

Professional Security – Centurion Security

APPLICATION

Date of Application

Date of hire

Instructions: Fill out the application completely and accurately. All statements in your application are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add additional pages and identify information by item. If a question does not apply to you, indicate by writing n/a in the answer blank. Print all responses legibly and in black ink.

PERSONAL INFORMATION

1. Name _____ / ____ / ____
Last First Middle Social Security number

Nicknames or aliases _____

2. Height ____ Feet ____ Inches Weight _____

3. Current mailing address _____
Number, Street City, State and Zip Code

Permanent address _____
(if different from above) Number, Street City, State and Zip Code

4. Contact numbers _____
Home Cellular Work E-mail

5. Date of birth _____ Place of birth _____

6. Citizenship ____ U.S. native ____ U.S. naturalized ____ other (specify)

7. List organizations, clubs or associations in which you participate: _____

8. List any certifications or special skills you have, or any activities in which you are an active participant relative to this job, including military training _____

9. What is your marital status: _____ Single _____ Married

10. Have you ever been convicted of a felony or a Class A misdemeanor in any state?

____ Yes ____ No

EMPLOYMENT INFORMATION

Instructions: Please give accurate, complete records for full-time and part-time employment. Start with your current or most recent employer.

1. Company name		Telephone	
Name of supervisor		Dates of employment	From: To:
Job title, description of work		Weekly pay	
Reason for leaving			
2. Company name		Telephone	
Name of supervisor		Dates of employment	From: To:
Job title, description of work		Weekly pay	
Reason for leaving			
3. Company name		Telephone	
Name of supervisor		Dates of employment	From: To:
Job title, description of work		Weekly pay	
Reason for leaving			

We will contact some or all of your previous employers and or supervisors. Do we have your permission to make these contacts? _____ Yes _____ No

Authorization signature

MILITARY SERVICE

Did you serve in the U.S. Armed Forces _____ Yes _____ No.

If so, specify the branch or branches served: _____

Are you a veteran of Viet Nam or any other armed conflict, if so, specify _____

Are you a special disabled veteran; if so, specify: _____

Signature of applicant	Date
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