

Employment Application

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodations for the application or interview.	Date of Review (Month/Day/Year)
APPLICANT DATA:	Position Applied for:
How were you referred to us:	

Full Name: _____

Address: _____ City: _____ State: **AL** Zip: _____

Phone: _____ Mobile/Pager/Other: _____ E-mail: _____

Date Available to Start: _____ Security Security # _____ Income Expectations Annually: _____

18 Years Or Older? Yes No

If no, please explain: _____

Have you ever worked for this company? Yes No If yes, when? _____

Do you have a CURRENT Guard Card? Yes No

Do you have a CURRENT Firearms Permit? Yes No

Type of employment desired: Full-Time Part-Time

Have you ever pleaded guilty, no contest, or been convicted of a crime Yes No

If yes, give dates and details: _____

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver license number if applicable to position: _____ State: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From: _____ To: _____ Position(s) Held: _____

Firm: _____ Address: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Start Annual Income and Title: _____ End Annual Income and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From: _____ To: _____ Position(s) Held: _____

Firm: _____ Address: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Start Annual Income and Title: _____ End Annual Income and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From: _____ To: _____ Position(s) Held: _____

Firm: _____ Address: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Start Annual Income and Title: _____ End Annual Income and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information giving in my application or interviews(s) may result in discharge.

Signature of Applicant: _____ Date: _____
