

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR (1) This application shall become void after 30 days but can be reactivated for an additional 30 days by written request of the applicant.		PROFESSIONAL SECURITY INCORPORATED 2 Thomas Lane HATTIESBURG, MS 39402			Date: _____ Time: _____ "Equal opportunity is given to all applicants regardless of race, creed, color, national origin, sex, age or handicap"	
Name (First, Middle, Last)		Social Security No			Area Code - Phone No.	
Address (Number, Street, City, State and Zip)					Date	
Education	Name and Address of School	Years (2) Attended	Graduated		Date	Course/Major
			Yes	No		
High School						
College						
Graduate School						
Special Training						
Date of Birth (2)	Are you in USA on a temporary visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever applied for work here before? _____ If so when? _____		Please list relatives and/or friends working here:		
Who referred you to us?		Have you ever been convicted of a crime? If yes explain (3) Yes <input type="checkbox"/> No <input type="checkbox"/>				
Work History: Account for all employment, including period of unemployment. Start with most recent.						
Dates		Company and Address	Supervisor's Name and Final Position	Describe Duties	Salary	Reason for Leaving
From	Thru					
Have you ever been displaced or discharged by a previous employer because of absenteeism, tardiness, or any other non-attendance of work? _____ If Yes Explain!						
Military Experience Branch	From	Thru	Rank Achieved	Special Schools or Training		

1. If applying for more than one position, an application for each position must be submitted by the applicant.
2. The Age Discrimination in Employment Act of 1967, as amended, prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.
3. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

What hours are you willing to work? <input type="checkbox"/> Day (6 to 2) <input type="checkbox"/> Evening (2 to 10) <input type="checkbox"/> Night (10 to 6) <input type="checkbox"/> Other _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time _____ Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to work Saturday, Sunday and Holiday? <input type="checkbox"/> No <input type="checkbox"/> Rotate <input type="checkbox"/> Occasional Date available to start work? _____	How far do you live from here? How will you get to and from work? <hr/> Do you have minor children? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, will childcare present a problem in working these hours? <input type="checkbox"/> Yes <input type="checkbox"/> No these weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No If hired will you be engaged in any other work, or business, or school? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, hours _____ Days _____ nature of work. _____ <hr/> What salary do you require? _____
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In case of emergency notify Name _____ Complete Address _____ Name _____ Complete Address _____	Relationship _____ _____	Area Code - Phone No. at: Home _____ Work _____ Home _____ Work _____
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Do you at this time have any medical or physical or mental condition, see a doctor regularly, etc? (4)

4. This corporation has a policy of non-discrimination with respect to employment of qualified handicapped individuals and disabled veterans. Information as to any handicap or disability obtained as a result of the foregoing inquiries will be kept confidential except as permitted or required by applicable law or regulation. Medical condition information is obtained for the purpose of allowing voluntary action to overcome the effects of conditions which might result in limited employment of qualified handicapped individuals. Providing the information is voluntary, and failure to do so will not result in adverse treatment.

Read Carefully

I certify that the answers given by me to the foregoing questions and statements are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications, together with any information they may have regarding me, whether or not it is in their records. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination.

I agree to submit myself upon request by the corporation for a physical examination by a physician designated by the corporation, and to future physical or mental examinations the corporation may require at a later date as a condition of continued employment.

If employed, I agree as a condition of continued employment to acquaint myself with, and to abide by all Rules, Regulations and Policies as established or amended by the corporation. I authorize the corporation to release to other prospective employers any information regarding my employment with the corporation or the information set forth in this application or gained by the corporation from other companies, schools or persons named in this application to give information regarding my employment, character, qualifications, and information they may have, regarding me, whether or not it is in their records. I hereby release the corporation from all liability for any damage for issuing this information.

If I am employed I further understand and agree that when my employment is terminated by retirement or otherwise, I must return all of Employer's property in my custody, including office keys, manuals, identification card, and name pin before I am entitled to final payment of any amounts due me on separation.

I understand that if I accept employment with another employer (other than present employer, if now employed) during this period this application would be active, will cause this application to be void.

Signature of Applicant _____ Date _____