



## APPLICATION FOR EMPLOYMENT

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOC.SEC.# \_\_\_\_\_  
LAST FIRST MIDDLE

CELL PHONE# \_\_\_\_\_ HOME PHONE# \_\_\_\_\_

IS THIS NUMBER YOUR NUMBER? YES \_\_\_\_\_ NO \_\_\_\_\_ IF NOT, WHO DOES THE PHONE BELONG TO? \_\_\_\_\_

OTHER NUMBERS WHERE YOU CAN BE REACHED \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

HOW LONG AT THIS ADDRESS? \_\_\_\_\_ PREVIOUS ADDRESS \_\_\_\_\_

REFERRED BY WHAT NEWSPAPER OR PERSON \_\_\_\_\_

### EMPLOYMENT DESIRED

WHAT TYPE POSITION ARE YOU APPLYING FOR? ARMED \_\_\_\_\_ UNARMED \_\_\_\_\_

HOURLY WAGE DESIRED \$ \_\_\_\_\_ MINIMUM STARTING WAGE PER HOUR \$ \_\_\_\_\_

DO YOU CURRENTLY POSSESS A GUARD LICENSE FROM THE STATE OF TN? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, TN GUARD LICENSE# \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

ARE YOU EMPLOYED NOW? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHERE? \_\_\_\_\_

WHAT DAYS AND HOURS DO YOU WORK AT THIS JOB? \_\_\_\_\_

MAY WE CONTACT YOUR CURRENT EMPLOYER? \_\_\_\_\_ DATE YOU CAN START? \_\_\_\_\_

TYPE OF WORK DESIRED: (CIRCLE ONE) FULL-TIME PART-TIME

FULL TIME MEANS THAT YOU ARE AVAILABLE ON ANY DAYS, INCLUDING WEEKENDS, DURING ANY HOURS.

### AVAILABILITY

CAN YOU WORK DAY SHIFTS (7-3/8-4) ANY DAY OF THE WEEK? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF NO, PLEASE EXPLAIN \_\_\_\_\_

CAN YOU WORK AFTERNOON SHIFTS (3-11/4-12) ANY DAY OF THE WEEK? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF NO, PLEASE EXPLAIN \_\_\_\_\_

CAN YOU WORK OVER-NIGHT SHIFTS (11-7/10-6) ANY DAY OF THE WEEK? YES \_\_\_\_\_ NO \_\_\_\_\_

CAN YOU WORK ON WEEKENDS (SATURDAYS AND SUNDAYS)? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE THERE OTHER DAYS AND/OR HOURS THAT YOU ARE NOT AVAILABLE TO WORK? \_\_\_\_\_

PLEASE EXPLAIN \_\_\_\_\_

ARE YOU CAPABLE OF BEING CALLED IN TO WORK WITHOUT PRIOR NOTICE? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU CAPABLE OF WORKING OUTSIDE? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU CAPABLE OF STANDING FOR LONG PERIODS OF TIME? YES \_\_\_\_\_ NO \_\_\_\_\_

CAN YOU PERFORM ALL OF THE ESSENTIAL FUNCTIONS WITH OR WITHOUT AN ACCOMMODATION?

YES \_\_\_\_\_ NO \_\_\_\_\_

**PERSONAL INFORMATION**

DO YOU OWN YOUR OWN TRANSPORTATION? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, DO YOU SHARE A VEHICLE? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU DEPEND ON OTHER FORMS OF TRANSPORTATION? \_\_\_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE? YES \_\_\_\_\_ NO \_\_\_\_\_

STATE \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED, CANCELED OR REVOKED? \_\_\_\_\_

IF YES, WHY? \_\_\_\_\_ REINSTATEMENT DATE \_\_\_\_\_

CAN YOU WORK EVENINGS AND LATE NIGHTS (PAST MIDNIGHT)? YES \_\_\_\_\_ NO \_\_\_\_\_

CAN YOU WORK WEEKENDS? YES \_\_\_\_\_ NO \_\_\_\_\_

WILL YOU WORK OVERTIME IF REQUESTED BY SECURITY ONE? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED OF A MISDEMEANOR OR FELONY? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPLAIN \_\_\_\_\_

DO YOU TAKE ILLEGAL DRUGS? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER BEEN ACCUSED OF STEALING FROM A PAST EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_

WHEN YOUR LAST EMPLOYER IS CALLED, WILL THEY GIVE YOU A GOOD REFERENCE? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU A U.S. CITIZEN? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NOT, DO YOU HAVE A RIGHT TO WORK IN THE U.S.? YES \_\_\_\_\_ NO \_\_\_\_\_

WHAT AREA OF TOWN DO YOU LIVE IN? (EX: FRAYSER, WHITEHAVEN, BINGHAMPTON, MIDTOWN, ETC.)

---

**EDUCATION**

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT (GED)? WHAT HIGH SCHOOL? \_\_\_\_\_

DID OR DO YOU ATTEND COLLEGE? \_\_\_\_\_ WHAT COLLEGE? \_\_\_\_\_

DID YOU GRADUATE? \_\_\_\_\_ TYPE OF DEGREE \_\_\_\_\_

WHAT IS OR WAS YOUR G.P.A.? \_\_\_\_\_ HAVE YOU EVER BEEN SUSPENDED FROM SCHOOL? \_\_\_\_\_

IF SO, FOR WHAT REASON? \_\_\_\_\_

ARE YOU PROFICIENT IN THE USE OF COMPUTERS? YES \_\_\_\_\_ NO \_\_\_\_\_

LIST ANY COMPUTER PROGRAMS (MICROSOFT WORD, EXCEL, ETC.) IN WHICH YOU ARE PROFICIENT

\_\_\_\_\_

CAN YOU TYPE? YES \_\_\_\_\_ NO \_\_\_\_\_

**MILITARY SERVICE**

BRANCH OF SERVICE \_\_\_\_\_ RANK AT DISCHARGE \_\_\_\_\_ DISCHARGE DATE \_\_\_\_\_

TYPE OF DISCHARGE (HONORABLE, GENERAL, DISHONORABLE, MEDICAL)? \_\_\_\_\_

**EMPLOYMENT HISTORY**

GIVE INFORMATION ON YOUR LAST THREE EMPLOYERS, STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER. DATES SHOULD INCLUDE MONTH AND YEAR. PERIODS OF UNEMPLOYMENT MUST BE EXPLAINED.

DATES	NAME, ADDRESS & PHONE OF PREVIOUS EMPLOYER	POSITION HELD NAME/TITLE OF SUPERVISOR	PAY RATE	REASON FOR LEAVING
-------	---	---	----------	-----------------------

FROM:  TO:				
FROM:  TO:				
FROM:  TO:				

LIST ANY EMPLOYER FROM WHICH YOU HAVE BEEN TERMINATED, LAID OFF, OR ASKED TO RESIGN, ETC., EVER

\_\_\_\_\_  
\_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY THE FOLLOWING:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND MANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR INTERNAL USE ONLY**

COMMENT

---

---

---

HIRED? YES \_\_\_\_\_ NO \_\_\_\_\_

POSITION OR LOCATION \_\_\_\_\_

START DATE \_\_\_\_\_

RATE OF PAY \_\_\_\_\_