



EMPLOYMENT APPLICATION

INSTRUCTIONS:

1) Please print clearly in black ink. 2) Complete each question.

NOTE:

Northgate Security Services, LLC is an equal opportunity and affirmative action employer. This application is not a contract of employment, it is a tool used in evaluating your qualification for employment. Additional testing for the presence of drugs in your body may be required prior to employment.

Date: _____

Name: _____
LAST
FIRST
MIDDLE

Address: _____
No.
Street
Apt No.

_____ City State Zip How long at this address?

Home Phone: __ (____) _____ Office Phone: __ (____) _____

Alternate Phone: __ (____) _____

Social Security Number: _____ Date Of Birth: _____

Have you ever applied for our company before? Yes ___ No ___ Have you ever worked for our company before? Yes ___ No ___

Do you currently have a relative employed with our company? Yes ___ No ___ If "Yes" please provide name: _____

EDUCATION

Name, Address and Location	Dates	Graduate?	Courses Studied
High School		Yes ___ No ___	Diploma:
College	From: To:	Yes ___ No ___	Diploma:
Trade School	From: To:	Yes ___ No ___	Diploma:
Additional Training/Foreign Languages Spoken	From: To:	Yes ___ No ___	Diploma:



MILITARY

Have you ever served in the military? Yes ___ No ___

Service Branch: _____ Date Entered: _____ Date Separated: _____

Final Rank: _____

EMPLOYMENT

Please list your last three employers:
Do not reference your resume.

Present or Most Recent Position:

Company: _____ Nature of Business: _____

Address: _____ Telephone Number: _____
City State Zip

Dates Employed: From: _____ To: _____ Position: _____ Salary: _____

Supervisor: _____ Reason for Leaving: _____

Duties: _____

Former Position:

Company: _____ Nature of Business: _____

Address: _____ Telephone Number: _____
City State Zip

Dates Employed: From: _____ To: _____ Position: _____ Salary: _____

Supervisor: _____ Reason for Leaving: _____

Duties: _____



EMPLOYMENT (cont.)

Former Position:

Company: _____ Nature of Business: _____

Address: _____ Telephone Number: _____
City State Zip

Dates Employed: From: _____ To: _____ Position: _____ Salary: _____

Supervisor: _____ Reason for Leaving: _____

Duties: _____

May we contact your present employer? Yes ___ No ___ If "NO" please explain: _____

May we contact your past employers? Yes ___ No ___ If "NO" please explain: _____

Have you ever been fired, or asked to resign, from a job? _____ If "YES" please explain: _____

REFERENCES

Give two references. Not relatives or former employers.

Name	Phone Number	Relationship



When answering below, you may omit traffic violations or any other offense committed before your 18th birthday which was finally adjudicated in juvenile court or under a youth offender law, and any conviction of which the record has been expunged under Federal or State Law. Answering "Yes" to this question may not disqualify you from being considered for this position.

Have you ever been convicted of a felony? Yes No

If you answered "YES", give details: _____

SKILLS / AVAILABILITY

Please list the **SECURITY LICENSES** you presently hold. Give the type license, the issuing state, and the expiration date.

Type	State	Expiration Date	Is License Armed or Unarmed?	
_____	_____	_____	Armed <input type="checkbox"/>	Unarmed <input type="checkbox"/>
_____	_____	_____	Armed <input type="checkbox"/>	Unarmed <input type="checkbox"/>
_____	_____	_____	Armed <input type="checkbox"/>	Unarmed <input type="checkbox"/>

Do you have a current C.P.R. Certification Card? Yes No Expiration Date: _____

Do you have a current FIRST AID Certification Card? Yes No Expiration Date: _____

Do you presently hold a DOD clearance? Yes No If so, what level? _____

Are you currently GSA certified? Yes No Date of Certification: _____ Are you A-1 Certified? Yes No

Drivers License: STATE _____ Currently valid? Yes No

Position Desired: _____

Term of Employment: Full-Time Part-Time Any Available Hours

Salary Desired: _____

Site Desired: _____

Available Start Date: _____

Are there any days or hours you would be unable or unwilling to work? Yes No

If "Yes", please specify those days or hours you would be unable or unwilling to work. _____

How did you hear about Northgate Security Services?

Newspaper Bulletin Friend Other Name: _____



AFFIDAVIT

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for immediate discharge.

I hereby authorize Northgate Security Services to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause to action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will be abide by all the rules and regulations of the company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the Company is authorized to enter into any written or verbal contract with me for any definite period of time without the expressed written consent of the President of the Company. I also understand that my employment is "at will" and may be terminated by myself or by the company at any time for any reason at all, with or without prior notice.

Signature _____ Date _____

COMPANY USE ONLY

Interview Appointment: _____
Date

Interviewers remarks:
