



APPLICATION FOR EMPLOYMENT

Safe and Sound Surveillance dba S3 on Guard

1427 South Main Street * Suite #204 * Greenville, MS 38701
601-456-1211 * info@safesoundssurv.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? <input type="checkbox"/> Yes <input type="checkbox"/> No				Other Telephone () -
E-Mail Address			Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have security installation experience? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No					

POSITION

Position Or Type Of Employment Desired		Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <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			
If hired, will you be able to work over-time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Desired	Date Available	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> 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			<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	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ Date _____