

GREEN VALLEY SECURITY

APPLICATION FOR EMPLOYMENT
PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE:

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY NO.	DATE OF BIRTH
PRESENT ADDRESS		CITY	STATE	ZIP
PERMANENT ADDRESS		CITY	STATE	ZIP
PHONE #S	REFERRED BY:			

EMPLOYMENT DESIRED

POSITION APPLYING FOR:	DATE YOU CAN START:	DESIRED SALARY:				
CURRENTLY EMPLOYED?	NO	YES	IF SO MAY WE CONTACT PRESENT EMPLOYER?	NO	YES	NAME OF SUPERVISOR?
HAVE YOU EVER APPLIED TO GREEN VALLEY SECURITY?		YES	NO			
IF YES PLEASE STATE WHERE AND WHEN:						

EDUCATION

NAME AND LOCATION OF SCHOOL	GRADUATED	YEARS	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OTHER			

GENERAL

SUBJECTS OF SPECIAL STUDY					
RESEARCH WORK					
SPECIAL TRAINING SKILLS					
U.S. MILITARY OR NAVAL SERVICE	FR:	TO:	RANK:	VIETNAM ERA VETERAN	DAV
				YES	NO
				YES	NO

FORMER EMPLOYERS

(LIST BELOW THE LAST THREE EMPLOYERS STARTING WITH LAST ONE FIRST)

DATE	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

(LIST THREE PERSONS WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

NAME	ADDRESS	PHONE NUMBER	HOW LONG

Have you ever been arrested? Yes No

If yes please explain _____

Have you any physical condition, which may limit your ability to perform the job applied for? Yes No

If yes please explain _____

Do you have Current Automobile Insurance on your Vehicle? Yes No Policy No. _____

If Hired by Green Valley Security, Will you submit to Drug Testing? Yes No

Do you have a Clean Driving Record? Yes No If No, Explain _____

Are you available to work Any Shift? Yes No If No, What hours can you Work? _____

Can you work Weekends if required? Yes No If No, Explain _____

Will you work on your days off, if the need arises? Yes No If No Explain _____

Are you Receiving Income from Any of the following sources?

Workman's Compensation	Yes	No	Unemployment	Yes	No
Retirement	Yes	No	Disability	Yes	No

How Many Days in the last Year have you called in Sick? _____ Explain _____

Do you have Reliable Transportation, or what means of transportation will you use to get to and from work?

Yes No _____

Are you Currently receiving Unemployment? Yes No Explain _____

Have you filed a claim for Disability in the last 12 Months? Yes No If Yes Explain _____

Do you have any of the following Equipment:

Pager	Yes	No	Hand Cuffs	Yes	No
Cell Phone	Yes	No	Mace or Pepper Spray	Yes	No
Firearm (38, or above)	Yes	No	PR-24	Yes	No
Utility Belt	Yes	No	3-Cell Flash Light	Yes	No

AUTHORIZATION

I CERTIFY THAT THE FACTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYER, FALSE 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 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.

SIGNATURE _____ DATE _____