



Steadfast in Proactive Protection

Employee Application

Name: _____
(Last) (First) (MI)

Date of Birth: _____ Social Security # _____

Address: _____

(City) (State) (Zip)

Telephone: (H) _____ (C) _____

Emergency Contact: _____

(Name) (Number) (Relationship)

Email: _____

Have you ever been arrested? _____

If so, please explain _____

Days/ Hours you are available to work:

Make & model of vehicle you will be using while on duty:

Do you have a current, valid Driver's License? Yes No

Driver's License # _____

License Plate Number: _____

Education

Did you graduate from high school? Y N Highest grade completed _____

Name of High School _____ Location _____

If not a high school graduate, did you earn a GED? Y N Date of GED _____

List below, all colleges or universities you have attended and degrees completed.

Name	Dates Attended (From/To)	Degree & Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work History

List below your work history with your present employer and work backward.

From _____ To _____	Title/Position _____
Name & Address of Employer _____	Your Duties _____
_____	_____
_____	_____
Reason for leaving _____	_____

From _____ To _____	Title/Position _____
Name & Address of Employer _____	Your Duties _____
_____	_____
_____	_____
Reason for leaving _____	_____

From _____ To _____	Title/Position _____
Name & Address of Employer _____	Your Duties _____
_____	_____
_____	_____
Reason for leaving _____	_____

Have you ever been discharged or asked to resign from employment? Yes No
If yes, please explain: _____

Please list four references

Name	Address	Telephone#	Years Known
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I certify that all of the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation or other information relative to employment.

Signature: _____ **Date:** _____