

# APPLICATION FOR EMPLOYMENT POINT SECURITY CO.

PRE-EMPLOYMENT  
QUESTIONNAIRE AN  
EQUAL  
OPPORTUNITY  
EMPLOYER

APPLICANT LAST NAME

## PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME)					
PRESENT ADDRESS	APT	PO BOX	CITY	STATE	ZIP
PERMANENT ADDRESS	APT	PO BOX	CITY	STATE	ZIP
HOW LONG HAVE YOU LIVED AT THIS ADDRESS	FAMILY NAME		PREVIOUS NAMES		
PRIMARY TELEPHONE	SECONDARY PHONE		BEST TIME TO CALL	TODAY'S DATE	

FIRST

MIDDLE

## DESIRED EMPLOYMENT

POSITION			DATE YOU CAN START		
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	REASON FOR LEAVING			
EVER APPLIED TO THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	WHERE?		WHEN?		
EVER WORKED FOR THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	WHERE?		WHEN?		
YOUR REASON FOR LEAVING POINT SECURITY COMPANY					
NAME OF LAST SUPERVISOR AT THIS COMPANY					
WHO REFERRED YOU TO THIS COMPANY? EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND <input type="checkbox"/>					
STATE EMPLOYMENT OFFICE <input type="checkbox"/>	WALK IN <input type="checkbox"/>	OTHER <input type="checkbox"/>	POINT SECURITY CO. EMPLOYEE NAME <input type="checkbox"/>		

## EDUCATION

SCHOOL LEVEL	NAME AND ADDRESS OF SCHOOL	YEARS ATTENDED	YEAR GRADUATED	GED	HS DIPLOMA	CAN PROVIDE DOCUMENTS
HIGH SCHOOL				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
COLLEGE						YES <input type="checkbox"/> NO <input type="checkbox"/>
TRADE OR BUSINESS SCHOOL OR ORGANIZATION						YES <input type="checkbox"/> NO <input type="checkbox"/>

REVIEWED BY

LAST NAME

FIRST

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK		
SPECIAL TRAINING		
SPECIAL SKILLS		
ACT 235 CERTIFIED	YES <input type="checkbox"/> NO <input type="checkbox"/>	EXPIRATION DATE
		Act 235 ID #

INSTRUCTIONS: PRINT CLEARLY

COMPLETE ALL BOXES

USE INK ONLY

**FORMER EMPLOYERS**

LIST PREVIOUS EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
START DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY			
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

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ADDRESS		CITY	STATE	ZIP
START DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY			
NAME OF SUPERVISOR		TITLE	PHONE	
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**REFERENCES**

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE (1) YEAR.

NAME	ADDRESS AND PHONE	BUSINESS	YEARS KNOWN

**SERVICE RECORD**

BRANCH OF SERVICE	DISCHARGE DATE AND RANK
CHARACTER OF SERVICE	DISCHARGE DISPOSITION

*Point Security Company is Veteran owned & operated. We thank you for your service!*

HAVE YOU BEEN CONVICTED OF A CRIME?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF YES, PLEASE EXPLAIN.				

**AUTHORIZATION**

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE

SIGNATURE

DATE

INTERVIEWED BY

**FORMER EMPLOYERS****INSTRUCTIONS: PRINT CLEARLY****COMPLETE ALL BOXES****USE INK ONLY**