



Smart Security and Investigations

Application for Employment

Personal Information:		Phone Number
Name (Last, First, MI)		Social Security Number
Current Address		City, State, Zip Code
Previous Address (if less than 5 years at current)		City, State, Zip Code
Are you 18 Years of age?	Date of Birth	City and State

Position Applying for:

Position Desired	Date you can start	Salary Desired
Have you applied to SSI before?	If yes, when?	
Have you ever worked for SSI?	If yes list employment dates.	
Schedule Available to Work:		

Availability listed will be used for scheduling if hired and cannot be changed or altered for the first 90 days of employment.

Employment History:	Are you currently employed?	If so may we contact them?
Current/Most Resent Employer	Start Date	End Date
Address	City, State, Zip	Phone Number
Job Title	Starting Salary	Ending Salary
Reason for leaving:		

Previous Employer	Start Date	End Date
Address	City, State, Zip	Phone Number
Job Title	Starting Salary	Ending Salary
Reason for Leaving:		

Education:

	School Name and Location	Years Attended	Graduation Date	Subjects
High School				
College				
College				
Other				

Training Related to Security, Diversity or Community Relations relevant to security:

License Information:

Do you currently hold A Wichita Security License?

If yes which License do you have? Basic Advanced Firearm

Driving Record:

Drivers License Number	Exp. Date	Issuing State
In the Last 5 yrs have you been in a wreck?	How many moving violations in the last 5 yrs?	

Legal:

Have you been convicted of a felony/misdemeanor within the last 5 yrs?

If yes, why:

Authorization

I certify that the information contained in the application are true and complete and understand that, if employed, falsified statements shall be grounds for dismissal.
 I authorize investigation of all statements contained herein and the employers listed above to give you any and all information concerning my previous employment and any permanent information they may have, personal or otherwise and release the company from any liability for any damages that may result from utilization of such information.

Signature _____ Date _____