

Statewide Security & Associates

Employment Application

PERSONAL INFORMATION

First Name

Last Name

Middle Name

Address

City / State / Zip

Phone

Email

Date of Birth

Driver License #

DL State

PREFERRED SCHEDULE

Day Shift

Night Shift

Weekends Only

Days You Cannot Work

EMPLOYMENT

Currently Employed (Yes/No)

Contact Employer (Yes/No)

Start Date

Full-Time or Part-Time

BACKGROUND

Criminal Record (Yes/No)

Explain

Registered Security Officer (Yes/No)

Details

WORK HISTORY

Employer 1

Position / Dates / Reason

Employer 2

Position / Dates / Reason

REFERENCES

Reference 1

Phone / Years Known

Reference 2

Phone / Years Known

EMERGENCY CONTACT

Name

Relationship

Phone

AGREEMENT

By typing your name below, you agree this serves as your legal signature and confirm all information is true.

Typed Signature:

Date:

After completing, save and email to: assetprotectionservice@yahoo.com
