

APPLICATION FOR EMPLOYMENT



ALLEN PROTECTION SERVICES

We consider application for all positions without regards to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
<input type="checkbox"/> Other: _____	

Last Name	First Name	Middle Name
Address	City	State
		Zip Code
Telephone Number(s)	Social Security Number	

Best time to contact you at home is: : _____ AM / PM

If you are under 18 years of age, can you provide required proof of you eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date: _____

Have you ever been employed with us before? Yes No

If Yes, give date: _____

Have any of your relatives, now or have, ever worked here? Yes No

If Yes, state name, relationship, and location: _____

Do you have a valid Driver's License? Yes No

Do you have personal – dependable transportation? Yes No

Do you have a valid Indiana Handgun Permit? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment

Date available to work: ____/____/____

What is desired salary range? _____

Are you available to work: Full Time Part Time Temporary Weekends

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Indicate desirable shift (check all that apply): 1st shift 2nd shift 3rd shift

Mornings Afternoons Evenings

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been arrested for anything other than minor traffic violations? Yes No

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other / Specify				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender national origin, disabilities, or other protected status.

Employer			
Address	Dates Employed		Work Performed
Telephone Number(s)	From	To	
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer			
Address	Dates Employed		Work Performed
Telephone Number(s)	From	To	
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer			
Address	Dates Employed		Work Performed
Telephone Number(s)	From	To	
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer			
Address	Dates Employed		Work Performed
Telephone Number(s)	From	To	
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving	May we contact them <input type="checkbox"/> Yes <input type="checkbox"/> No		

COMMENTS: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills, and extra-curricular activities

Describe any job-related training received in the United States Military

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion national origin, age, ancestry, disability or other protected status.

Additional Information

Other Qualifications: *Summarize Special job-related skills and qualifications acquired from emplacement or other experience*

Specialized Skills (Skills/ Equipment Operated)

List Any Specialize Skills

State any additional information you feel may be helpful to us in considering your application

Personal/Professional References (Do not include family members or past supervisors.)

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT:

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 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 this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of employer

DRUG SCREEN WAIVER FORM:

I, _____, understand that as a condition to my employment, I will be required to be subject to a drug screening. I further understand that at any time during my employment with Allen Protection Services. I may be required to be subject to additional drug screening, without notice, solely at the company's discretion. Furthermore, I understand that I am required to report to a company appointed drug screener within 24 hours of notification by Allen Protection Services. It is understood that I will be either suspended from employment or terminated if I fail to arrive at the appointed drug screener at the assigned time, date, and location.

As a condition of your employment you are required to provide a copy of limited criminal history.

Signature of Applicant: _____ **Date:** _____