## **EMPLOYMENT APPLICATION**

PERSONAL INFORMATION						
		Middle	Last	DATE: _		
ADDRESS:	Street Address			Apt/S	uite	
				·		
	City	Sta	ite	Zip Co	ode	
E-MAIL:				PHONE:	<del></del>	
SOCIAL SE	ECURITY NUM	MBER (SSN):		(Optional)		
DATE AVA	ILABLE:		DESIRE	D PAY: \$		
POSITION	APPLIED FO	R:				
EMPLOYM	ENT DESIRE	D:   FULL-TIME	☐ PART-TIME ☐	SEASONAL		
		EMPLOY	MENT ELIG	BILITY		
HAVE YOU *IF YES, W HAVE YOU	I EVER WORK RITE THE ST I EVER BEEN	KED FOR THIS I ART AND END I CONVICTED O	EMPLOYER? DATES:			
		E	EDUCATION			
	OOL:					
		TO:				
		NO DIPLOMA:				
				======================================		
		TO:				
		 NO DEGREE:				
	Security Age					

Secure-All Security Agency, LLC. Email along with resume to: careers@secureallsayork.com



OTHER:	CITY / STATE:	· · · · · · · · · · · · · · · · · · ·
FROM:	TO:	
DEGREE/CERTIFICATION	DN:	
OTHER:	CITY / STATE:	
FROM:	TO:	
DEGREE/CERTIFICATION	DN:	
	PREVIOUS EMPLOYME	NT
EMPLOYER 1: Company / Ir		
		ONE:
ADDRESS:  Street Address		
Street Address		Apt/Suite
City	State	Zip Code
STARTING PAY: \$	□ HOUR □ SALARY ENDING	PAY: \$ □ HOUR □ SALARY
JOB TITLE:	RESPONSIBILITIES:	
FROM:	TO:	
REASON FOR LEAVING	):	
EMPLOYER 2:		
	ndividual	
E-MAIL:	PH0	ONE:
ADDRESS: Street Address		Apt/Suite
City	State	Zip Code
STARTING PAY: \$	□ HOUR □ SALARY ENDING	PAY: \$ □ HOUR □ SALARY
JOB TITLE:	RESPONSIBILITIES:	
FROM:	TO:	
REASON FOR LEAVING	·	

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EMPLOYER 3: Company	/ Individual						
E-MAIL:		PHONE:					
ADDRESS:	reet Address Apt/Suite						
Street Address		Apt/Suite					
City	State	Zip Code					
STARTING PAY: \$	□ HOUR □ SALARY E	NDING PAY: \$	☐ HOUR ☐ SALARY				
JOB TITLE:	RESPONSIBILIT	ES:					
FROM:	TO:						
REASON FOR LEAVIN	IG:						
	REFEREN (PROFESSIONA						
FULL NAME:  First	Last	RELATIONSHIP:					
COMPANY:		TITLE:	<del></del>				
E-MAIL:		PHONE:					
FULL NAME: First	Last	RELATIONSHIP:					
		TITLE:					
E-MAIL:		PHONE:					
FULL NAME:		RELATIONSHIP:					
First	Last						
COMPANY:		TITLE:	<del></del>				
E-MAIL:		PHONE:					



MILITARY SERVICE				
ARE YOU A VETERAN?   YES   NO				
BRANCH: RANK AT DISCHARGE:				
FROM: TO:				
TYPE OF DISCHARGE:				
IF NOT HONORABLE, PLEASE EXPLAIN:				
BACKGROUND CHECK CONSENT				
ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?   YES NO				
DISCLAIMER				
Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.				
Please complete each section EVEN IF you decide to attach a resume.				
I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.				
SIGNATURE DATE				
PRINT NAME				

