



Employment Application Print Legibly

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desire Salary: \$ _____

Driver license #: _____ Expires: _____

"D" license #: _____ Expires: _____

Position Applied for: _____

Availability: Weekdays Weekends

Work availability: Full Time Part time On-call

Time: 7AM - 3PM 3PM - 11PM 11PM - 7AM

Are you a citizen of the United States? YES NO

Are you a permanent resident? YES NO

If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Employment Questionnaire

1. Do you have a Florida Security D License? Yes No

Provide State Number: _____
Expiration: _____

2. Do you have a Florida Security G License? Yes No

Provide State Number: _____
Expiration: _____

3. Do you have a Valid Florida Drivers License? Yes No

Provide State Number: _____
Expiration: _____

(Please provide copies of all Licenses upon request.)

4. In the past 7 years how many Traffic Citation have you received?

_____ (Please explain

Any / all details below)

5. In the past 7 years how many traffic accidents have you had?

_____ (Please explain

Details below)

6. How many years of Security (Or related) Experience do you have?

7. In the past 10 years how many Workman’s Comp claims have you had?

_____ (Please explain

Details below)

8. Do you have any duty gear and if

so, what type do you

Have?

9. Do you have a Firearm? Yes No

What type of Firearm?

Caliber _____

10. What Firearm are you qualified with the State of Florida to carry on duty?

11. When is your Annual Qualification due with the State of Florida?

12. What other type of training do you have, or courses have you taken?

13. Are you certified or had training to carry the following?

Pepper Spray Yes No

Asp or Baton Yes No

Handcuffs Yes No

Tasers Yes No

Handheld Radio Yes No

14. In your opinion, working as Security Officer it is a Job or a Career?

15. Are you able to work shift work and available 7 days a week any time during the day? Yes No

16. Have you ever been suspended, disciplined, or terminated from any of your past employment?

Yes No (If yes please explain below)

17. Has any / all of your past employers treated you fairly? Yes No (If no explain below)

18. Have you ever been accused or investigated from any past employer? Yes No

19. How many times in the past 3 years have you called in SICK? _____

20. How many times in the past 3 years have you called in late or been late? _____

21. Do you have a reliable transportation? Yes No

22. Are you? Married or Single

23. Please list any anniversaries, annual special occasions, religion holidays etc.: _____

24. Do you consume alcohol? Yes, No If Yes how much a week _____

25. Do you take any prescription medications? Yes No

26. If employed are you willing to take a drug test? Yes No

27. Are you willing to random drug test? Yes No

28. Do you have any physical or special conditions I

should be aware of? Yes No (If Yes Explain

Below)

29. Have your past employers treated you fairly? Yes No (If no explain below)

30. Do you have security experience and if so explain _____

31. If employed do you understand and agree to the 1 Year Probation Period? Yes No

32. Are you available to work overtime or stay over from your shift if needed? Yes No

33. If considered for employment, do you agree to a background check? Yes No (If no explain

Below

34. Can we contact your previous employers Yes No

35. Can you think of anything negative in your past I need to be aware of before starting your

Background? Yes No (If Yes explain below)

36. Have you ever been terminated from any held job? Yes No _____

37. I understand that the answers are true and correct. Yes No

38. I understand if any false information found in my investigation or at later date if hired will in

disqualification or termination Yes No

YES

NO

Any questions that require an explanation please answer below. (Place the number to the question next

To your response and use an additional sheet of paper if needed)

May we contact your previous supervisor for a reference?
Yes or no

HAVE YOUR WORK IN MILITARY!

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

DISCLAIMER: I certify that all answers given herein are true and correct to the best of my knowledge. I authorize investigation of all statements contained in this application for employment. I UNDERSTAND THAT IF I AM EMPLOYED, THAT MY EMPLOYMENT IS FOR AN INDEFINITE PERIOD OF TIME AND THAT I MAY TERMINATE OR THAT EAGLE SECURITY SERVICES CORPORATION MAY TERMINATE MY EMPLOYMENT AT ANYTIME, FOR ANY REASON, OR FOR NO REASON. I UNDERSTAND THAT ANY STATEMENTS TO THE CONTRARY, WRITTEN, AND VERBAL OR IMPLIED, ARE DISAVOWED BY EAGLE SECURITY SERVICES CORPORATION AND CAN NOT BE RELIED UPON. I further understand that in the event of employment, that false or misleading information given in this application, or my interview(s) may result in discharge, and that I am required to abide by all rules and regulations of Eagle Security Services Corporation. This application for employment shall be considered active for a period not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. Electronic submission of this application shall serve as my affirmation to the accuracy of the information provided herein and acknowledgement of the stipulations, as indicated above.