Application for Employment

Please fill out form completely for employment consideration. Print and fax or mail when completed.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Personal Informatio	n		
Last Name	First	Middle	Date
Street Address			Home Phone ()
City, State, Zip			J
Business Phone () -			Email Address:
What was your previous addre	ss?		How long at present address? Years Months
Are you over 18 years of age? If not, employment is subject	Yes No to verification of minimum	legal age.	How long at present address? YearsMonths
Have you ever applied for emp Yes No If Yes: Month and Year			Social Security No.
How did you learn of our organ	nization?		l
Are you legally eligible for emp	ployment in the United Stat	tes?	When will you be able to work?
Are you employed now?	I	f so, may we inquire o	of your present employer?
Have you been convicted offenses, which has not b Yes, describe in full.			ng misdemeanors and summary court?

		any reasons for which you might not be a	able to perfo	rm the job du	uties (with	a	
reas		e accommodation)?					
ll i	es	☐ No If Yes, please explain.					
Driv	ers Licer	nse# Sta	ite	Any Violations?			
				∐ Yes	∐No		
Edu	ıcatio	on en					
			Carrage	No. of	Did	Daguaga	
Sc	hool	Name and location of school	Course o	years	Did you graduate?	Degree or diploma	
				completed	graduates	шрюша	
Co	llege				Yes		
					□ No		
Н	ligh				Yes		
					□ No		
Tr	rade				Yes		
Sc	hool				□ No		
O	ther				Yes		
					□ No		
,	,		,	,	,	,	
Mil	itary						
Com	plete th	is section if you served in the U.S. Armed Forces	E	ranch of Service	e		
Desc	cribe you	ır duties and any special training	P	Period of Active Duty (Month & Year)			
			F	rom	To		
			F	Rank at Discharge			
			Γ	Date of Final Discharge			
Em	ployn	nent History Please give accurate, c	complete full	-time and pai	rt-time emp	loyment	
reco	rd. Sta	art with present or most recent employer					
	Compar	ny Name		Telephone			
				()	_	
	Address	3		Employed (S	Start Month ar	nd Year)	
1.							
				From Hourly Rate	T	o	
	Name o	ame of Supervisor					
				Start	L	ast	
	Start Jo	rt Job Title and Describe Your Work			Reason for Leaving		
					Ü		
	J						

	Company Name	е		Telephone (-		
	Address	dress			Employed (Start Month and Year)		
2.				From	То		
	Name of Super	visor		Hourly Rate			
				Start	Last		
	Start Job Title	and Describe Your Work		Reason for Leaving			
	Company Name	е		Telephone (-		
	Address			Employed (Start Mo	onth and Year)		
3.				From	То		
J.	Name of Super	visor		Hourly Rate			
				Start	Last		
	Start Job Title and Describe Your Work			Reason for Leaving			
	Company Name			Telephone -			
	Address	Address			Employed (Start Month and Year)		
4.				From	То		
4.	Name of Super	Name of Supervisor			Hourly Rate		
				Start	Last		
	Start Job Title and Describe Your Work			Reason for Leaving			
contact			Do not contact				
		Employer Number(s)					
		Reason					
	ferences: Giv st one year.	ve below the names of three pers	ons not related	l to you, whom yo	u have known at		
	Name	Address		Business	Years Acquainted		
1.							
2.							
3.]					

•	of fact on this application may result in my dismissal.
. , , ,	employment does not create a contractual obligation
upon the employer to continue to employ m	ne in the future.
If you decide to engage an investigative cor personal history, I authorize you to do so.	nsumer reporting agency to report on my credit and
·	my request, the name and address of the agency so I tance of the information contained in the report.
	
Date	Signature

Please complete and mail or fax a copy of this form to:

ROK Protective Services, Inc. 32-06 200th St. Bayside, NY 11361 718.225.2333 (phone) 718.225.3222 (fax) roksecurity@hotmail.com

www.roksecurity.com