**APPLICATION FOR EMPLOYMENT**

**Safe and Sound Surveillance**

**dba S3 on Guard**

1427 South Main Street \* Suite #204 \* Greenville, MS 38701

601-456-1211 \* info@safesoundsurv.com

# GENERAL INFORMATION Application Date

|  |  |  |  |
| --- | --- | --- | --- |
| **Name (Last)**      | **(First)**      | **(Middle Initial)**  | **Social Security No.**    -     -      |
| Address      | **(City)**      | (State)   | (Zip)      | **Home Telephone**(   )     -      |
| Date of Birth (MM/DD/YYYY)      | If under the age of 18, do you have a work permit? [ ]  Yes [ ]  No | **Other Telephone****(   )     -** |
| **E-Mail Address**      | Are you legally entitled to work in the U.S.? [ ]  Yes [ ]  No |
| Do you possess a valid driver’s license? [ ]  Yes [ ]  No | Do you have security installation experience? [ ]  Yes [ ]  No |
| Driver’s License Number       State       | Are you willing to undergo a background check? [ ]  Yes [ ]  No |
| Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? A yes response does not automatically disqualify your application. If yes, please explain. [ ]  Yes [ ]  No                                                                                                                                                                                                                                                                                                                                 |

# POSITION

|  |  |  |
| --- | --- | --- |
| Position or Type of Employment Desired      | **Will Accept:**[ ]  Part-Time[ ]  Full-Time[ ]  Temporary | **Shift:**[ ]  Day[ ]  Swing[ ]  Graveyard[ ]  Rotating |
| Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? [ ]  Yes [ ]  No |
| If hired, will you be able to work over-time? [ ]  Yes [ ]  No | **Salary Desired**      | **Date Available**      |

# EDUCATION AND TRAINING

|  |
| --- |
| High School Graduate or General Education (GED) Test Passed? [ ]  Yes [ ]  NoIf no, list the highest grade completed    |
| **College, Business School, Military** **(Most recent first)** |
| Name and Location | Dates AttendedMonth/Year | Credits Earned | Graduate | Degree& Year | Major or Subject |
| Quarterly orSemesterHours | Other(Specify) |
|       | From       |       |       | [ ]  Yes[ ]  No |       |       |
| To       |      |
|       | From       |       |       | [ ]  Yes[ ]  No |       |       |
| To       |      |
|       | From       |       |       | [ ]  Yes[ ]  No |       |       |
| To       |      |
|       | From       |       |       | [ ]  Yes[ ]  No |       |       |
| To       |      |
| Occupational License, Certificate or Registration      | **Number**      | **Where Issued**      | **Expiration Date**      |
| Occupational License, Certificate or Registration      | **Number**      | **Where Issued**      | **Expiration Date**      |
| 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**       | **May We Contact This Employer?**  [ ]  Yes [ ]  No |
| **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**       | **May We Contact This Employer?**  [ ]  Yes [ ]  No |
| **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**       | **May We Contact This Employer?**  [ ]  Yes [ ]  No |
| **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**       | **May We Contact This Employer?**  [ ]  Yes [ ]  No |

**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.**

**I hereby acknowledge that I have read and agree to the above statement.**

|  |  |
| --- | --- |
| **Signature of Applicant**       PRINTING YOUR NAME HERE GIVES YOUR ELECTRONIC SIGNATURE | **Date**       |