

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

GENERAL INFORMATION

Florida Drivers License # _____ Exp. Date _____
Florida Class "D" Security License # _____ Exp. Date _____
Have you ever been arrested or convicted of a crime: Yes _____ No _____
If yes, explain: _____

PAST SECURITY EXPERIENCE

Length of Security Experience _____ Years _____ Months
Type of Security Experience:
Gatehouse- Where & When _____

Patrol - Where & When _____

Supervisory Experience _____

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information."

I acknowledge that the first ninety (90) days of employment with Associates Protective Services, Inc. will be a probationary period.

I also agree that if employment is terminated by either party, I shall not directly or indirectly through any corporation or in any other way either as principal, agent, employee, employer, stockholder, officer, director, co-partner, joint venture or in any other individual or representative capacity whatsoever be employed by or work for any client under contract with Associates Protective Services, Inc. for a period of ninety (90) days from the date of termination of employment.

SIGNATURE _____ DATE _____

INTERVIEWED BY _____ DATE _____

ASSOCIATES PROTECTIVE SERVICES, INC.
1100 S. FEDERAL HWY. #6
BOYNTON BEACH, FL 33435
561-738-1635