

SOUTHEAST PATROL EMPLOYMENT APPLICATION

Please print clearly.

NAME: Last _____ First _____ Middle _____

Place of Birth: _____

Social Security No. _____ - _____ - _____ Driver's License/I.D. Card No. _____ State: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (_____) _____ - _____ CELL: (_____) _____ - _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYES: _____

EMPLOYMENT DESIRED: Full-time Part-time Job Title: _____

MARTIAL STATUS: Single Married Divorced Widowed NAME OF SPOUSE: _____

NAME OF CLOSEST RELATIVE: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: (_____) _____ - _____

CITY: _____ STATE: _____ ZIP: _____

DO YOU OWN A CAR?: Yes No YEAR _____ MAKE _____ MODEL _____ LIC _____

IN CASE OF EMERGENCY WHO DO WE CONTACT: _____

ADDRESS: _____ PHONE: (_____) _____ - _____

CITY: _____ STATE: _____ ZIP: _____

RELATIONSHIP: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME?: Yes No

IF YES, PLEASE EXPLAIN: _____

DO YOU SPEAK ANY FOREIGN LANGUAGE?: Yes No OTHER LANGUAGE: _____

ARE YOU A U.S. CITIZEN?: Yes No IF "NO", DO YOU HAVE THE LAWFUL RIGHT TO WORK IN

THIS COUNTRY?: Yes No

ARE YOU WILLING TO WORK NIGHTS AND WEEKENDS?: Yes No

ARE YOU WILLING TO TAKE A DRUG TEST AND TO BE RANDOMLY DRUG TESTED?: Yes No

Guard Card No. _____ (Expiration Date) ____/____/____ Firearms No. _____ (Expiration Date) ____/____/____

Mace card No. _____ Baton Card No. _____ Taser Trained and Certified?: Yes No

EMPLOYMENT HISTORY

Please give an accurate and complete employment history, beginning with your most recent employer.

Company Name:	Telephone: () _____ - _____
Address:	Employed (Month and year) From: To:
Name of supervisor:	Hourly Pay Rate: \$
State job title and describe your work:	Reason for leaving?:
May we contact this particular former employer?: Yes <input type="checkbox"/> No <input type="checkbox"/>	If "no", please explain why:

Company Name:	Telephone: () _____ - _____
Address:	Employed (Month and year) From: To:
Name of supervisor:	Hourly Pay Rate: \$
State job title and describe your work:	Reason for leaving?:
May we contact this particular former employer?: Yes <input type="checkbox"/> No <input type="checkbox"/>	If "no", please explain why:

Company Name:	Telephone: () _____ - _____
Address:	Employed (Month and year) From: To:
Name of supervisor:	Hourly Pay Rate: \$
State job title and describe your work:	Reason for leaving?:
May we contact this particular former employer?: Yes <input type="checkbox"/> No <input type="checkbox"/>	If "no", please explain why:

MILITARY SERVICE

Did you serve in the U.S. Armed Forces?: Yes <input type="checkbox"/> No <input type="checkbox"/>	If "yes", which branch and what was your rank?:
Please list below any special military training combat tours, awards, medals, or commendations you have received during your service.	

EDUCATION

Please provide the below required information.

High School:

Address (City and State):

Did you graduate?: Yes No

College:

Address (City and State):

Major of Study:

Degree Level:

EXPERIENCES, CERTIFICATES, & TRAINING

Do you have any P.O.S.T. certified or other types of police training?: Yes No

If "yes" are you currently employed by a Law Enforcement agency or hold any Government or Federal position?: Yes No

If you have selected yes to either of these two questions, please explain. Please note: Your answer(s) **will** remain strictly confidential! However, verification will be required.

Do you have any previous security experience?: Yes No If "yes", were you armed?: Yes No .

If you have selected yes to either of these two questions, please explain:

Do you have any other types of certificates or training?: Yes No If "yes" , please explain:

REFERENCES

Please list four personal references.

Name:	How long have you known this person?: Years: _____ Months: _____	Telephone: () _____ - _____
Address:		

Name:	How long have you known this person?: Years: _____ Months: _____	Telephone: () _____ - _____
Address:		

Name:	How long have you known this person?: Years: _____ Months: _____	Telephone: () _____ - _____
Address:		

Name:	How long have you known this person?: Years: _____ Months: _____	Telephone: () _____ - _____
Address:		

Do you have any physical problems that would keep you from performing your duties?: Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answer yes, please explain:

SIGNATURE

Please read carefully before signing and dating this application for employment.

The information provided in this application for employment is true, correct, and complete. If employed, any misstatements or omission of fact on this application may result in my termination of employment from Southeast Patrol.	
I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I also agree that a criminal background investigation and random drug testing may be required within the guidelines of Federal and State laws solely pertaining to the eligibility of my employment with Southeast Patrol.	
By signing I acknowledge that Southeast Patrol may require random drug testing at any time. I agree?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
SIGNATURE: _____	DATE: ____/____/____

OFFICE USE ONLY

Please do not write on this page.

REVIEWED BY: Cliff Hollingsworth Sign: _____ Date: ___/___/___

REVIEWED BY: _____ Sign: _____ Date: ___/___/___

REVIEWED BY: _____ Sign: _____ Date: ___/___/___

APPROVED?: Yes No If "No", Why?: _____

DRUG TEST RESULTS: Pass Fail Comments: _____

CRIMINAL BACKGROUND RESULTS: Pass Fail Comments: _____

BSIS PERMITS

Guard Card: Valid Expired Temporary Permit Fraudulent Other If "Other" Please explain:

Mace: Valid Expired Does not have Fraudulent Other If "Other" Please explain:

Baton: Valid Expired Does not have Fraudulent Other If "Other" Please explain:

Firearms: Valid Expired Does not have Fraudulent Other If "Other" Please explain:

Entrance Exam: Pass Fail Comments: _____

Will applicant/employee be eligible for future employment?: Yes No If "no", why?: _____

Additional Comments: _____