EMPLOYMENT APPLICATION Alpha Guard Security Services.

Please complete the entire application.

It is the policy of Alpha Guard Security Services INC, to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Full Name:	Home	
Address:		
	Number of years at this address:	
Daytime phone:	Evening phone:	
Mobile phone:	Social Security	
Number:	Driver's License (State/Number):	
2 Emarganay Contact		
3. Emergency Contact		
Who should be contacted if you are invo	lved in an emergency? Contact Name:	
	Relationship to you:	
	Address:	
	City/State/ZIP:	
	Daytime phone:	
Evening phone	::	
4 I-1 D::: - A1: - 1 F		
4. Job Position Applied For:		

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5. Who referred you to our company?
Do you have any friends or relatives who work here? If yes, please list here:
6. Are you at least 18 years old? Yes No
7. How will you get to work?
8. Are you willing to work any shift, including nights and weekends? Yes No If no, please state any limitations:
9. If applicable, are you available to work overtime? Yes No
10. If you are offered employment, when would you be available to begin work?
11. If hired, are you able to submit proof that you are legally eligible for
employment in the United States? Yes No
12. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are

seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Ability or Skill You	1 2 3 4 5	
	[] Security Guard armed/unarmed	
		1 2 3 4 5
13. Applicant Employ	ment History	
self-employment and recent, and list and ex	nost recent employment first. Please list all jo military service) which you have held, begin aplain any gaps in employment. If additional appage of this application.	ning with the most
Employer Name:		
Supervisor Name:		
	This is a RocketLawyer.com document.	
Address:		
City/State/ZIP:		Job
	Rea	
Leaving:	Г	Dates of
Employment (Month/	Year):	
Employer Name: _		
~		
Address:		
City/State/ZIP:		Job
Duties:	Rea	ason for
Leaving:	Т	Dates of

Employment (Month/Year):

Employer Name:	· · · · · · · · · · · · · · · · · · ·
Supervisor Name:	
Address:	
City/State/ZIP:	
Duties:	Reason for
Leaving:	
Employment (Month/Year):	
14. Applicant's Education and Training	
College/University Name and Address	I
you receive a degree? Yes No If yes, degree	e(s) received:
High School/GED Name and Address	
_ Did you receive a degree? Yes No	
Other Training (graduate, technical, vocational):	
_	
Please indicate any current professional licenses or certific hold:	ations that you
_	
Awards, Honors, Special Achievements:	
_	
Military Service:	
Yes No	

Branch:		
Specialized Training:		
15. References		
List any two non-relative for you.	es who would be w	villing to provide a reference
Name:		Address:
		_ City/State/ZIP:
		_ Telephone:
	Relationship:	
Name:		Address:
	Relationship:	_
16. Please provide any coincluding	other information th	nat you believe should be considered,
	hound by any agree	ement with any current employer:
whether you are	ooding by any agree	and with any current employer.
		

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Alpha Guard Security Services INC, to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific

written contract of employment signed on behalf of the organization by its CEO, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Alpha Guard Security Services INC, except in a specific written contract of employment signed on behalf of the organization by its CEO, has the power to alter or vary the voluntary nature of the employment relationship.

UNDERSTAND AND AGREE TO ITS TERMS.	
	APPLICANT
SIGNATURE DATE	

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I