**SECURITY OFFICER APPLICATION**

***INSTRUCTIONS:*** *Please carefully read entire application. Forms must be completed in legible black ink. Complete ALL sections as thorough as possible. Incomplete or illegible forms will not be processed and preclude you from consideration. Submit additional information for any question on a separate sheet of paper and number accordingly.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | | |  | | | | | | | | | | | | | | First | |  | | | | | | | | | M.I. | | | | | | | Date | | | | | | |  |
| Street Address | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | | | | | | | | |  |
| City |  | | | | | | | | | | | | | | | | | | | | | | | State | | | |  | | | | | | | ZIP | | | | | | | | | |  | | | | |
| Daytime Phone | | | | | | | | | | |  | | | | | | | | | | | | | E-mail Address | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Evening Phone | | | | | | | | | | |  | | | | | | | | | | | | | Best Time to Call | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Date Available | | | | | | | | | | |  | | | | | | | | | | Social Security No. | | | | |  | | | | | | | | | | | | | Desired Salary | | | | |  | | | | | |
| Position Applied for | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | | | | | | | | | | YES | | | | NO | | | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | | | | | YES | | | NO | | | |
| Have you ever worked for this company? | | | | | | | | | | | | | | | | | | YES | | | | NO | | | | If so, when? | | | | | |  | | | | | | | | | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | | | | | | | | | | | YES | | | | NO | | | | If yes, explain | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | | | | | | | | | |  | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| From | | | | | | | | | |  | | To | | |  | | Did you graduate? | | | | | YES | | | | NO | | | | | Degree | | | | | | |  | | | | | | | | | | | |
| College | | | | | | | | | |  | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| From | | | | | | | | | |  | | To | | |  | | Did you graduate? | | | | | YES | | | | NO | | | | | Degree | | | | | | |  | | | | | | | | | | | |
| Other | | | | | | | | | |  | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| From | | | | | | | | | |  | | To | | |  | | Did you graduate? | | | | | YES | | | | NO | | | | | Degree | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | | | |  | | | | | | | | | | | | | | | | | Relationship | | | | | | | | | | |  | | | | | | | | | | | |
| Company | | | | | | | | | |  | | | | | | | | | | | | | | | | | Phone | | | | | | ( ) | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | | | |  | | | | | | | | | | | | | | | | | Relationship | | | | | | | | | | |  | | | | | | | | | | | |
| Company | | | | | | | | | |  | | | | | | | | | | | | | | | | | Phone | | | | | | ( ) | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | | | |  | | | | | | | | | | | | | | | | | Relationship | | | | | | | | | | |  | | | | | | | | | | | |
| Company | | | | | | | | | |  | | | | | | | | | | | | | | | | | Phone | | | | | | ( ) | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Employment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Phone | | | | | ( ) | | | | | | | | | | | | | | | |
| Address | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | | |  | | | | | | | | | | | | |
| Job Title | | | | | | | |  | | | | | | | | | | | | | | | Starting Salary | | | | | | $ | | | | | | | | | | | Ending Salary | | | | | | | | $ | |
| Responsibilities | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | | | | | | To | | | |  | | | | Reason for Leaving | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | NO | | | | |  | | | | | | | | | | | | | | | |
| Company | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | ( ) | | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | | |  | | | | | | | | | | | | |
| Job Title | | | | |  | | | | | | | | | | | | | | | | | | Starting Salary | | | | | | $ | | | | | | | | | | | Ending Salary | | | | | | | | $ | |
| Responsibilities | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | |  | | | | | | | | | | To | | | |  | | | | Reason for Leaving | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | NO | | | | |  | | | | | | | | | | | | | | | |
| Company | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | ( ) | | | | | | | | | | | | | | | |
| Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | | |  | | | | | | | | | | | | |
| Job Title | | | | | | |  | | | | | | | | | | | | | | | | Starting Salary | | | | | | $ | | | | | | | | | | | Ending Salary | | | | | | | | $ | |
| Responsibilities | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | | |  | | | | | | | | | To | | | |  | | | | Reason for Leaving | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | NO | | | | |  | | | | | | | | | | | | | | | |
| Company | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Phone | | | | | ( ) | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Supervisor | | | | |  | | | | | | | | | | | | | | | |
