

EMPLOYMENT APPLICATION



Applicant Information										
Last Name				First Name				Middle		
Current Address				City, State				Zip Code		
Phone Number				Email Address						
Employment Desired										
Position (check all that apply): <input type="checkbox"/> Dispatch <input type="checkbox"/> Standing Guard <input type="checkbox"/> Patrol Driver <input type="checkbox"/> Other										
If applying for Patrol, in order to drive a company vehicle, you must be at least 21 years of age.										
Do you meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Type of employment (check all that apply): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On call										
How did you hear about our company and this job opening?										
Have you applied with Element Security Solutions or STC before? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Have you ever worked for Element Security Solutions? If so, please provide dates:										
Do you have relatives who currently work for Element Security Solutions?										
What are your hours of availability? Use the spaces below and specify time frames of which you can work.										
	SUN	MON	TUE	WED	THUR	FRI	SAT	Example		
From								8am	9pm	3pm
To								9pm	7am	1am
Overnight? Yes or No								NO	YES	Only until 1am
Are you available to work split shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No Example: 12pm-3pm and 6pm-11pm										
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No										
If No, describe the functions that cannot be performed:										
NOTE: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and a skills and ability test.										

Education			
Name of High School/College/Vocational School	Dates Attended From/To	Qualifications Obtained	
Qualifying Certifications			
Permits	Permit Number	Expiration Date	Years of Experience
Guard Card			
Exposed Firearms			
CCW			
Baton		Date, if expired.	
Chemical Agent		Date, if expired.	
CPR/AED	Date Issued		
Taser Intl.	Date Issued		
ECD-Electronic Conduction Device	Date Issued		
Employment History			
List below all present and past employment starting with your most recent employer (last 7 years is sufficient). You must complete this section even if attaching a resume.			
Start Date (MM/YY)	End Date (MM/YY)	Employers Name	
Address for Employer:			
Last position held:			
Duties Performed:			
Reason for Leaving:			
Supervisors Name:		May we contact this employer as a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History (continued)

Start Date (MM/YY)	End Date (MM/YY)	Employers Name

Address for Employer:

Last position held:

Duties Performed:

Reason for Leaving:

Supervisors Name: May we contact this employer as a reference: Yes No

Employment History (continued)

Start Date (MM/YY)	End Date (MM/YY)	Employers Name

Address for Employer:

Last position held:

Duties Performed:

Reason for Leaving:

Supervisors Name: May we contact this employer as a reference: Yes No

Employment History (continued)

Start Date (MM/YY)	End Date (MM/YY)	Employers Name

Address for Employer:

Last position held:

Duties Performed:

Reason for Leaving:

Supervisors Name: May we contact this employer as a reference: Yes No

References

List below two persons not related to you who have knowledge of your work performance within the last three years. These references should be past Supervisors.

First Name, Last Name	Phone Number	Relationship
First Name, Last Name	Phone Number	Relationship

Please read Carefully, initial each paragraph and sign below.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials_____

I hereby authorize to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above.

I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials_____

I understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials_____

Applicant Name (print)

Date