

Force One Security Solutions Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE		
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APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5.	DATE _____
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Name _____				
Last	First	Middle	Maiden	

Present address _____				
Number	Street	City	State	Zip

How long _____	Social Security No. _____ - _____ - _____
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Telephone (____) _____	
Email Address _____	Date of Birth _____

If under 18, please list age _____	Place of Birth _____
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Position applied for (1) and salary desired (2) (Be specific)	Days/hours available to work No Pref Thurs Mon Fri Tue Sat Wed Sun
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How many hours can you work weekly? _____	Can you work nights? _____
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Employment desired	FULL-TIME ONLY	PART-TIME ONLY	FULL- OR PART-TIME
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When available for work? _____	Are you willing to travel? _____
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TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No	Yes
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If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes	No
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What is your means of transportation to work? _____

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
		Your Last Job Title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

In exchange for the consideration of my job application by Force One Security Solutions (hereinafter called "the Company"), I hereby certify that:

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Neither this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, shall be null and void unless the contents of this application are true and correct.

Work experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did?

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Force One Security Solutions (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Force One Security Solutions INC., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Force One Security Solutions INC., may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

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POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height _____ ft. _____ in. Weight _____ Birth date _____

City of Birth _____ State of Birth _____

Married Yes No If married, how long? _____ Single Separated Divorced Widowed

Full name of spouse _____ Occupation _____

Name of company _____ Telephone (____) _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name	Telephone (____)
Address	Relationship
FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS	

NAME	RELATIONSHIP	BIRTH DATE	SSN
TO BE COMPLETED BY EMPLOYER			

Date of employment	Job title	Dept.
Location	Rate of pay	Full-time Part-time Salaried
Applicant's signature acknowledging above information		
Drug test confirmation number		
Name of person verifying information		
Name of person authorizing employment		

Applicant Selection Criteria Record

JOB TITLE

CANDIDATES CONSIDERED (INCLUDING MINORITIES AND FEMALES)

NAME	MALE/ FEMALE	ETHNIC CODE*	ON LAB SECTION/ OFF LAB

*ETHNIC CODES: 1-BLACK, 2-ORIENTAL, 3-HISPANIC, 4-AMERICAN INDIAN, 0-OTHER

CANDIDATE SELECTED

NAME	MALE/ FEMALE	ETHNIC CODE	SOURCE

SELECTION CRITERIA

REASONS CANDIDATE SELECTED WAS PREFERABLE TO OTHERS

	ORIGINATOR'S SIGNATURE	DATE
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