



Security Guards, Inc.

WSK & Associates

DATE OF APPLICATION _____

EMPLOYMENT APPLICATION

Please print carefully in ink. Answer all questions; if a question does not apply, so state. Omission of personal information, in itself is not the sole basis for rejection of an applicant.

Name _____ Social Security No. * _____
Last First Middle

Present Address _____ How long at this address? _____

City _____ State _____ Zip _____ Phone _____

Position applied for _____ Salary expected _____ Other positions of interest _____

Are you interested in full time _____ or part time _____ work? 1st Shift? _____ 2nd Shift? _____ 3rd Shift? _____ Weekends? _____

Are you at least 18 years of age? _____ Yes _____ No *How were you referred to SGI? _____

Have you ever worked for SGI? _____ Yes _____ No To _____ From _____

Have you lived in the state of PA for 24 consecutive months? _____ Yes _____ No Are you a US citizen? _____ Yes _____ No

Do you have a valid driver's license? _____ Yes _____ No

Are you presently certified as a security officer to carry a lethal weapon in any state? _____ If so, when and which state? _____

PERSONAL INFORMATION

I understand that a background investigation will be conducted as required because the within application is filed for the purpose of submitting an application of employment as a security person. Accordingly, I voluntarily consent to answer the following questions:

Have you ever been convicted of a crime other than a minor traffic violation? _____ If yes, explain below:

Date	Place	Charge	Detailed Description

Give the name of three persons whom you have known for at least five years. DO NOT list relatives, previous employers or clergypersons.

Name	Address	Phone #

EDUCATION

	Name of School	Address	Graduated (Yes or No)	Concentration
High School				
College				
Other				

MILITARY STATUS

If Veteran – Supply copy of DD-214

Have you ever been a member of the Armed Services of the U.S., or in a State Militia? _____

If so, did your military experience have any relationship to the position for which you have applied? _____

EMPLOYMENT

Give complete employment history starting with your present or last employer. Dates should include month and year.

Dates	Name, Address and Phone # of Employer	Position Held and Name and Title of Immediate Supervisor	Pay Rate	Reason for Leaving

APPLICANT'S CERTIFICATE & RELEASE

Read Carefully Before Signing

With the submission of this application I certify that all statements are true and correct to the best of my knowledge and belief. Any misrepresentation or omissions on this application may be sufficient cause for rejection of the application or dismissal after employment (Employment is conditional pending final approval of the employment physical examination which includes a substance and alcohol screen, and successful completion of the orientation period.) It is understood that my employment with Security Guards, Inc. (SGI) is at will and may be discontinued at any time by either SGI or myself.

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

I agree that I will not accept employment by any client, or former client, or temporary/personnel agency of a client, or competitor of the Company, where I have been employed by the Company for a period of 120 days from the termination of my employment with the Company. I agree that I will not divulge to anyone, other than as I may be directed by Security Guards, Inc., any information acquired by me during my employment, except as may be required by law.

I hereby authorize any former employer, person, firm, corporation, or government agency to answer any and all questions and to release or provide any information within their knowledge or records and I agree to hold any or all of them blameless and free of any liability for releasing any truthful information that is within their knowledge or records.

I recognize that Security Guards, Inc. is not an employment agency, and that I am not applying for work with Security Guards, Inc. in order to secure employment with a Security Guards, Inc. customer.

I also understand that equipment issued to me is the property of Security Guards, Inc. and that I shall return such property in operable condition upon request or termination of my employment with Security Guards, Inc., and failure to do so may result in civil or criminal action against me.

Signature _____

Date _____