



EMPLOYMENT APPLICATION

American Patriot Security, Inc. is an Equal Opportunity Employer.

Please fill in all sections of this application. Place an "n/a" in the sections which do not apply.

Personal Information

Name: (Last, First, Middle)			
Current Address:	City:	State:	Zip Code:
Previous Address:	City:	State:	Zip Code:
Phone#:			
Are you over the age of 18?	Yes	No	

Desired Employment

Position:	Date you can start:	Salary Desired:
Are you currently employed: Yes No	May we inquire with your present employer? Yes No	
How did you hear about us?	Shift(s) you can work: Day Swing Grave	
Have you applied with us before? Yes No	Check one or more → <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Education

Grammar School	Location	Subject taken?	# of Years	Did you graduate? Yes No
				Yes No
High School	Location	Subject taken?	# of Years	Did you graduate? Yes No
				Yes No
College	Location	Subject taken?	# of Years	Did you graduate? Yes No
				Yes No
Trade or Business School	Location	Subject taken?	# of Years	Did you graduate? Yes No
				Yes No

General

Subjects of Special Study or Research:			
Special Training:			
Special Skills:			
Do you have any of the following:			
Guard Card?	Yes	No	Expiration Date:
Baton Permit?	Yes	No	Expiration Date:
Gun Permit?	Yes	No	Expiration Date:
Investigator's License?	Yes	No	Expiration Date:
Driver's License?	Yes	No	Expiration Date:
Have you ever been a Security Officer before? And if yes, where?			

Military Service

Branch:	Your Specialty:

List your employment history for the last ten (10) years. Explain any gaps in employment on the back of this form.

Previous Employment

Name of Present or most recent Employer:			
Address:		City:	State: Zip Code:
Start Date:	Leave Date:	Job Title:	
Starting Wage:	Ending Wage:	May we contact your Supervisor?	
Name of Supervisor:		Title:	Phone:
Description of Duties:			
Reason for leaving:			

Name of Previous Employer:			
Address:		City:	State: Zip Code:
Start Date:	Leave Date:	Job Title:	
Starting Wage:	Ending Wage:	May we contact your Supervisor?	
Name of Supervisor:		Title:	Phone:
Description of Duties:			
Reason for leaving:			

Name of Previous Employer:			
Address:		City:	State: Zip Code:
Start Date:	Leave Date:	Job Title:	
Starting Wage:	Ending Wage:	May we contact your Supervisor?	
Name of Supervisor:		Title:	Phone:
Description of Duties:			
Reason for leaving:			

Name of Previous Employer:			
Address:		City:	State: Zip Code:
Start Date:	Leave Date:	Job Title:	
Starting Wage:	Ending Wage:	May we contact your Supervisor?	
Name of Supervisor:		Title:	Phone:
Description of Duties:			
Reason for leaving:			

Please indicate why you feel you would be an asset to our company

Please indicate what your short-term and long-term employment goals are:

References

Please give the names of at least 3 persons you have known at least 1 year.

Name:	Phone:	Address:	Years Known:
Name:	Phone:	Address:	Years Known:
Name:	Phone:	Address:	Years Known:

Have you ever been convicted of a felony or misdemeanor?	Yes	No
If yes, please explain:		

_____ Applicant's Signature

_____ Date

Employee Availability

Name:		Phone:	
Address:			
Day of the week:	Times available:	Notes:	
Sunday			
Restrictions:			
Monday			
Restrictions:			
Tuesday			
Restrictions:			
Wednesday			
Restrictions:			
Thursday			
Restrictions:			
Friday			
Restrictions:			
Saturday			
Restrictions:			
Other Notes:			
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