**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  No  If no, list the highest grade completed | | | | | | | |
| **College, Business School, Military** **(Most recent first)** | | | | | | | |
| Name and Location | Dates  Attended  Month/Year | Credits Earned | | | Graduate | Degree  & Year | Major  or Subject |
| Quarterly or  Semester  Hours | 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** | | |
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| **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** |