



Employment Application

Your Name:

Scheduling and Availability

Please indicate which days & shifts you are available to work – click in a box to add a check mark - check all that you are able to work.

	1 st 0100-0900 Mids	2 nd 0900-1700 Days	3 rd 1700-0100 Afternoons/Evening/Nights
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Total amount of hours for one week:	<input type="text"/>
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Initial:	<input type="text"/>
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Would you be able to work overtime (check appropriate box)?

Yes			No	
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Special shift Requests (if any):

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Personal

Last name:	
First name:	
Middle initial:	
Other names used:	
Street address:	
City/State/Zip:	
Email address:	
Home phone number:	
Business/Message number:	
Position Applied For:	
Referred By:	
Salary/HOURLY RATE Desired:	

Have you ever interviewed with the Company or its affiliates before (check appropriate box)?

Yes			No	
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If yes, list date(s), job title(s) & location(s):

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Have you ever been employed by the Company or its affiliates (check appropriate box)?

Yes			No	
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If yes, list date(s), job title(s) & location(s):

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Do you have any friends or relatives employed by the Company or its affiliates (check appropriate box)?

Yes			No	
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If yes, list name(s):

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Are you at least 18 years old (check appropriate box)?

Yes			No	
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If under18, do you have a work permit (check appropriate box)?

Yes			No	
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Last Four (4) Digits of your Social Security Number:	
Driver's License Number:	
Driver's License Issuing State:	

Do You Smoke (check appropriate box):

Yes			No	
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Education

Indicate Highest Grade Completed for each

High School (check one)

Grade 9	
Grade 10	
Grade 11	
Grade 12	

College, Trade or Business (check one)

1 year	
2 years	
3 years	
4 years	

Graduate Studies:

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Complete the following:

	School	Address	Major Studies	Degree, Diploma, License or Certificate
High School				
College/University				
Vocational, Business, Other				

List Any Professional Designations:

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Other Special Knowledge, Skills, or Qualifications:

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Do you type (check appropriate box)?

Yes			No	
If yes, WPM:				

Computer Skills (Hardware/Software) :

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Employment History

List all employments for the past 10 years, starting with the most recent position. All information must be completed. You may email a resume, but not in place of completing the required information in this form.

Dates of Employment (mo/yr):	Beginning:
	Ending:
Employer Name	
Supervisor Name	
Starting Salary/RATE	
Employer Address	
Supervisor Ph #	
Ending Salary/RATE	
Job Title	
Reason for Leaving	
Duties & Responsibilities	

Dates of Employment (mo/yr):	Beginning:
	Ending:
Employer Name	
Supervisor Name	
Starting Salary/RATE	
Employer Address	
Supervisor Ph #	
Ending Salary/RATE	
Job Title	
Reason for Leaving	
Duties & Responsibilities	

Dates of Employment (mo/yr):	Beginning:
	Ending:
Employer Name	
Supervisor Name	
Starting Salary/RATE	
Employer Address	

Supervisor Ph #	
Ending Salary/RATE	
Job Title	
Reason for Leaving	
Duties & Responsibilities	

May we contact your current and previous employers as a reference?

Yes			No	
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Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation? Please review the job description you are applying for in order to answer this question.

Yes			No	
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I understand that I will be required to successfully complete and pass a BCI and/or FBI background check, provided by Eagle Protective, during the course of my hire.

I understand that the following information will be submitted to the Ohio Department of Public Safety/Private Investigator Security Guard Services Division.

Have you been convicted of a felony within the past 20 years (check appropriate box)?

Yes			No	
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Have you been convicted of a misdemeanor(s) in the past 20 years (check appropriate box)?

Yes			No	
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I understand that my initial hire is contingent upon my ability to successfully complete and pass a BCI and/or FBI background check.

I understand that my failure to successfully complete and pass a BCI and/or FBI background check will result in my inability to obtain a license from the ODPS/PISG and I will be required to immediately submit my voluntary resignation to Eagle Protective Services in writing.

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Essay

COMPLETION OF THE FOLLOWING IS REQUIRED FOR YOU TO BE CONSIDERED FOR EMPLOYMENT.

PLEASE EXPLAIN IN FULL DETAIL, USING COMPLETE SENTENCES AND APPROPRIATE PUNCTUATION, WHY YOU THINK YOU SHOULD BE CONSIDERED FOR THE JOB YOU ARE APPLYING FOR.

PLEASE EXPLAIN WHAT EACH OF THE BELOW MEAN TO YOU AND WHY THEY ARE IMPORANT TO YOU AND YOUR EMPLOYER.

RELIABILITY

PUNCTUALITY

APPEARANCE

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Questionnaire

Complete the questions below: this is required

Have you ever worked in the security field? If yes, please explain.

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How would your employer/supervisor rate your performance?

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How would your employer/supervisor rate your work ethic?

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What level of danger have you faced?

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How comfortable are you when dealing with dangerous situations?

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What did your duties consist of?

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How would you rate your ability to deal with stress?

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How would you rate your ability to deal with difficult people?

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Initial:

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The above information is true and correct, I understand that, in the event of my employment by the Company, I shall be subject to dismissal if:

- Any information that I have given in this application is false or misleading;
- I have failed to give any information that could be interpreted as false or misleading;
- I have failed to give any information herein requested; regardless of the time elapsed after discovery.

I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

I authorize the Company to inquire into and obtain the following background information, including but not limited to:

- Any professional/employment/education history
- Credit/consumer History
- Driving History
- Criminal/civil history
- Reference History

as needed at any time to research my initial and ongoing qualifications for employment.

I understand that nothing in this employment application, the granting of an interview or my potential subsequent employment with the Company is intended to create an employment contract between myself and the Company. Eagle Protective Services is an At-Will Employer. Eagle Protective Services reserves the Company's right to At-Will Employment at all times and all of its protections under the law.

Further, I understand and agree that, if hired; my employment may be terminated by me or the Company at any time and for any reason. In the event of my resignation I will give proper written notice. I understand that no person has any authority to enter into any agreement contrary to the preceding.

If employed, I will be required to provide original documents to verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements. **By typing in my name and the name of my witness in the fields below, I certify that the above statements are true.**

Applicant (signed):	
Date:	
Witness (signed):	
Date:	