PERSONAL INFORMATION

NAME: **DATE:** _____ / _____ / _____

SOCIAL SECURITY#: _____-_____-_____   **ALIEN REGISTRATION #:**

HOME ADDRESS: **ALIEN REGISTRATION EXP.** _____/_____/_____

CITY, STATE, ZIP CODE:

HOME PHONE # _____-_____-_____   **PAGER & CELL #:** _____-_____-_____

U.S. CITIZEN: YES_____   NO _____   **IF NOT GIVE NO. & EXPIRATION:**

POSITION APPLYING FOR

TITLE:	**SALARY DESIRED:**
REFERRED BY:	**DATE AVAILABLE:**

EDUCATION INFROMATION FOR HIGH SCHOOL & COLLEGE

SCHOOL NAME:	**ADDRESS:**
CITY, STATE, COUNTRY:	**GRADUATION DATE:**
COLLEGE/BUSINESS / TECHNICAL SCHOOL NAME:	**ADDRESS:**
DATES ATTENDED:	**DEGREE / MAJOR:**
UNDER/GRADUATE COLLEGE NAME:	**ADDRESS:**
DATES ATTENDED:	**DEGREE / MAJOR:**

EMERGENCY CONTACT & TELEPHONE NUMBERS

NAME: **PHONE: (   )   -   **RELATIONSHIP:**

NAME: **PHONE: (   )   -   **RELATIONSHIP:**

NAME: **PHONE: (   )   -   **RELATIONSHIP:**

AVAILABILITY

DAY SHIFT: _____   **EVENING SHIFT:** _____   **WEEKEND SHIFT:** _____

COMPANY (NAME & ADDRESS):			
POSITION STARTED:		**POSITION ENDED:**	
SUPERVISOR NAME:		**SUPERVISOR PHONE:**	
PAY RATE:	**START DATE:**	**END DATE:**	**REASON FOR LEAVING:**
COMPANY (NAME & ADDRESS):			
POSITION STARTED:		**POSITION ENDED:**	
SUPERVISOR NAME:		**SUPERVISOR PHONE:**	
PAY RATE:	**START DATE:**	**END DATE:**	**REASON FOR LEAVING:**
COMPANY (NAME & ADDRESS):			
POSITION STARTED:		**POSITION ENDED:**	
SUPERVISOR NAME:		**SUPERVISOR PHONE:**	
PAY RATE:	**START DATE:**	**END DATE:**	**REASON FOR LEAVING:**
COMPANY (NAME & ADDRESS):			
POSITION STARTED:		**POSITION ENDED:**	
SUPERVISOR NAME		**SUPERVISOR PHONE:**	
PAY RATE:	**START DATE:**	**END DATE:**	**REASON FOR LEAVING:**
POSITION STARTED:		**POSITION ENDED:**	

COMPANY (NAME & ADDRESS):			
SUPERVISOR NAME:		SUPERVISOR PHONE:	
PAY RATE:	START DATE:	END DATE:	REASON FOR LEAVING:

COMPANY (NAME & ADDRESS):			
POSITION STARTED:		POSITION ENDED:	
SUPERVISOR NAME		SUPERVISOR PHONE:	
PAY RATE:	START DATE:	END DATE:	REASON FOR LEAVING:

Please supply the names and phone numbers of three professional references of people that have known you at least one or more years. (Manager, Co-worker, etc.). Do not include Relatives. Please enter the name, telephone number and the length of time you have known the person.

Name: _____ Tel._____-_____-_____Period: _____yr/mo

Name: _____ Tel._____-_____-_____Period: _____yr/mo

Name: _____ Tel._____-_____-_____Period: _____yr/mo

Have you ever been arrested and convicted of any crime, or entered a plea of nolo contendere: Yes ( )   No ( )
This item includes misdemeanors and felonies regardless of the length of time that has lapsed since their occurrence. Minor traffic violations resulting in a fine of $499.00 or less do not need to be disclosed. Conviction dismissed under Section 1203.4. MUST be disclosed. Please explain the nature and conviction of crime and conviction in detail.

Assurance Guards & Patrol does not present its Interns/employees to use illegal-non-prescription drugs. Here at **Assurance Guards & Patrol,** we maintain a drug free workplace at all companies and customer work sites. **Assurance Guards & Patrol** reserves the right to randomly test every employee for illegal drugs and alcohol use at any time.
Employees(s) who use illegal drugs or abuse alcohol in connection with their work performance for **Assurance Guards & Patrol** are subject to disciplinary action, up to and including immediate termination.

<u>**Assurance Guards & Patrol** takes pride in being an equal opportunity employer.</u>

I certify that the facts contained in this application are true and correct to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment, and release the company from all liability for any damage that may result from utilization of such information. Also, I have read and agree with **Assurance Guards & Patrol'** Alcohol and Drug Policy.

_____ _____/_____/_____
SIGNATURE   DATE

INTERVIEWER'S COMMENTS DURING AND AFTER THE INTERVIEW