| Job Title | | | |  | | | | | | | | | | | | | | | | | | | Starting Salary | | | | | | $ | | | | | | | | | | | Ending Salary | | | | | | | | $ | |
| Responsibilities | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | | |  | | | | | | | | | To | | | |  | | | | Reason for Leaving | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | NO | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Military Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | From | | | | |  | | | To | | |  | | |
| Rank at Discharge | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Type of Discharge | | | | | | | | | | | |  | |
| If other than honorable, explain | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Past Military Experience: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Availability:** (Please be specific for scheduling purposes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |
| --- |
| **DAYS HOURS AVAILABLE** (We work 24 hours a day, 7 days a week) |
| Friday |
| Saturday |
| Sunday |
| Monday |
| Tuesday |
| Wednesday |
| Thursday |

Write a short paragraph about something that interests you. (Example: How you spend your spare time or your favorite hobby)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Disclaimer and Signature | | | |
| I hereby certify that my answers are true and complete to the best of my knowledge.  This employment application shall be considered active for a period of time no longer then 60 days. Any applicant that wishes to be considered for employment after that time will need to inquire if applications are still being accepted. We will keep applications on file for one year, but applicants must notify us within 60 days to let us know that they wish to reactivate their application. Otherwise a new application must be submitted.  I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this company is of an *at will* nature. This means that the employee may resign at any time and the employer may discharge an employee at any time with our without cause. It is further understood that this *at will* employment relationship may not be changed by any written document or by conduct unless an authorized officer of this company specifically acknowledges such change in writing.  If this application leads to employment, I understand that false or misleading information in my application or interview(s) may result in my release.  I hereby understand that I am required to abide by all rules and regulations of the employer. | | | |
| Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| AUTHORIZATION TO RELEASE INFORMATION | | | |
| I hereby authorize MJ Norton Security to conduct a background investigation to include my prior employment, educational history, credit history, driving record, and criminal history. This information will assist them in their assessment of my qualifications.  I hereby authorize my present and past employers and schools that I have attended to release any employment information (inc. attendance records, performance evaluations, etc.), references, academic records (inc. transcripts, credentials, etc.) and any other confidential information that MJ Norton Security may request. I authorize any credit agency, credit bureau, or reporting agency to release my credit information to MJ Norton Security.  I hereby authorize the release of information related to any criminal action, proceeding, and disposition thereto. I authorize the custodian of records of any police department, or official law enforcement agency to release my records to MJ Norton Security. This release does NOT include sealed records or youthful offender records. I release to MJ Norton Security and its representatives, agents, and investigators all pertinent information regarding my character including any negative police contacts when a summons was issued in lieu of arrest, or the filing of a “field interview card” was filed in connection with the listed candidate.  I hereby understand that MJ Norton Security will conduct pre and post employment drug and alcohol testing and that I am not eligible for employment if I test positive or fail to submit to a test within the specified time period.  I hereby waive any right I may have to review the information collected through the above authorization.  I hereby release MJ Norton Security, their agents, investigators, employees, executors, and assigns from any and all liability that may be incurred by the signing of this form and or liability incurred as a result of the information collected and its use. I expressly waive any right I may have to sue MJ Norton Security, their board members, agents, investigators, employees, executors, and assigns for any claim arising out of or related to the collection of information listed in this release or my application.  I have carefully read and reviewed all the provisions above and have voluntarily agreed to sign this authorization. | | | |
| Printed Name |  | DL# |  |
| Signature |  | Date |  |
| \*Photocopies of this form are valid when all signatures are affixed.  \*This form must be notarized in order for it to be valid. | | | |