



APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____
LAST FIRST MIDDLE SOCIAL SECURITY

Address _____

Street City State Zip Code

Telephone # () _____ - _____ Mobile/Beeper/Other # () _____ - _____

Driver's License / ID number _____ State _____

E-mail Address _____

Position(s) applied for _____ Date of application ____/____/____

Referral Source: Advertisement ___ Employee ___ Relative ___ Government Employment

Agency ___ Walk-in ___ Private Employment Agency ___ Other ___

Name of source (if applicable) _____

If necessary, best time to call at home is: _____ AM ___ PM

Do you know anyone working at Mike Garcia Merchant Security? ___ YES ___ NO

May we contact you at work? ___ YES ___ NO

If yes, work number and best time to call: () _____ - _____ AM ___ PM

If you are under 18 and it is required, can you furnish a work permit? ___ YES ___ NO

If no, please explain: _____

Have you submitted an application here before? ___ YES ___ NO

If yes, give date(s) and position(s) ____/____/____

Have you ever been employed here before? ___ YES ___ NO

If yes, give dates From: ____/____/____ To: ____/____/____

Are you legally eligible for employment in this country? ___ YES ___ NO

Date available for work ____/____/____

What is your desired salary range? \$____.____

Type of employment desired: Full -Time _____ Part -Time _____ Temporary _____

Can you work any day and any schedule? ___ YES ___ NO

Will you travel if job requires? ___ YES ___ NO

Are you able to meet the attendance requirements of the position ___ YES ___ NO

Will you work overtime if required? ___ YES ___ NO

Have you ever been bonded? ___ YES ___ NO

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ___ YES ___ NO

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

*****FOR OFFICE USE ONLY*****

Full or Part Time	Any Shift	City Wide	Reliable Trans.	Experience
Citations	DPS License/Training	Expiration	Disposition	Entered

APPLICATION FOR EMPLOYMENT

EMPLOYMENT HISTORY:

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comment section below.

EMPLOYER ()_____-_____
TELEPHONE #

ADDRESS City State Zip

POSITION/TITLE STARTING JOB DATE FINAL JOB DATE

IMMEDIATE SUPERVISOR'S NAME

REASON FOR LEAVING

MAY WE CONTACT FOR REFERENCE? YES NO

EMPLOYER ()_____-_____
TELEPHONE #

ADDRESS City State Zip

POSITION/TITLE STARTING JOB DATE FINAL JOB DATE

IMMEDIATE SUPERVISOR'S NAME

REASON FOR LEAVING

MAY WE CONTACT FOR REFERENCE? YES NO

EMPLOYER ()_____-_____
TELEPHONE #

ADDRESS City State Zip

POSITION/TITLE STARTING JOB DATE FINAL JOB DATE

IMMEDIATE SUPERVISOR'S NAME

REASON FOR LEAVING

MAY WE CONTACT FOR REFERENCE? YES NO

COMMENTS (Including explanation of any gaps in employment)

APPLICATION FOR EMPLOYMENT

SKILLS AND QUALIFICATIONS:

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

EDUCATIONAL BACKGROUND (if job related):

A. List last three (3) schools attended, starting with most recent.

School	Years Completed	Degree	GPA	Major

REFERENCES:

Lists names and telephone number of three (3) business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three schools or personal references who are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN

ADDITIONAL INFORMATION:

HAVE YOU EVER SERVED IN THE MILITARY:

List any additional information you would like us to consider:

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APPLICANT STATEMENT:

Name _____
LAST FIRST MIDDLE SOCIAL SECURITY

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice. The employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of applicant

Date

APPLICATION FOR EMPLOYMENT

BASIC QUALIFICATIONS QUESTIONNAIRE

NAME: _____
First, Last MI

DATE: _____

LOCATION: _____
City State

1. How many years of experience do you have as a private security officer, law enforcement officer, or prior military service? _____

2. Y ___ N ___ Are you currently licensed and in the possession of an active armed security officer commission? _____

3. Y ___ N ___ Do you or have you ever worked or possessed a permit to carry a firearm as a private security officer, law enforcement officer, or prior military service, to include concealed weapon permit(s) issued by a particular State(s) in the U.S.? If so, are you able to provide us with appropriate documents in preparation for personal pre-employment interview(s)? _____

4. Y ___ N ___ Have you ever worked on a Government facility as a security / law enforcement / military police officer? _____

5. Y ___ N ___ Have you ever been convicted of a felony in any State in the U.S.?

6. Y ___ N ___ Are you currently employed, and if so where and in what capacity? _____

7. Y ___ N ___ Have you ever held a security clearance and/or background investigation conducted by the Federal Government? _____

8. Y ___ N ___ Have you ever been certified as a Federal Contract Guard by any Federal Agency such as the General Services Administration (GSA), Department of Energy (DOE), Department of Transportation (DOT), Federal Aviation Administration (FAA) or other State or Federal Agency?

9. Y ___ N ___ Do you have a home telephone and a reliable source of transportation available for your use at all times? If so, please provide so we can contact you for an interview. (_____) _____

10. Are you seeking a full-time or part time position? _____

11. Y ___ N ___ Applicants for certain positions may require you to submit to one or more of the following pre-employment, post-employment testing sequences depending on Government customer requirements: security clearance investigations, drug and/or alcohol testing, urinalysis, psychological, or personality profiling. Do you understand this requirement?

12. Y ___ N ___ Do you have proof of a High School diploma and/or appropriate equivalence testing available in preparation for personal pre-employment interview(s)?

13. How were you referred to this Company? _____

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

Mike Garcia Merchant Security (MGMS) is an equal opportunity/affirmative action employer. We consider all applicants for positions without regard to race, color, religion, sex, ethnic origin, age, mental or physical disabilities, except where sex, age and or disability are determined to be bona fide considerations or are restricted by Federal and State statutes. We also comply with all applicable laws governing employment practices.

In order to demonstrate its compliance with nondiscrimination statutes and to measure the good faith effort of this Affirmative Action Plan, MGMS is required by federal regulation to make an annual analysis of applicants for employment. Please complete this form and submit it with your application. Providing this information voluntary; the information is collected for state/federal reporting requirements and will not be used in a discriminatory manner. The information is kept in strict confidence. Your cooperation in providing this information is sincerely appreciated.

Affirmative Action Applicant Form

Name _____ Date _____
 LAST FIRST MIDDLE

Position(s) applied for _____

MALE FEMALE ZIP CODE WHERE YOU LIVE _____

Referral Source (check one)

- Walk-in Employee Government Employment Agency
 Relative School Private Employment Agency
 Advertisement-Specify _____ Other _____

Veteran Status (check all that apply)

- Vietnam Era Veteran
 Disabled Veteran
 Disabled

Race/Ethnic Identification (check one)

- American Indian / Alaskan Asian / Pacific Islander
 Black (not of Hispanic origin) Hispanic
 White (not of Hispanic origin) Other-Specify _____