO

3. Employer's Names _____ Phone # (____) _____
 Address _____
 From _____ To _____ Salary (beginning) _____ (ending) _____
 Position & Duties _____
 Reason for Leaving: Circle one Resigned with notice Quit without notice Terminated Laid off
 What did you like best about this job? _____
 What did you like least about this job? _____
 Do you authorize us to contact the employer? Circle answer YES NO

4. Employer's Names _____ Phone # (____) _____
 Address _____
 From _____ To _____ Salary (beginning) _____ (ending) _____
 Position & Duties _____
 Reason for Leaving: Circle one Resigned with notice Quit without notice Terminated Laid off
 What did you like best about this job? _____
 What did you like least about this job? _____
 Do you authorize us to contact the employer? Circle answer YES NO

Personal References: (Do not include relatives, roommates, or previous employers)

	Name	Phone Number	Occupation	Years Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Criminal History:

Past criminal history may not automatically bar your consideration for employment. All factors will be taken into account before final decision is made.

Have you ever been convicted of a crime in the past (excluding minor traffic violations)? Circle answer YES NO
If yes List all misdemeanors and felonies which you have been arrested and/ or convicted. Including DWI'S

Are you on probation or parole for any conviction at the present time? Circle answer YES NO If yes please explain: _____

Education:

	Name of School	Years Completed	Year Graduate	Degree or Studies
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Trade, Business	_____	_____	_____	_____

Honors or awards received: _____

Licenses and Certifications:

Do you have any professional or vocational Licenses? (real estate, plumbing Security etc...) Circle answer YES NO
Do you have any professional certification? Circle answer YES NO

If yes list below:

Type	Agency	Date Issued	Licenses #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had a license or certification suspended, revoked, or restricted? Circle answer YES NO
I yes please explain _____

Please list any other information about your personal qualities, skills or abilities which would help determine your qualifications.
Include strengths, weaknesses, goals, etc. _____

Driving Record:

This information is only used when position applying for involves driving.

Do you have a valid non expired Drivers License Circle answer YES NO

Drivers Licenses # _____ Expiration Date: _____ State: _____

List all restrictions on Licenses: _____

Has your license ever been suspended or revoked? Circle answer YES NO Explain: _____

Applicant's Authorization

Applicants full name: _____

First

Middle (No Initials)

Last

Name of employer to who application is being submitted: Pro Security Group, Inc. Date: _____

I hereby give permission to the employer, its agents, and/or a third party contractor to:

- ✓ Obtain verification of any information provided by me in this employment application and in any supplemental questionnaire, exhibit, resume, or biographical sheet submitted by applicant.
- ✓ Obtain information regarding my work habits and skills from my past and present employers, as well as listed or developed references or institutions.
- ✓ Obtain information from law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal violations.
- ✓ Obtain information from educational institutions concerning my educational record, conduct, and skills
- ✓ Obtain a consumer report as part of the pre-employment background investigation.
- ✓ If hired the authorization shall remain valid and serve as an ongoing authorization for the Employer to obtain consumer reports on me at any time during the course of my employment.

I authorize all institutions, agencies, companies, or persons referred above to give the employer and/or agents all information requested. I authorize employer and agencies or companies of employer's choice to investigate all information of this application. Under the federal Credit Reporting Act, I understand that I am entitled to know if employment is denied because of information obtained by employer from a consumer agency. I understand that I will be so advised the name of the reporting agency for more information. I release employer and all other parties from claims, liabilities, and damages resulting from obtaining or furnishing information. A copy of this authorization and release shall be valid as the original.

Present Drivers Licenses Number

Applicant's Signature

State Issuing Drivers License

Applicant's Printed Name

Social Security Number

Present Address

City/State/Zip Code

Applicant's Certification

I certify that all information given on this application is complete and accurate. All of my work experience, training and other information requested on this application have been disclosed. I have not withheld any fact or circumstances which are covered by this application.

I understand that if I made any false, misleading or incomplete information of this application will result in rejection of my application or will result in termination of my employment whenever discovered.

I understand that I may be asked to take job-related written tests or skills tests for the position for which I am applying. If refused to be tested, I understand that I will not be further considered for employment.

I agree to furnish information that may be requested. I release my employer and all other parties from claims, liabilities, and damages resulting from obtaining or furnishing such information.

If I am actually employed, I understand that I will be asked to sign a Federal I-9 form to provide positive proof of my identity and verification of my right to live and work in the United States.

If I am actually employed, I agree to abide by Employer's rules, procedures, and policies, as modified from time to time, including any drug-free workplace policies. I have been informed that the job requires reliable attendance and dependable performance during the contemplated work hours. If I am employed I understand that I may be required to work various shifts and schedules as directed by my supervisor. I understand that any employment is subject to change in wages, conditions, benefits, and operating policies. I understand that if I am employed, such employment will be for an indefinite period and can be terminated at any time by employer or myself, without advance notice and without cause.

I understand that this application does not constitute an offer or acceptance of employment or an employment contract.

This certification applies to all information contained in this employment application and any attachments.

Date: _____ Social Security Number: _____

Applicants Signature: _____

Applicant's Printed Name: _____

Applicant's authorization for criminal background search

Applicants full name: _____

First

Middle (No Initials)

Last

Name of employer to who application is being submitted: Pro Security Group, Inc. Date: _____

I hereby give permission to the employer, its agents, and/or a third party contractor to search/investigate all criminal records

Present Drivers Licenses Number

Applicant's Signature

State Issuing Drivers License

Applicant's Printed Name

Social Security Number

Present Address

City/State/Zip Code