

APPLICATION FOR EMPLOYMENT



PREFERRED SECURITY PROVIDERS, INC.
“PROFESSIONALISM EXPERIENCE DEDICATION”

CORPORATE OFFICE: (888) 278-7909

Equal access to programs, services and employment is available to all persons. Those applicants requiring Accommodation to the application and/or interview process should contact the office directly to arrange special accommodations.

Position(s) Applied For _____ Wage Desired _____

Referral Source: Advertisement Walk-in Employee Relative Private Employment Agency Government Agency
 Other _____ Name of Source (If Applicable) _____

Please answer all questions. Resumes are not accepted in lieu of completion of this application.

_____/_____/_____
 Last Name First Middle Date

_____(____)____-____
 Present Address Street City/State Zip Code Telephone Number

Are you legally eligible for employment in the U.S.? Yes No
 Upon employment, proof of U.S. citizenship or immigration status will be required.
 Have you been convicted of a felony within the last 7 years? Yes No
 If yes, give dates and explain. A conviction will not necessarily disqualify you from employment.

Are you now employed? Yes No are you on layoff and subject to recall? Yes No
 Date available for work _____
 Type of Employment Desired: Full Time Part Time Temporary Seasonal Educational Co-Op
 If you are under 18, can you furnish a work permit? Yes No

EDUCATIONAL DATA

School	Print Name and Address	No. of years completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Bus., Correspondences				

In order to permit a check of your work and educational work records, should we be make aware of any changes of name or assumed name that you previously used? Yes No If Yes, identify name and relevant dates. _____

An Equal Opportunity Employer
 All potential employees are evaluated without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

List employment held. Start with your present or last job. Include military experience. Explain any gaps in employment in comments sections below. This section may accompany a resume but you are still required to complete this section.

Employer Telephone ()	Dates Employed From To	Summarize the nature of the work performed and job responsibilities:
Address		
Job Title	Hourly Rate/Salary From To	
Immediate Supervisor and Title	\$ Per	
Reason for Leaving	Hourly Rate/Salary Final	
May we Contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$ Per	
Employer Telephone ()	Dates Employed From To	Summarize the nature of the work performed and job responsibilities:
Address		
Job Title	Hourly Rate/Salary From To	
Immediate Supervisor and Title	\$ Per	
Reason for Leaving	Hourly Rate/Salary Final	
May we Contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$ Per	
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May we Contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Employer Telephone ()	Date Employed From To	Summarize the nature of the work performed and job responsibilities:
Address		
Job Title	Hourly Rate/Salary From To	
Immediate Supervisor and Title	# Per	
Reason for Leaving	Hourly Rate/Salary Final	
May we Contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	# Per	

Comments (including explanation of any gaps in employment) _____

Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company. _____

Honors, special accomplishments, publications and awards: Exclude information, which would reveal sex, race, religion, national origin, age, color, disability or other protected status. _____

Have you ever been dismissed or forced to resign from any employment? Yes No If Yes, please explain.

Driver's License number _____ Expiration Date _____ State _____

Has your Drivers License ever been suspended or revoked? Yes No If Yes, please explain.

Can you travel if the job requires it? Yes No Will you work overtime if asked? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Have you served in the United States armed forces? Yes No If so what branch

Are you currently on active duty? Yes No

Initial the shift(s) and days that you are available.

Shift	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
First							
Second							
Third							

List any foreign languages (s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

Do you have any friends or relatives who work here? Yes No

Name _____ Relationship _____

CHARACTER REFERENCES

List three persons not related to you, whom you have known at least one year.

NAME

ADDRESS AND TELEPHONE

OCCUPATION

1. _____

2. _____

3. _____

List below any other information or remarks that you wish to have considered as a part of your application for employment.

Please list ALL State Security License(s) along with document number and expiration dates.

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

JOB DESCRIPTION

I give the employer the right to contact and obtain information from all references, employers, schools, and to verify the accuracy of the information contained in this application. I hereby release the employer and its representatives from liability for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

This application is current for only 120 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that if I am employed, any misrepresentation or material omission made by me on this application may be sufficient cause for immediate termination, wherever/whenever it is discovered.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and the federal immigration laws require me to complete and I-9 Form in this regard.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. 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 local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause along with a 10-day prior notice. The employer reserves the right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law or unfavorable work performance by the employee. All employees are subject to a ninety (90) day probationary/introductory period.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary.

