



# EMPLOYMENT APPLICATION

*AN EQUAL OPPORTUNITY EMPLOYER*

## PERSONAL INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_

First Middle Last

ADDRESS \_\_\_\_\_

Street City State Zip Code

SOCIAL SECURITY NUMBER \_\_\_\_\_ Are you 18 years or older?  YES  NO

PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ PAGER # \_\_\_\_\_ WORK # \_\_\_\_\_

Are you legally able to work in the U.S.A.?  YES  NO

Salary Requirements \$ \_\_\_\_\_ If the job needs one, I have a current VALID driver's license?  YES  NO

Have you ever been convicted of a misdemeanor or felony?  YES  NO. Convictions may not stop you from being eligible for hire. Please describe any convictions: \_\_\_\_\_

Have you signed a non-compete agreement or employment contract in the past year or so?  YES  NO. If yes, describe: \_\_\_\_\_

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

I desire to work:  FULL-TIME  PART-TIME  TEMPORARY

I PREFER to work what shift(s)?  DAY SHIFT  EVENING SHIFT  NIGHT SHIFT  ANY SHIFT

What hours can you work? MONDAY \_\_\_\_\_ TUESDAY \_\_\_\_\_ WEDNESDAY \_\_\_\_\_

THURSDAY \_\_\_\_\_ FRIDAY \_\_\_\_\_ SATURDAY \_\_\_\_\_ SUNDAY \_\_\_\_\_

Are you employed now?  YES  NO. If yes, may we inquire of your current employer?  YES  NO

Do you plan to work another job? If yes, what hours? \_\_\_\_\_

## TRANSPORTATION

I have reliable transportation to: (check all that apply)

- All Hampton Roads work assignments
- Just those close to a bus stop / other public transportation
- Just those close to my residence
- Just those where a friend or family could drop me off
- It matters based on the shift I work
- I do not have reliable transportation - I walk to work
- I don't know

## JOB REQUIREMENTS

Have you ever worked for a company in our industry before?  YES  NO. If yes, when? \_\_\_\_\_

What Company? \_\_\_\_\_ What State? \_\_\_\_\_

Why do you want to work for our company? \_\_\_\_\_

What behaviors are needed to be successful in this job? \_\_\_\_\_

EDUCATION	NAME OF SCHOOL	LOCATION	# YEARS	GRAD?	DEGREE NAME
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE					
Trade, business or other school					

**MILITARY SERVICE**

U.S. Military [ ] YES [ ] NO National Guard [ ] YES [ ] NO. Branch \_\_\_\_\_ Rank \_\_\_\_\_  
 Active Now? [ ] YES [ ] NO Position Title or Summary \_\_\_\_\_

**EMPLOYMENT HISTORY**

List your last five (5) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below.

EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
JOB TITLE _____	Hourly Rate/Salary		
SUPERVISOR NAME _____ PHONE # _____	\$ Per		
REASON FOR LEAVING _____			
EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
JOB TITLE _____	Hourly Rate/Salary		
SUPERVISOR NAME _____ PHONE # _____	\$ Per		
REASON FOR LEAVING _____			
EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
JOB TITLE _____	Hourly Rate/Salary		
SUPERVISOR NAME _____ PHONE # _____	\$ Per		
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EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
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EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
JOB TITLE _____	Hourly Rate/Salary		
SUPERVISOR NAME _____ PHONE # _____	\$ Per		
REASON FOR LEAVING _____			

Comments, including explanation of gaps of employment \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules, regulations and Supervisor's directions. I agree that my employment is at-will, and that my employment and compensation can be terminated, with or without cause, and with or without notice, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than the President, and then only in writing, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the forgoing. **I further authorize all work related verifications of employment, education, training or other work related information, as well as credit or criminal records checking. I authorize all of this information to be provided to the company or their agent and release them from any liability which might be claimed. If required, I agree to fully participate and complete the required pre-employment drug screening.**

Applicant's Signature \_\_\_\_\_

DATE \_\_\_\_\_

# Release and Authorization Statement

I authorize the procurement of a consumer report on me.

In connection with this request, I authorize all corporations, companies, former and current employers, consumer reporting agencies, educational institutions, law enforcement agencies, motor vehicle departments, city, state, county, and federal courts, military services, and persons to release information they may have about me to AK Security Security Services, with which this form has been filed and release all parties involved from any liability and responsibility for doing so.

This authorization, in original, fax or copy form, shall be valid for this and any future reports or updates that may be requested.

PLEASE PRINT:

\_\_\_\_\_  
(Last Name)                      (First Name)                      (Middle Initial)

\_\_\_\_\_  
(Maiden Name/Former Name)

\_\_\_\_\_  
(Current address, city, state, & zip)

\_\_\_\_\_  
(Former address, city, state, & zip)

\_\_\_\_\_  
(Social Security Number)                      (Date of Birth)\*

\_\_\_\_\_  
(Driver License Number)                      (State of Issue)

\_\_\_\_\_  
(Signature)                      (Date)

•  
Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.