

EM SECURITY SERVICES
EM ARMORED CAR SERVICES
P.O. Box 15479 Savannah, GA 31416
PH: (912) 961-0040
Fax: (912) 961-1499

APPLICATION FOR EMPLOYMENT
(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

For Office Use Only

Date: _____

Rate: _____

Position: _____

DATE: _____

PLEASE PRINT CLEARLY AND LEGIBLY

PERSONAL INFORMATION:

NAME: _____ SOCIAL SECURITY NUMBER: _____
LAST FIRST MI

PRESENT ADDRESS: _____
STREET CITY STATE ZIP HOW LONG?

PREVIOUS ADDRESS: _____
STREET CITY STATE ZIP HOW LONG?

ARE YOU 18 YEARS OLD OR OLDER? YES () NO () DATE OF BIRTH: / / PHONE NUMBER: ()

IN CASE OF EMERGENCY: _____
NOTIFY NAME RELATIONSHIP ADDRESS PHONE NUMBER

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED BECAUSE OF VISA OR IMMIGRATION STATUS? YES () NO ()

ELIGIBILITY STATUS:

POSITION APPLIED FOR: _____ DATE YOU CAN START: _____ SALARY DESIRED? _____

ARE YOU EMPLOYED NOW? YES () NO () MAY WE CONTACT YOUR EMPLOYER? _____ SUPERVISOR/PHONE: _____

EVER APPLIED OR WORKED WITH THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REASON FOR LEAVING? _____

HOW WERE YOU REFERRED TO OUR COMPANY? NEWSPAPER/RADIO () FRIEND () INTERNET () WALK-IN ()

DO YOU HAVE PRIOR EXPERIENCE IN SECURITY? (Y)ES or (N)O? FIRST AID? () WEAPONS? () HANDLING MONEY? ()

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF YES, PLEASE EXPLAIN: _____

DO YOU SMOKE? YES () NO () DO YOU HAVE YOUR OWN RELIABLE TRANSPORTATION? _____ CAN YOU LIFT 30 POUNDS? _____

HOURS YOU ARE WILLING TO WORK (PLEASE GIVE SPECIFIC TIMES YOU ARE AVAILABLE) (BE SURE TO SPECIFY A.M. OR P.M.)

HOURS FROM / TO: _____ HOLIDAYS? YES () NO () WEEKENDS? YES () NO ()

EDUCATIONAL BACKGROUND:

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU COMPLETE/GRADUATE?
GRAMMER SCHOOL			
HIGH SCHOOL			
COLLEGE			

MILITARY SERVICE RECORD:

BRANCH OF SERVICE: _____ DISCHARGE DATE/RANK: _____
PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? _____ DATE OBLIGATION ENDS? _____

FORMER EMPLOYMENT

(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)

NAME AND ADDRESS OF PRESENT OR MOST RECENT EMPLOYER _____

START DATE _____ LEAVE DATE _____
 MONTH / YEAR MONTH / YEAR REASON FOR LEAVING?

WEEKLY STARTING SALARY? _____ WEEKLY FINAL SALARY? _____

NAME AND TITLE OF SUPERVISOR: _____ PHONE NUMBER: _____

DISCRIPTION OF WORK/DUTIES: _____

NAME AND ADDRESS OF PREVIOUS EMPLOYER _____

START DATE _____ LEAVE DATE _____
 MONTH / YEAR MONTH / YEAR REASON FOR LEAVING?

WEEKLY STARTING SALARY? _____ WEEKLY FINAL SALARY? _____

NAME AND TITLE OF SUPERVISOR: _____ PHONE NUMBER: _____

DISCRIPTION OF WORK/DUTIES: _____

NAME AND ADDRESS OF PREVIOUS EMPLOYER _____

START DATE _____ LEAVE DATE _____
 MONTH / YEAR MONTH / YEAR REASON FOR LEAVING?

WEEKLY STARTING SALARY? _____ WEEKLY FINAL SALARY? _____

NAME AND TITLE OF SUPERVISOR: _____ PHONE NUMBER: _____

DISCRIPTION OF WORK/DUTIES: _____

REFERENCES (Not related to you and whom you have known at least one year)

NAME	ADDRESS	PHONE	YEARS ACQUAINTED

AUTHORIZATION:

Name and address of closest living relative NOT living with you: _____ (_____) _____
 First Name Last Name Phone # (with area code)

Street Address City State Zip Relationship to Applicant

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information or misrepresentations are discovered, my application or employment may be terminated at any time. I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated, with or without cause and with or without notice. I understand and agree that the terms and conditions of my employment may be changed with or without notice or with or without cause. I understand that no company representative, other than its president, and then only in writing and signed by the president, has any authority to enter into any agreement for employment for my specific period of time, or to make any agreement contrary to the forgoing.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT:

 SIGNATURE DATE SIGNED