

Date _____



Application for Employment

Last
First
Middle

Personal Information	
Name (Last Name First):	Social Security Number:
Current Address:	Apt. No City: State: Zip:
Area Code and Telephone Number:	Cell Phone Number: Pager Number:
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have the legal right to work and be employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

Desired Employment		
Position:	Date you can start:	Salary Desired:
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied with this Company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Have you ever worked for this Company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Reason for leaving:		
Name of last supervisor at this Company:		

Education				
Circle highest grade completed in each category	Grade	High	College	Grad.
	1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
School Name	Location	Did you Graduate	Subject Studied	
Grammar School				
Jr. High School				
High School				
College				
Graduate School				
Apprentice, Business or Vocational School				

Military Information			
Branch of U.S. Service	Length of Service	Final Rank	Service Number
Schools or special experience acquired during service which are pertinent to position being applied for:			

Employment Record

List all previous employment, including Military Service, during the past ten (10) years. Do not Attach a résumé. Attach a separate list if more space is required.

Present or recent employer:			
Street Address:	City:	State:	Zip:
Job Title:	Start Date:	Leaving Date:	
Description of Work:			
Reason for Leaving:			
Weekly Starting Salary:	Weekly Final Salary:	May we contact your previous Supervisor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:	Title:	Phone Number:	

Present or recent employer:			
Street Address:	City:	State:	Zip:
Job Title:	Start Date:	Leaving Date:	
Description of Work:			
Reason for Leaving:			
Weekly Starting Salary:	Weekly Final Salary:	May we contact your previous Supervisor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:	Title:	Phone Number:	

Present or recent employer:			
Street Address:	City:	State:	Zip:
Job Title:	Start Date:	Leaving Date:	
Description of Work:			
Reason for Leaving:			
Weekly Starting Salary:	Weekly Final Salary:	May we contact your previous Supervisor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:	Title:	Phone Number:	

Give full names of three references - (Not relatives or employers)						
Reference 1						
Name:		Address:		Telephone Number:		
Relationship to applicant:				Years Known:		
Reference 2						
Name:		Address:		Telephone Number:		
Relationship to applicant:				Years Known:		
Reference 3						
Name:		Address:		Telephone Number:		
Relationship to applicant:				Years Known:		
Driving Experience						
List all driving Licences or Permits ever held - Class						
State	Commercial or Chauffeur's Licence or Permit			Personal Licence or Permit		Restrictions
	Type:	Number:	Exp. Date:	Number:	Exp. Date:	
Has any License, Privilege or Permit you ever held been:		Suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Denied:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted, cited or forfeited bond or collateral for driving while intoxicated or under the influence?				<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	
Unemployment Data						
Complete only if you were unemployed and not attending school at anytime during the past ten (10) years						
Start of Unemployment	Month/Year	End of Unemployment		Month/Year		
Criminal Record						
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date:	Place:	Offence:	Disposition:
Have you ever been Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No			If so, what organization?			

I certify that the facts contained in this Pre-Employment Application are true and correct, to the best of my knowledge, and understand that if employed, falsified statements on this Pre-Employment Application shall be grounds for dismissal.

Applicant Name: _____

Date: _____

Applicant Signature: _____

Witness Name: _____

Date: _____

Witness Signature: _____



World Private Security, Inc.

Pre-Employment Questionnaire

	YES	NO
1. HAVE YOU EVER APPLIED BEFORE WITH OUR COMPANY?	<input type="checkbox"/>	<input type="checkbox"/>
2. DO YOU HAVE SECURITY EXPERIENCE?	<input type="checkbox"/>	<input type="checkbox"/>
3. DO YOU HAVE A GUARD CARD?	<input type="checkbox"/>	<input type="checkbox"/>
4. DO YOU HAVE A VEHICLE?	<input type="checkbox"/>	<input type="checkbox"/>
5. HOW FAR ARE YOU WILLING TO TRAVEL?		MILES
6. ARE YOU WILLING TO SUBMIT TO A DRUG TEST?	<input type="checkbox"/>	<input type="checkbox"/>
7. ARE YOU WILLING TO SUBMIT A POLYGRAPH TEST?	<input type="checkbox"/>	<input type="checkbox"/>
8. HAVE YOU EVER BEEN ARRESTED?	<input type="checkbox"/>	<input type="checkbox"/>
9. DO YOU HAVE ANY FELONIES OR MISDEMEANORS?	<input type="checkbox"/>	<input type="checkbox"/>
10. ARE YOU CURRENTLY ON BAIL?	<input type="checkbox"/>	<input type="checkbox"/>
11. DO YOU CURRENTLY HAVE ANY LAWSUITS PENDING?	<input type="checkbox"/>	<input type="checkbox"/>
12. ARE YOU CURRENTLY RECEIVING/OR HAVE RECEIVED WORKERS COMPENSATION BENEFITS?	<input type="checkbox"/>	<input type="checkbox"/>
13. ARE YOU CURRENTLY RECEIVING UNEMPLOYMENT BENEFITS?	<input type="checkbox"/>	<input type="checkbox"/>
14. DO YOU HAVE ANY MEDICAL CONDITIONS THAT MAY PREVENT YOU FROM PERFORMING YOUR DUTIES AS A SECURITY OFFICER?	<input type="checkbox"/>	<input type="checkbox"/>
15. HAVE YOU EVER WORKED FOR OUR COMPANY BEFORE?		
16. YES _____ WHEN? _____ NO _____		
17. DO YOU HAVE ANY/OR HAD RELATIVES/OR FRIENDS WORKING FOR OUR COMPANY?		
18. YES _____ IF YES WHO? _____ NO _____		

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

EMPLOYEE NAME: _____ DATE: _____

WITNESS: _____

EMPLOYER'S REPRESENTATIVE: _____



World Private Security, Inc.

Us Employment Application

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BECAUSE OF RACE, RELIGION, COLOR, AGE, GENDER, NATIONAL ORIGIN, MARITAL STATUS, DISABILITY OR HANDICAP, VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER STATUS PROTECTED BY LAW, NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION.

THIS IS NEITHER AN EMPLOYMENT CONTRACT NOR A GUARANTEE OF EMPLOYMENT. YOUR COMPLETED APPLICATION WILL BE MAINTAINED IN OUR ACTIVE FILES FOR THIRTY (30) DAYS FROM THE DATE OF APPLICATION. YOU MAY SUBMIT A NEW APPLICATION OR UPDATE YOUR CURRENT APPLICATION AT ANY TIME.

1. If you require any special reasonable accommodation in completing this application, interviewing, completing any pre-employment testing, or otherwise participation in the employee selection process, please advise us.
2. Read all questions carefully. Please print your answers.
3. You will be required to pass a drug screening test as a condition of employment.
4. You may be required, as a condition of employment, to complete World Private Security, Inc. Ethical Conduct, confidentiality agreement, patent assignment, and/or other pre-employment forms or agreements.
5. The Company may request a consumer report or an Investigation consumer report as part of the application process. You must complete the “Fair Credit Reporting Act Disclosure and Authorization Statement”, or other applicable disclosure/authorization statement, which will be provided to you with this application, in order to be considered for employment.