

**PERSONAL**

Last Name	First Name	Middle Initial	Social Security No.
Present Address No.		Street	City State Zip
		Home Phone No.	Cell Phone No.
E-mail Address			
If hired, can you provide proof that you are legally able to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How were you referred to us?			
<input type="checkbox"/> Job Board / Ad	<input type="checkbox"/> Employee Referral	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Truck Sighting <input type="checkbox"/> Walk- In <input type="checkbox"/> Other
Have you ever been convicted of a criminal offense, felony or misdemeanor (exclusive of any marijuana related conviction over two years old; any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed; or any arrest for which a pretrial diversion program has been successfully completed)? If yes, please state nature of offense(s), date(s), city and state and disposition. <i>Note: An affirmative answer will not necessarily result in disqualification for employment.</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

List relatives or friends employed by the company:	Relationship: _____
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**EMPLOYMENT**

Position Desired:	Salary Desired:
Check appropriate box of type of employment:	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary
What days and hours are you available for work?	
Are you available for overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No	When are you available to begin work?
Are you over 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	If under 18, can you provide a work permit? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, describe the functions that cannot be performed: _____	
(Note: We comply with the Americans with Disability Act and consider reasonable accommodation measures that may be necessary for eligible applications to perform essential functions)	

**SKILLS**

Many of our [customers] do not speak English. Do you speak, write, or understand any foreign language?

Yes  No

If yes, which language(s): \_\_\_\_\_

List other office machines or equipment you can operate: \_\_\_\_\_

Specific skills or training: What knowledge, special skills, and/or individual capabilities do you have which especially prepare you for the position applied for? \_\_\_\_\_

**EDUCATION**

Type of School	Name and Locations Of School	No. of Years Completed	Graduated?		Degree(s) Or Diploma(s)	Major Field(s) of Study
			Yes	No		
High School Or Trade School						
Business or Tech. School						
Jr. College and/or University						
Other Training (Explain)						

**EMPLOYMENT**

Experience: Please account for all employment within the last seven (7) years, beginning with your current or more recent employer. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g., volunteer experience, military service, experience gained over seven (7) years prior, etc.) Attach an additional sheet if extra space is needed.

**Answer the following questions if you are applying for a professional, licensed, or certified position**

Are you licensed/certified for the job applied for? Yes  No

Gun Permit Yes  No  Registration Number: \_\_\_\_\_  
 Guard Card Yes  No  Registration Number: \_\_\_\_\_  
 Drivers License Yes  No  License/certification number: \_\_\_\_\_  
 Forklift Certif. Yes  No

Has your license/certification ever been revoked or suspended? Yes  No

If yes, explain: \_\_\_\_\_

**POSITION HELD**

Company Name	Dates Employed From _____ To _____	Starting Salary From _____	Ending Salary To _____
Street Address	Job Title	Hours Worked From _____	To _____
City, State, Zip Code	Specific Job Duties:		
Telephone No. _____	1. _____ 2. _____ 3. _____		
Supervisor Name: _____			
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving?		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill you demonstrated on the job?		

**POSITION HELD**

Company Name	Dates Employed From _____ To _____	Starting Salary From _____	Ending Salary To _____
Street Address	Job Title	Hours Worked From _____	To _____
City, State, Zip Code	Specific Job Duties:		
Telephone No. _____	1. _____		
Supervisor Name:	2. _____		
	3. _____		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving?		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill you demonstrated on the job?		

Company Name	Dates Employed From _____ To _____	Starting Salary From _____	Ending Salary To _____
Street Address	Job Title	Hours Worked From _____	To _____
City, State, Zip Code	Specific Job Duties:		
Telephone No. _____	1. _____		
Supervisor Name:	2. _____		
	3. _____		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving?		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill you demonstrated on the job?		

**PERIODS OF UNEMPLOYMENT**

Please account for all periods of unemployment within the last seven (7) years, beginning with your most recent period of unemployment.

DATED UNEMPLOYMENT	REASON FOR UNEMPLOYMENT
From _____ To _____	

DATED UNEMPLOYMENT	REASON FOR UNEMPLOYMENT
From _____ To _____	

**MILITARY SERVICE**

Have you obtained any special skills or abilities as the result of service in the military? Yes  No

If yes, please describe: \_\_\_\_\_

**PERSONAL REFERENCES**

Please list at least two (2) persons NOT Related to you who have known you for least five (5) years.

Name _____	Address _____	Home phone No. _____
Name _____	Address _____	Home Phone No. _____

## PERSONAL REFERENCES

Name	Address	Home phone No.
Name	Address	Home Phone No.

## APPLICANT'S STATEMENT

(Initial each numbered item as read)

- \_\_\_1. The information that I have provided on this application is accurate to the best of my knowledge and may be verified by the Company or its agents.
- \_\_\_2. I authorized all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of the Company, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release the Company, my former employers and all other persons from any all claims, demands, or liabilities arising out or in any way related to such inquiry or disclosure.
- \_\_\_3. I understand that the Company is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis, or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the company has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test may be required as a condition of employment and my refusal to consent may result in a refusal to hire or, if already employed, termination.
- \_\_\_4. I authorize the company to obtain consumer reports from consumer reporting agencies for use in deciding whether or not to offer me employment. I understand that such reports may include information concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that if I am denied employment based upon information contained in any credit report, I will be provided with the name, address and telephone number of the consumer reporting agency, a copy of the report, and an explanation of my rights concerning it.
- \_\_\_5. I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
- \_\_\_6. I understand and agree that the employment for which I am applying is, and is intended to be, at-will and such employment may be terminated at any time with it without cause, without prior notice, by either myself or the Company. There will be no agreement, express or implied, between the Company and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of the Company.
- \_\_\_7. I understand that this application will no longer be active and will receive no further consideration once the position for which I am applying has been filled.
- \_\_\_8. I understand and agree that if I am offered a position, I will be required to agree to an arbitration agreement as a condition of employment. This arbitration agreement will require me to give up my right to a courtroom trial by a jury. I instead will be required to submit any employment-related dispute I may have to an arbitrator.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature (Please Type Full Name)

Sectran Security requires that you certify your application by submitting an electronic signature.

To submit an electronic signature, please type your name in the space provided.

I certify that all the information in my application is accurate and true.