

CITADEL SECURITY & INVESTIGATIONS

Employment Application

PLEASE PRINT ALL INFORMATION EXCEPT FOR SIGNATURE

PLEASE COMPLETE PAGES 1-4

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Name _____

Last First Middle Maiden

Present address _____

Number Street Apt City State Zip

Time at current address _____ years _____ months Social Security No _____ - _____ - _____

Telephone number (_____) _____ - _____ Alternate (_____) _____ - _____

If under 18, please list age: _____ Position Applied for _____

Employment Desired ___ Full Time ___ Part Time ___ Seasonal

How many hours per week are you willing to work? _____ Salary desired _____

When are you available to start? _____ Days/ Hours Available

Have you ever worked for this company? Any ___ Thurs _____

___ No Mon _____ Fri _____

___ Yes Tues _____ Sat _____

If yes, when? _____ Weds _____ Sun _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR/ DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ NO _____ YES (PLEASE EXPLAIN)

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DO YOU HAVE A DRIVER'S LICENSE? _____ YES _____ NO

What is your means of transportation for work? _____

Driver's License Number _____ State _____ Class _____ Expiration _____

PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS

NAME _____ NAME _____

POSITION _____ POSITION _____

COMPANY _____ COMPANY _____

TELEPHONE _____ TELEPHONE _____

LENGTH OF TIME KNOWN _____ LENGTH OF TIME KNOWN _____

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES _____ NO _____ YES

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD _____ NO _____ YES

IF YES: BRANCH _____ TYPE OF DISCHARGE _____

DATE ENTERED _____ DISCHARGE DATE _____

SPECIALTY _____

WORK EXPERIENCE

CURRENT OR MOST RECENT EMPLOYER

NAME OF EMPLOYER _____ ADDRESS _____

PHONE NUMBER _____ SUPERVISOR NAME _____

START DATE _____ END DATE _____ STARTING SALARY _____ ENDING SALARY _____

JOB TITLE _____ REASON FOR LEAVING _____

JOB DUTIES

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PREVIOUS EMPLOYER

NAME OF EMPLOYER _____ ADDRESS _____

PHONE NUMBER _____ SUPERVISOR NAME _____

START DATE _____ END DATE _____ STARTING SALARY _____ ENDING SALARY _____

JOB TITLE _____ REASON FOR LEAVING _____

JOB DUTIES

PREVIOUS EMPLOYER

NAME OF EMPLOYER _____ ADDRESS _____

PHONE NUMBER _____ SUPERVISOR NAME _____

START DATE _____ END DATE _____ STARTING SALARY _____ ENDING SALARY _____

JOB TITLE _____ REASON FOR LEAVING _____

JOB DUTIES

PREVIOUS EMPLOYER

NAME OF EMPLOYER _____ ADDRESS _____

PHONE NUMBER _____ SUPERVISOR NAME _____

START DATE _____ END DATE _____ STARTING SALARY _____ ENDING SALARY _____

JOB TITLE _____ REASON FOR LEAVING _____

JOB DUTIES

PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY

MAY WE CONTACT YOUR PRESENT EMPLOYER? _____ YES _____ NO

MAY WE CONTACT YOUR PREVIOUS EMPLOYERS? _____ YES _____ NO

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I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE YOU TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL, EMPLOYMENT, EDUCATIONAL, FINANCIAL, AND OTHER RELATED MATTERS AS MAY BE NECESSARY FOR AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS, OR INDIVIDUALS FROM LIABILITY WHEN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION. IN THE EVENT THAT I AM EMPLOYED, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION, INCLUDING ANY RESUME SUBMISSION, OR ANY INTERVIEW(S) MAY RESULT IN DISCHARGE.

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE ONLY

FIRST INTERVIEW

INTERVIEW DATE: _____ TIME _____ ON TIME? _____

REFERENCES CHECKED ____ YES ____ NO

COMMENTS _____

RECOMMENDED FOR HIRE ____ YES ____ NO

BY WHOM _____

SECOND INTERVIEW

INTERVIEW DATE: _____ TIME _____ ON TIME? _____

RECOMMENDED FOR HIRE ____ YES ____ NO

BY WHOM _____

HIRED ____ YES ____ NO

START DATE _____ PAY RATE _____

POSITION _____

PLEASE ATTACH INTERVIEW SUMMARY SHEET