

GREEN VALLEY SECURITY

APPLICATION FOR EMPLOYMENT
PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE:

LAST NAME	FIRST NAME	MIDDLE	LAST FOUR NUMBERS OF YOUR SOCIAL SECURITY NUMBER:	ARE YOU OVER THE AGE OF 18?
PRESENT ADDRESS		CITY	STATE	ZIP
PERMANENT ADDRESS		CITY	STATE	ZIP
PHONE #S		REFERRED BY:		

EMPLOYMENT DESIRED

POSITION APPLYING FOR:		DATE YOU CAN START:		DESIRED SALARY:	
CURRENTLY EMPLOYED?	NO	YES	IF SO MAY WE CONTACT PRESENT EMPLOYER?	NO	YES
HAVE YOU EVER APPLIED TO GREEN VALLEY SECURITY?			YES	NO	
IF YES PLEASE STATE WHERE AND WHEN:					

EDUCATION

NAME AND LOCATION OF SCHOOL	GRADUATED YES OR NO	SUBJECTS STUDIED
GRAMMAR SCHOOL		
HIGH SCHOOL		
COLLEGE		
TRADE, BUSINESS, OTHER		

GENERAL

SUBJECTS OF SPECIAL STUDY					
RESEARCH WORK					
SPECIAL TRAINING SKILLS					
U.S. MILITARY OR NAVAL SERVICE	FR:	TO:	RANK:	VIETNAM ERA VETERAN YES NO	DAV YES NO

FORMER EMPLOYERS

(LIST BELOW THE LAST THREE EMPLOYERS STARTING WITH LAST ONE FIRST)

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

REFERENCES

(LIST THREE PERSONS WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

NAME	ADDRESS	PHONE NUMBER	HOW LONG

Do you have a Guard Card? Yes No

Do you have a Armed Guard Card? Yes No

Do you possess a valid California Driver License? Yes No

Have you ever been convicted of a felony or a misdemeanor? Yes No

If yes please explain _____

If Hired by Green Valley Security, Will you submit to Drug Testing? Yes No

Are you available to work Any Shift? Yes No If No, What hours can you Work? _____

Can you work Weekends if required? Yes No If No, Explain _____

Will you work on your days off, if the need arises? Yes No If No Explain _____

Do you have any of the following Equipment:

Hand Cuffs Yes No 3-Cell Flash Light Yes No
Cell Phone Yes No Utility Belt Yes No

AUTHORIZATION

I CERTIFY THAT THE FACTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYER, FALSE 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 ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

SIGNATURE _____ DATE _____