

SOUTHERN TIER SECURITY, LLC

Employment Application



APPLICANT INFORMATION

Last Name				First			M.I.	Date		
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Date Available				Social Security No.				Desired Salary		
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

Please list TWO professional references.

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
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When complete sign and return to info@mpsnt.org or fax to 716-809-8069



AUTHORIZATION TO RELEASE INFORMATION

From: _____

To: _____

Address _____

City, State _____

Zip code _____

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

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 120 days from date below.

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

Signature

Date

Witness

Date

When complete sign and return to info@mpsnt.org or fax to 716-809-8069