



APPLICATION FOR EMPLOYMENT

For all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

Please fill out this application form and either fax it to us at (704) 442-9899 or mail it to Professional Security Services, PO Box 220041, Charlotte, North Carolina 28222. Please print below.

Date: _____

Position Applied For: SECURITY SPECIAL POLICE OTHER Type of Work: PART TIME FULL TIME

How Did You Learn About Us: EMPLOYMENT AGENCY FRIEND RELATIVE SECURITY WEB PHONE BOOK

OTHER _____

LAST NAME	FIRST NAME	MIDDLE NAME	SSN	DRIVERS LICENSE #	STATE
DATE OF BIRTH	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	PLACE OF BIRTH

EDUCATION/TRAINING/MILITARY

				YES OR NO			
HIGH SCHOOL	CITY/STATE	COLLEGE	CITY/STATE	MILITARY	BRANCH RANK	JOB TITLE	DISCHARGE TYPE

Read and Answer The Following Questions Carefully. Falsification of Any of The Below Questions Could Result in Denial of Employment!

Have you ever Plead Guilty to any crime? (Felony or Misdemeanor) Yes No

Have you ever Been Convicted of a crime? (Felony or Misdemeanor) Yes No

Have you ever Served Time? Yes No

Have you ever been placed on Parole or Probation? Yes No

CONTACT INFORMATION

Phone Numbers: _____
HOME CELL E-MAIL ADDRESS

RESIDENT ADDRESS HISTORY (Past 4 Years)

1. _____
MO / YR to MO / YR

ADDRESS STREET CITY STATE COUNTY ZIP CODE

2. _____
MO / YR to MO / YR

ADDRESS STREET CITY STATE COUNTY ZIP CODE

3. _____
MO / YR to MO / YR

ADDRESS STREET CITY STATE COUNTY ZIP CODE

4. _____
MO / YR to MO / YR

ADDRESS STREET CITY STATE COUNTY ZIP CODE

EMPLOYMENT HISTORY

1. _____
DATE STARTED NAME OF BUSINESS SUPERVISOR CONTACT NUMBER

DATE SEPARATED REASON FOR LEAVING LAST RATE OF PAY

DUTIES AND RESPONSIBILITIES

2. _____
DATE STARTED NAME OF BUSINESS SUPERVISOR CONTACT NUMBER

DATE SEPARATED REASON FOR LEAVING LAST RATE OF PAY

DUTIES AND RESPONSIBILITIES

I certify that the answers given are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond the this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that , unless otherwise defined by applicable law, any employment relationship with this organization is an at will nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. In the event of employment, I understand that false information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules, laws and regulations of the employer.

Sign _____ Date _____