

# APPLICATION FOR EMPLOYMENT

Provide all information requested by printing in ink or typing.

## GENERAL INFORMATION

|                           |                        |                  |  |
|---------------------------|------------------------|------------------|--|
| Name (Last)               | (First)                | (Middle Initial) | Home Telephone<br>( ) -  |
| Address (Mailing Address) | (City)                 | (State)          | (Zip)  |
| Date of Birth             | Social Security Number | Email Address    | Other Telephone<br>( ) -   |
|                           |                        |                  | Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No |

## POSITION

|   |   |  |
|---|---|--|
| Position Or Type Of Employment Desired  | <b>Will Accept:</b><br><input type="checkbox"/> Part-Time<br><input type="checkbox"/> Full-Time<br><input type="checkbox"/> Temporary | <b>Shift:</b><br><input type="checkbox"/> Day<br><input type="checkbox"/> Swing<br><input type="checkbox"/> Graveyard<br><input type="checkbox"/> Rotating |
| Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |
| Salary Desired  | Date Available  |  |

## EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed?  Yes  No  
 If no, list the highest grade completed

**College, Business School, Military (Most recent first)**

| Name and Location | Dates Attended<br>Month/Year | Credits Earned              |                 | Graduate                     | Degree & Year | Major or Subject |
|-------------------|------------------------------|-----------------------------|-----------------|------------------------------|---------------|------------------|
|                   |                              | Quarterly or Semester Hours | Other (Specify) |                              |               |                  |
|                   | From                         |                             |                 | <input type="checkbox"/> Yes |               |                  |
|                   | To                           |                             |                 | <input type="checkbox"/> No  |               |                  |
|                   | From                         |                             |                 | <input type="checkbox"/> Yes |               |                  |
|                   | To                           |                             |                 | <input type="checkbox"/> No  |               |                  |
|                   | From                         |                             |                 | <input type="checkbox"/> Yes |               |                  |
|                   | To                           |                             |                 | <input type="checkbox"/> No  |               |                  |
|                   | From                         |                             |                 | <input type="checkbox"/> Yes |               |                  |
|                   | To                           |                             |                 | <input type="checkbox"/> No  |               |                  |

|   |        |              |                 |
|---|--------|--------------|-----------------|
| Occupational License, Certificate or Registration | Number | Where Issued | Expiration Date |
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Languages Read, Written or Spoken Fluently Other Than English

## VETERAN INFORMATION (Most recent)

|                   |               |                   |
|-------------------|---------------|-------------------|
| Branch of Service | Date of Entry | Date of Discharge |
|-------------------|---------------|-------------------|

## SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

## WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

|           |                             |                   |
|-----------|-----------------------------|-------------------|
| Employer  | Telephone Number ( ) -      | From (Month/Year) |
| Address   |                             |                   |
| Job Title | Number Employees Supervised | To (Month/Year)   |

|   |                             |                    |
|---|-----------------------------|--------------------|
| Specific Duties (Maximum 1000 characters) |                             | Hours Per Week     |
|   |                             | Last Salary        |
|   |                             | Supervisor         |
|   |                             | Reason For Leaving |
| Employer                                  | Telephone Number ( ) -      | From (Month/Year)  |
| Address                                   |                             |                    |
| Job Title                                 | Number Employees Supervised | To (Month/Year)    |
| Specific Duties (Maximum 1000 characters) |                             | Hours Per Week     |
|   |                             | Last Salary        |
|   |                             | Supervisor         |
|   |                             | Reason For Leaving |
| Employer                                  | Telephone Number ( ) -      | From (Month/Year)  |
| Address                                   |                             |                    |
| Job Title                                 | Number Employees Supervised | To (Month/Year)    |
| Specific Duties (Maximum 1000 characters) |                             | Hours Per Week     |
|   |                             | Last Salary        |
|   |                             | Supervisor         |
|   |                             | Reason For Leaving |
| Employer                                  | Telephone Number ( ) -      | From (Month/Year)  |
| Address                                   |                             |                    |
| Job Title                                 | Number Employees Supervised | To (Month/Year)    |
| Specific Duties (Maximum 1000 characters) |                             | Hours Per Week     |
|   |                             | Last Salary        |
|   |                             | Supervisor         |
|   |                             | Reason For Leaving |
| Employer                                  | Telephone Number ( ) -      | From (Month/Year)  |
| Address                                   |                             |                    |
| Job Title                                 | Number Employees Supervised | To (Month/Year)    |
| Specific Duties (Maximum 1000 characters) |                             | Hours Per Week     |
|   |                             | Last Salary        |
|   |                             | Supervisor         |
|   |                             | Reason For Leaving |

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Interviewer's Comments:

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|  |
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