



# EMPLOYMENT APPLICATION

Answer all questions completely in your handwriting in ink. We are an Equal Opportunity Employer.  
No question on this application is intended to be discriminatory under any applicable Federal, State, or Local Fair Employment Practices Laws.

## I. PERSONAL INFORMATION

Last Name		First		Middle
Street Address			Home Phone (      )	
City		State	Zip	Cell/Alternate Phone (      )
Emergency Contact Name			Emergency Contact Phone (      )	
Have you ever been involuntarily terminated or requested to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number — — —
Do you have a current "Security Work Card"? <input type="checkbox"/> Yes <input type="checkbox"/> No		If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, do you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked under a different name(s)? If "Yes", list name: <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have friends or relatives working for our company? If "Yes", list name(s): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify you for the position.) <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", list offense, date and disposition of the case		

## II. EMPLOYMENT INTERESTS

Position Desired	Date Available	Salary Desired	Will you be working more than one job? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment Desired: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			Days and hours available for work
How were you referred to our company? <input type="checkbox"/> Agency (Name) _____		<input type="checkbox"/> Ad (where) _____	<input type="checkbox"/> Walk-In _____
		<input type="checkbox"/> Employee Referral (Name) _____	<input type="checkbox"/> Other (specify) _____

## III. EDUCATION INFORMATION

School Level	Name & Location of School	Course of Study	Circle Last Grade Completed	Did you Graduate?	Degree or Diploma
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post-Graduate			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## IV. SKILLS / SECURITY EXPERIENCE

Do you have a current Security Work Card? Armed or Unarmed? (circle one)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever worked as a Bodyguard? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Martial Arts Training? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Military Experience? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked as a Private Investigator? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Foreign Languages (indicate proficiency to speak, read and write)	
Do you have any experience, training, qualifications or skills which you think make you especially suited for work at this company? If so, explain.			

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**V. EMPLOYMENT INFORMATION (Start with Current or Most Recent Employer)**

<b>1</b>	Company Name		Phone		From: Month/Year		To: Month/Year	
	Street Address		City		State		Zip	
							Starting Pay \$	
							Ending Pay \$	
Job Title		Duties			Reason for Leaving			
Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2</b>	Company Name		Phone		From: Month/Year		To: Month/Year	
	Street Address		City		State		Zip	
							Starting Pay \$	
							Ending Pay \$	
Job Title		Duties			Reason for Leaving			
Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3</b>	Company Name		Phone		From: Month/Year		To: Month/Year	
	Street Address		City		State		Zip	
							Starting Pay \$	
							Ending Pay \$	
Job Title		Duties			Reason for Leaving			
Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4</b>	Company Name		Phone		From: Month/Year		To: Month/Year	
	Street Address		City		State		Zip	
							Starting Pay \$	
							Ending Pay \$	
Job Title		Duties			Reason for Leaving			
Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**VI. ACKNOWLEDGEMENT**

*Please read carefully, initial each paragraph, and sign below.*

Initial	I authorized any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any, to provide Rome Security Services with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to Rome Security Services.
Initial	In consideration of employment, I agree to obey the rules and standards of Rome Security Services. I understand that nothing contained in this application or in the interview process is intended to create a contract between Rome Security Services and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties, and location of work, at any time, for any reason, at the option of Rome Security Services or myself. This constitutes my entire agreement with Rome Security Services in regard to the length of my employment.
Initial	I understand that as a condition of employment I may be required to take a post-offer/pre-employment physical examination, which may include an alcohol and drug test. I further understand that at any time during my employment, I may be required to take a physical examination which may include an alcohol and drug test if management reasonably suspects a condition exists that will prevent me from performing my job in a manner that does not endanger my own safety and health or the safety and health of others. I authorize all provider of health care who examine me to disclose to Rome Security Services or its agents, all medical information revealed during such examinations. I further authorize Rome Security Services to disclose such information to any other persons if at any time my medical condition is put at issue in any proceeding by myself or others. In the event that I have a disability that will affect my ability to take the test, I will so inform Rome Security Services so that a reasonable accommodation can be made. Rome Security Services reserves the right to require medical documentation concerning the need for accommodation.
Initial	I understand that all offers of employment are conditioned upon by providing satisfactory documentary proof of my identity and legal right to live and work in the United States.
Initial	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare under penalty of perjury that the facts contained In the application (or any resume or other documents submitted by me to Rome Security Services) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.

Applicant Signature	Date
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