



# RELIANCE SECURITY SERVICES

WWW.RELIANCESECURITYONLINE.COM  
3104 W. IRVING PARK RD CHICAGO, IL 60618 773 539 1400

## APPLICATION FOR EMPLOYMENT

LAST NAME	FIRST	MIDDLE	E-MAIL ADDRESS - PRINT	DATE OF APPLICATION
PRESENT ADDRESS		CITY	STATE	COUNTY
ZIP CODE		TELEPHONE NO. ( ) ( )		ALTERNATIVE PHONE NO. ( ) ( )
SOCIAL SECURITY NO.		HOW WERE YOU REFERRED? CHECK ALL THAT APPLY:		
<input type="checkbox"/> NEWSPAPER _____ specify		<input type="checkbox"/> FRIEND/COLLEAGUE		<input type="checkbox"/> COLLEGE/UNIVERSITY _____ specify
<input type="checkbox"/> WALK-IN		<input type="checkbox"/> EMPLOYMENT AGENCY		<input type="checkbox"/> RECRUITMENT EVENT
<input type="checkbox"/> RELIANCE EMPLOYEE _____ specify		<input type="checkbox"/> OTHER _____ specify		

POSITION APPLIED FOR:	HAVE YOU EVER APPLIED AT RELIANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN?	DATE AVAILABLE FOR WORK:
ARE YOU 18 YEARS OF AGE OR OLDER: <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU 21 YEARS OF AGE OR OLDER: <input type="checkbox"/> YES <input type="checkbox"/> NO	SALARY DESIRED	ARE YOU APPLYING FOR: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ANY OF THE ABOVE
AFTER REVIEWING THE FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, ARE YOU ABLE TO PERFORM THESE TASKS WITH OR WITHOUT REASONABLE ACCOMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	WOULD YOU CONSIDER WORKING: ANY SHIFT <input type="checkbox"/> YES <input type="checkbox"/> NO WEEKENDS <input type="checkbox"/> YES <input type="checkbox"/> NO HOLIDAYS <input type="checkbox"/> YES <input type="checkbox"/> NO ROTATING SHIFTS <input type="checkbox"/> YES <input type="checkbox"/> NO ON CALL <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER WORKED UNDER ANOTHER NAME?	SHIFT PREFERENCE: <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS	
HAVE YOU EVER BEEN EMPLOYED WITH RELIANCE SECURITY? IF YES, WHERE? WHEN?	SPECIFY DAYS & HOURS IF LIMITED:	
ARE YOU A U.S. CITIZEN OR LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If employment is offered and accepted, you will be required to submit verification of your legal right to work in the United States.)</small>	DO YOU UNDERSTAND EMPLOYMENT MAY REQUIRE WORKING WEEKENDS, HOLIDAYS, OVERTIME AND ROTATING SHIFTS AS REQUIRED BY DEPARTMENTAL NEED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE AGAINST THE LAW, OR FORFEITED COLLATERAL, OR ARE YOU CURRENTLY UNDER CHARGES FOR ANY OFFENSE AGAINST THE LAW? INCLUDE ALL INSTANCES WHERE SUPERVISION OR PROBATION WAS IMPOSED, WHERE BAIL WAS FORFEITED AND/OR WHERE A FINE WAS PAID. (A conviction record will not automatically be a bar to employment, but will be considered as it relates to fitness to perform the job in question. Factors such as your age at the time of the offense, the seriousness and nature of the violation, and any rehabilitation will be considered. You may omit minor traffic violations and juvenile adjudications.)  
 YES  NO

IF YES, EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER HAD AN ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION (IDPR) PERMANENT EMPLOYEE REGISTRATION REFUSED, REVOKED OR SUSPENDED?  YES  NO

IF YES, EXPLAIN \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ARE YOU A VETERAN OF THE U.S. MILITARY SERVICE?  YES  NO

IF YES, WERE YOU DISHONORABLY DISCHARGED?  YES  NO

BRANCH? \_\_\_\_\_ FIELD OR SPECIALIZATION \_\_\_\_\_

LIST SPECIAL SKILLS YOU ACQUIRED IN THE MILITARY: \_\_\_\_\_  
 \_\_\_\_\_

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH							<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE							<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE							<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL							<input type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER EDUCATION OR SPECIAL TRAINING: \_\_\_\_\_

AREA OF SPECIALIZATION OR MAJOR INTEREST: \_\_\_\_\_

**BASIC SECURITY TRAINING:**

DO YOU POSSESS A CURRENT BLUE CARD – PERMANENT EMPLOYEE REGISTRATION CARD (PERC) – ISSUED BY THE ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION?  YES  NO

