

SOUTHERN TIER SECURITY, INC

Employment Application



APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address					Apartment/Unit #				
City			State			ZIP			
Phone			E-mail Address						
Date of Birth			Social Security No.			Date Available			
Position Applied for									
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a crime?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Do you currently have a NYS Security Guard License?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, ID#				
Do you have a VALID NYS pistol permit			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, ID#				
Do you currently have a PA Security Guard License?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, ID#				
Do you have a VALID PA pistol permit			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, ID#				
Do you have a state issued Driver's License			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, ID#				
EDUCATION									
High School				Address					
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College				Address					
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other				Address					
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
REFERENCES									
<i>Please list TWO professional references.</i>									
Full Name					Relationship				
Company					Phone				
Address									
Full Name					Relationship				
Company					Phone				
Address									
Full Name					Relationship				
Address					Phone				

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. This application will be valid for ninety (90) days.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____

When complete sign and return to hr@southerntiersecurity.net or fax to 716-809-8128.



Authorization to Release Information

From: _____
To: _____

I have applied for a position with *SOUTHERN TIER SECURITY*.

I have been requested to provide information for their use in reviewing my background and qualifications. Therefore, I hereby authorize the investigation of my past and present work, character, education, military and employment qualifications.

The release in any manner of all information by you is hereby authorized whether such information is of record or not, and I do hereby release all persons, agencies, firms, companies, etc., from any damages resulting from providing such information.

This authorization is valid for 90 days from date below.

Please keep this copy of my release request for your files. Thank you.

Signature

Date

Witness

Date