

# **Employment Application**

		Applicant	ntormation						
Full Name:		E: .							
Address:	Last	First	<i>M</i> .1						
	Street		Ap	artment/Unit #					
	City		State	ZIP					
Home Phone:		Email Address:							
Cell Phone:		Emergency Contact: _		Phone:					
Date Available	:	Social Security #:		Desired Salary:					
Ideal Position:		F/T or P/T:		Hours Available:					
Are you a citize	en of the United States?	YES NO		ed to work in the U.S.?	YES NO				
Are you at leas	t 18 years of age?	YES NO	Are you willing to work	c overtime?	YES NO				
Have you ever	worked for this company		If yes, when?						
Have you ever	been convicted of a crin	YES NO   ne?	If yes, where?						
Have you ever	held a private officer co	mmission?	If yes, when?						
Education									
High School:			Address:						
From:	To:	Did you gradua	ate? De	gree:					
College:			Address:						
From:	To:	Did you gradua	YES NO De	gree:					
Other:			Address:						
From:	To:		rte? NO De	gree:					
		Refer	ences						
Please list two	professional references.								
Full Name:			Relationship:						
Company:									
Address:	reet	City		State	ZIP				
		City		State					
Address:									
St	reet	City		State	ZIP				

## **Previous Employment** Please list the previous seven years. Use additional paper as necessary. Company 1: Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_\_State ZIP City Address: \_ Job Title: Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_ YES From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact your previous supervisor for a reference? Responsibilities: Reason for Leaving: Company 2: Phone: \_\_\_\_\_ ZIP Supervisor: \_\_\_\_\_ Address: \_ Street City State Job Title: Starting Salary: Ending Salary: From: To: May we contact your previous supervisor for a reference? Responsibilities: Reason for Leaving: Phone: Company 3: Supervisor: \_\_\_\_\_ Address: \_\_ City State Street Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_ Ending Salary: \_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact your previous supervisor for a reference? Responsibilities: Reason for Leaving: \_\_\_\_\_ Company 4: \_\_\_\_ Phone: \_\_\_\_\_ State ZIP Supervisor: Address: Street City Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_ Ending Salary: \_\_\_\_ From: To: May we contact your previous supervisor for a reference? Responsibilities: Reason for Leaving: Phone: Company 5: City State ZIP Supervisor: Address: \_ Street Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_ From: To: \_\_\_\_\_ May we contact your previous supervisor for a reference? Responsibilities: Reason for Leaving:

	Previous Security Experien	ce
Company 1:		Supervisor:
Address:	City State ZIP	Armed Security? Y / N (circle one)
	Starting Salary:	Ending Salary:
Job Duties:		
Company 2:		
Address: Street	City State ZIP	Armed Security? Y / N (circle one)
Location:	Starting Salary:	Ending Salary:
Job Duties:		
From: To:	Reason for Leaving:	
Company 3:		Supervisor:
Address: Street	City State ZIP	Armed Security? Y / N (circle one)
Location:	Starting Salary:	Ending Salary:
Job Duties:		
From: To:	Reason for Leaving:	
	Military Experience	
Branch:	From:	To:
Rank at Discharge:	Type of Dis	charge:
If other than honorable, please explain:		
I certify that my answers are true and complete	e to the hest of my knowledge	
		leading information in my application or interview
Signature:		Date:

#### **Statement & Conditions**

#### **APPLICANT STATEMENT**

I certify that all answers and statements given by me in this application are true and correct, and that no attempt has been made by me to conceal pertinent information. If employed, I will comply with all Rockwell rules, regulations, and policies. I agree to submit to a drug/alcohol test in conjunction with this application and any other such tests that may be required by Rockwell Security. By my signature below, I authorize my former schools, employers, personal references, and all other persons contacted by Rockwell to give any and all lawful information they may have regarding me and hereby release all persons and entities from any and all liability for issuing such information to Rockwell Security. If, upon investigation, anything contained in this application is found to be false, misleading, or detrimental to the company's operation in any way, I understand that I will be subject to dismissal from employment immediately.

I understand and agree that, if hired, my employment with Rockwell Security is for no definite period of time and may be terminated at any time, for any reason, without prior notices (unless a written agreement provides otherwise). Just as I may resign my employment at any time, for any reason, Rockwell Security will have the full right and authority to terminate my employment within its sole discretion. I understand and agree that the terms and conditions of my employment, if hired, can only be varied from this "at will" agreement through a written document signed by an officer of the company specifically authorized to make such contacts. I understand, agree, and acknowledge that any reliance on any statements by any representative of Rockwell Security contrary to this "at will" arrangement is unreasonable and may form any basis for reliance thereon.

I have read this statement and agree to the terms hereof completely.

### **CONDITIONS OF EMPLOYMENT**

If employed, I agree to the following:

I will accept job assignments based on company needs and job requirements. Such needs and requirements may include working nights, weekends, and holidays. I also may be subject to a change of shift or work locations. I will receive the rate of pay based on each shift, job position, and/or facility at which I am scheduled to work. I understand compensation may vary based on the account I am assigned to.

If for any reason my employment with Rockwell Security is terminated, I will not solicit any business for a competitor of Rockwell Security nor provide business information to a competitor for a period of two years after my termination.

While employed by Rockwell Security, I will not work for or assist any competitor in any manner.

Applicant's Printed Name	_	
Applicant's Signature		