IF YES, REGISTRATION NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

HAVE YOU SUCCESSFULLY COMPLETED A 20 HOUR BASIC SECURITY COURSE?  YES  NO

IF YES, DATE \_\_\_\_\_ SCHOOL \_\_\_\_\_

DO YOU HAVE THE ORIGINAL CERTIFICATE?  YES  NO

**FIREARM INSTRUCTION/TRAINING:**

HAVE YOU SUCCESSFULLY COMPLETED A 20 HOUR FIREARM INSTRUCTION COURSE?  YES  NO

IF YES, DATE \_\_\_\_\_ SCHOOL \_\_\_\_\_

DO YOU HAVE THE ORIGINAL CERTIFICATE?  YES  NO

DO YOU NOW OR HAVE YOU EVER HAD A TAN CARD – FIREARMS AUTHORIZATION CARD (FAC) – ISSUED BY THE ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION?  YES  NO

DATE OF LAST RANGE QUALIFICATION \_\_\_\_\_

DO YOU POSSESS A FIREARM OWNERS IDENTIFICATION CARD (FOID) ISSUED BY THE ILLINOIS STATE POLICE?  YES  NO

F.O.I. NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

**LIST ALL PREVIOUS EMPLOYMENT BEGINNING WITH THE MOST RECENT**

JOB TITLE \_\_\_\_\_ FROM DATE: \_\_\_\_\_ TO DATE: \_\_\_\_\_ START SALARY: \_\_\_\_\_ LAST SALARY: \_\_\_\_\_

EMPLOYER NAME AND ADDRESS: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

JOB TITLE \_\_\_\_\_ FROM DATE: \_\_\_\_\_ TO DATE: \_\_\_\_\_ START SALARY: \_\_\_\_\_ LAST SALARY: \_\_\_\_\_

EMPLOYER NAME AND ADDRESS: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

JOB TITLE \_\_\_\_\_ FROM DATE: \_\_\_\_\_ TO DATE: \_\_\_\_\_ START SALARY: \_\_\_\_\_ LAST SALARY: \_\_\_\_\_

EMPLOYER NAME AND ADDRESS: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

JOB TITLE \_\_\_\_\_ FROM DATE: \_\_\_\_\_ TO DATE: \_\_\_\_\_ START SALARY: \_\_\_\_\_ LAST SALARY: \_\_\_\_\_

EMPLOYER NAME AND ADDRESS: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

LIST ANY EMPLOYERS YOU DO NOT WANT CONTACTED AND WHY:

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT:

**GIVE THE NAMES OF THREE (3) PERSONAL REFERENCES WHO ARE NOT RELATIVES OR PREVIOUS EMPLOYERS**

NAME	ADDRESS (City & State)	OCCUPATION/TITLE	PHONE NUMBER

RELIANCE SECURITY HAS A SMOKING POLICY, WHICH PROHIBITS SMOKING AND THE USE OF OTHER TOBACCO PRODUCTS IN THE OFFICE AREAS OR ANY OTHER ENCLOSED AREAS.

WOULD YOUR JOB PERFORMANCE BE AFFECTED BY THIS SMOKING POLICY?  YES  NO

**PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM.**

I certify that the information provided by me in this application is factual and subject to verification by **Reliance Security & Consulting Services**. I understand that this is simply an application for employment and does not imply that I will be employed. Any statements or material omissions made by me to Reliance, either in my application and/or interview or, if hired, during my employment, that are found to be false or misleading in any way can result in refusal to hire, or if I am employed, discipline up to and including termination.

In order to verify the information I have presented on this application, I authorize any former employer, school, persons, credit reporting agencies or organizations referenced in this application to provide Reliance with any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I hereby release all such parties from all liability from any damages which may result for furnishing such information. I further authorize any physician or hospital to release information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired. Additionally, I authorize Reliance to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

I understand that if I am hired, the length of my employment is not guaranteed. Recognizing that I will be free to voluntarily terminate my employment at any time, with or without cause, I acknowledge that my employment and compensation can be modified or terminated with or without cause, and with or without notice, and any time. I understand that no manager or representative of the company other than the President 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, either prior to commencement of employment or after I have become employed. Further, any such agreement must be in writing and signed by the President.

If you accept employment with Reliance, you must be aware that in accordance with Employment Policy, you are prohibited from applying for employment with our clients and our clients are contractually prohibited from hiring Reliance employees for a period of One-1 Year following the end of an employee's relationship with Reliance.

If employed, I agree to comply with Company policy regarding the confidentiality of all corporate and client matters. I agree not to discuss either corporate and/or client matters with anyone outside the Company except on a "need to know" basis.

If employed, I agree to comply with the registration and training requirements of the Illinois Department of Professional Regulation. In addition, if employed by RSCS, I agree to comply with all provisions of the Employment Policy and Procedure Manual and the General Order Book of the Department to which I may be assigned.

It is understood that I will be required to pass a pre-employment drug screen pursuant to the Reliance Drug Free Workplace Program. Furthermore, it is understood that I may be required to complete a written pre-employment profile, and I hereby release from liability Reliance and its representatives for seeking such information.

**I acknowledge that I have read all of the above statements and that I understand them.**

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

THIS APPLICATION IS ACTIVE FOR 60 DAYS.

Phone #: 773-539-1400. Fax: 773-539-1440. **Reliance Security & Consulting Services** is an Equal Opportunity Employer and does not discriminate against any individual in any phase of employment in accordance with the requirements of applicable local, state, or federal law.