

# Application of Employment

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apt/Unit #	
City		State		ZIP	
Home Phone			Cell Phone:		
Date Available		Social Security No.		Date of Birth	
Position Applied for			E-mail:		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been <u>Convicted</u> of or <u>Pled Guilty</u> of a Felony or Misdemeanor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Are you 18 years old or older	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Are you 21 years old or older	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Do you have Driver's License? If No, Please upload State ID.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LICENSE #		
Do you have a PERC card?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Reg #		
Do you have 20 Basic Security Training	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Do you have a FOID card?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ID #		
Do you have original firearms training?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LICENSE #		
Has the Original Firearm Training more than 2 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

AVAILABLE HOURS	<i>ANY HOURS/OPEN</i> <input type="checkbox"/>
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Sun	to	Mon	to	Tues	to	Wed	to	Thru	to	Fri	to	Sat	to
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PREFERRED HOURS
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Sun	to	Mon	to	Tues	to	Wed	to	Thru	to	Fri	to	Sat	to
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EDUCATION
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High School		Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College		Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other		Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

REFERENCES
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*Please list two professional references.*

Full Name		Relationship					
Company		Phone Number					
Address							
Full Name		Relationship					
Company		Phone Number					
Address							

**PREVIOUS EMPLOYMENT**

Company		Phone Number	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone Number	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>MILITARY SERVICE</b>			N/A <input type="checkbox"/>
Branch	From	To	
Rank at Discharge	Type of Discharge		
If other than honorable, explain			

**DISCLAIMER AND SIGNATURE**

The above information is true and correct. I understand that I shall be subject to dismissal if any information that I have given on any application or paperwork submission, is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize Reliance to inquire into my educational, professional and past employment history references as needed to research my qualifications for any position.

I hereby give my consent to any former employer to provide employment-related information about me to Reliance and will hold Reliance and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

Confidentiality Clause: The nature of services provided by Reliance Security requires information to be handled in a private, confidential manner. Information about our business, our employees or clients will only be released to people or agencies outside the company with our written consent. Following legal or regulatory guidelines provide the only exceptions to this policy. All reports, memoranda, notes, or other documents will remain part of the company's confidential records. If Confidentiality is broken either disclosing Reliance information to clients, client's information to anyone other than Reliance employees or any outside competitor or posting any such information on any *social networking sites* will be grounds for dismissal and subject to any and all Legal ramification and Lawsuit. All court costs and plaintiff attorney's fees will be paid by Defendant in any lawsuit.

I agree to take any random test required, such as drug, psychological, or physical test during my employment, failure or refusal of such test may terminate my employment. If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

*I hereby acknowledge that I have read and agree to the above statements.*

Signature	Date
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**EMERGENCY CONTACT**

Name	Relationship
Address	Phone Number

**UNIFORM SHIRT/JACKET SIZE:** S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2XL \_\_\_ 3XL \_\_\_ 4XL \_\_\_

**UNIFORM PANTS WAIST SIZE:** 32"  34"  36"  38"  40"  42"  OTHER: \_\_\_\_\_