I have read and fully understand the above and seek employment under these conditions.

APPLICANT NOTICE: This information has been adopted from guidelines established by the U.S. Department of Labor, and can be used to assure the safety and productivity required by helping more accurately match employee qualifications with job functions.

SECURITY OFFICER: The security officer is assigned to a client facility to protect all property within the limits of the premises and to protect the lives of the employees and others on the property within the authority governed under the State of Florida Statute 493.

ESSENTIAL FUNTIONS OF THE JOB: Providing, building and promise security to the clients property; enforcing client company policies, acting as a deterrent to theft, arson, sabotage, etc.; responding to alarm signals; being alert to observe, correct and report fire and safety hazards; promoting safety to prevent accidents; further employee-management relations, good will, and public relations; making routine and special reports to Supervisors; enforcing rules and policies that have been established for the protection of this facility; **the security officer is not a police officer, nor does he/she have any police power of arrest.** The security officer's rights and powers are not more and no less than those of the U.S. citizen.

Signature of Applicant _____ Date _____

DO NOT WRITE IN THIS BOX

DATE:	TIME:	AVAILABLE AREA:			
TEL NO:		AVAILABLE DAYS:			
ALTERNATE:	E-MAIL:	AVAILABLE HOURS:			
COMMUNICATION SKILLS:		COMPUTER EXP:			
EXPERIENCE:		UNARMED		ARMED	
SPECIAL NEEDS:		SALARY DESIRED:			
APPEARANCE:	O VG G U	OVERALL RATING:		O VG G U	
REFERRED BY:		SELECTED SITE:			
MISC:		INTERVIEWED BY:			



PREFERRED SECURITY PROVIDERS, INC.

EMPLOYER INDEMNITY AGREEMENT

The undersigned, in consideration of being employed by Preferred Security Providers, Inc. agrees to fully indemnify and hold harmless the company from any claim by any third party alleging wrongdoing or neglect on my part, and for any expense or loss incurred by Preferred Security Providers, Inc. as a result of any violation of state or federal law, agency rule or regulation that was within the scope of my employment. Any claims for which the company is adequately insured and/or any liability to which the company or any other employee shares responsibility are exempt from this indemnity.

In the event of any asserted claim against the company, I will defend at my own expense, save harmless, indemnify and reimburse the company for any loss or liability that may arise from such asserted claim.

Preferred Security Providers, Inc. Agent

Date

Applicant Printed Name

Applicant Signature

Authorization to Release Information

_____ hereby authorize Preferred Security Providers Inc, it's agent, or any agent/assigns of their company, to contact any of my previous employers, schools, individuals and/or persons, educational institutions, private companies, businesses and or corporations, credit reporting agencies, local, state, and federal law enforcement and governmental agencies, to supply Preferred Security Providers, Inc it's agent, or any agent/assigns of their company any information maintained in their records concerning my background and character. I also hereby release any of the above from any liability and responsibility arising from doing so.

I also hereby authorize, as a condition of employment or as part of my duties relating to employment, for the release of all appropriate background information regarding my Personal Credit History, Criminal Record History, Driving Record History, Workers Compensation Claim History, Educational Records and/or any other applicable information permissible under the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681 et seq, (**FCRA**), Federal Trade Commission interpretations of the FCRA, and all local, state and federal governing laws pertaining to employment, insurance or credit history.

I understand that the information will be used for the sole purposes of verifying information as stated by me on my resume, application for employment and or any other documentation completed by me for the purpose of investigating and verifying my background.

I believe that to the best of my knowledge and ability that all of the information I have provided pertaining to my personal background and history is accurate, true and correct and that I fully understand the terms of this release.
(Please Print Clearly)

<hr/>			
First Name	Middle Name	Last Name	
<hr/>			
Alias or Maiden Name:	_____	Sex: Male/Female (Circle One)	
<hr/>			
_____	/ /19	_____	_____
Social Security Number	Date of Birth	Drivers License Number	State
<hr/>			
Current Address	City	State	Zip
<hr/>			
Signed on this _____ day of _____, in the year 20_____			

Signature

Date of birth is being requested to ensure accurate retrieval and verification of records.

*This information is used for positive identification only and is not a means of qualification or disqualification for employment. Under Federal law, you need not provide this information and your refusal to provide this information can not be used to make any adverse decision.