



American Security ♦ ACI-Janitorial ♦ Action Staffing

# APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

M / F / D / V / DV

## 1.) PERSONAL

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER
PRESENT ADDRESS			TELEPHONE NUMBER ( )
City	State	Zip	OTHER NUMBER
HAVE YOU LIVED AT THIS RESIDENCE FOR THE LAST 10 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO * IF NO, PLEASE REQUEST AN ADDRESS HISTORY FORM FROM AN AMERICAN SERVICES REPRESENTATIVE*			
MAILING ADDRESS, IF DIFFERENT: (Street Address, City, State, Zip)			

HAVE YOU PREVIOUSLY APPLIED OR BEEN EMPLOYED BY AMERICAN SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
(IF YES, PLEASE ANSWER THE FOLLOWING QUESTIONS(CHECK ONE))		Applied	Been Employed
Date	Company	Facility	Supervisor
How did you hear about American Services? (Please Check one)			
Advertisement	Drive by	Other	Referral * If you checked Referral, please answer the following questions:
Person who referred you		Are they currently employed by American Services? Yes No	

## 2.) EDUCATION

CIRCLE HIGHEST SCHOOL YEAR COMPLETED		5	6	7	8	9	10	11	12	13	14	15	16
SCHOOL	NAME	CITY/STATE	GRADUATE YES OR NO	DEGREE	MAJOR	GPA							
HIGH SCHOOL													
COLLEGE OR TECH.													
GRADUATE/ OTHER													
LIST OTHER SKILLS/EXPERIENCE OR MACHINE/EQUIPMENT WITH WHICH YOU HAVE PREVIOUS EXPERIENCE: (EX: TYPING /DATA ENTRY SPEED, COMPUTER PROGRAM PROFICIENCY, FORKLIFT , CHERRY PICKER, SECURITY, LOSS PREVENTION, ECT.)													

## 3.) POSITION

POSITION(S) DESIRED: (CHECK ALL THAT APPLY)					FULL-TIME	PART-TIME
SECURITY	CLERICAL	LIGHT INDUSTRIAL	JANITORIAL	OTHER		
SHIFT PREFERENCE(S)	EARNINGS SATISFACTORY TO START? \$		DATE AVAILABLE FOR WORK?			

## 4.) ADDITIONAL REQUIREMENTS

WILL YOU WORK OVERTIME IF REQUIRED?	YES	NO
ARE YOU AT LEAST 18 YEARS OF AGE?	YES	NO
IF EMPLOYED, CAN YOU SUBMIT PROOF OF AGE?	YES	NO
ARE YOU A CITIZEN OF THE UNITED STATES? (Citizenship is Required by SOUTH CAROLINA state law for security officer positions)		
YES	NO	
OR IN THE UNITED STATES ON A VISA WHICH PERMITS YOU TO WORK HERE?	YES	NO
In the event of an offer of employment, all persons are required to provide documentation in compliance with the Immigration Control and Reform Act.		
HAVE YOU EVER PLEAD GUILTY OR HAVE BEEN FOUND GUILTY OF A CRIME?	YES	NO
(Include ALL CONVICTIONS – including FRAUDULENT CHECKS – and pleas, even if disposed of by fine. DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS) IF YES, EXPLAIN. A “YES” WILL NOT DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT WITH AMERICAN SERVICES.		

## 5.) MILITARY

MILITARY EXPERIENCE IN UNITED STATES ARMED FORCES? YES NO	BRANCH OF SERVICE	TIME ON ACTIVE DUTY	FINAL RANK OR RATING
MEMBER ACTIVE RESERVE? YES NO	PRIMARY JOB IN MILITARY?	DATE OF DISCHARGE	HONORABLE? YES NO

**6.) WORK EXPERIENCE** (must be completed in its entirety for employment consideration) **INCLUDE MONTH & YEAR**

MOST RECENT EMPLOYER	START: _____ END: _____
EMPLOYER'S ADDRESS	TELEPHONE NUMBER
DESCRIPTION OF DUTIES	SALARY/HOURLY WAGE
REASON FOR LEAVING	SUPERVISOR

MAY WE CONTACT YOUR CURRENT EMPLOYER?      YES      NO

EMPLOYER	START: _____ END: _____
EMPLOYER'S ADDRESS	TELEPHONE NUMBER
DESCRIPTION OF DUTIES	SALARY/HOURLY WAGE
REASON FOR LEAVING	SUPERVISOR

EMPLOYER	START: _____ END: _____
EMPLOYER'S ADDRESS	TELEPHONE NUMBER
DESCRIPTION OF DUTIES	SALARY/HOURLY WAGE
REASON FOR LEAVING	SUPERVISOR

CHECK HERE IF YOU NEED ADDITIONAL SPACE TO COVER THE LAST 10 YEARS OF EMPLOYMENT, PLEASE ASK FOR A WORK EXPERIENCE CONTINUATION FORM

CHECK HERE IF YOU HAVE GAPS IN YOUR EMPLOYMENT HISTORY, PLEASE ASK FOR DATES OF UNEMPLOYMENT FORM

**7.) PERSONAL CHARACTER REFERENCES**

GIVE THREE PERSONAL CHARACTER REFERENCES OTHER THAN RELATIVES OR FORMER EMPLOYEES			
NAME	ADDRESS	OCCUPATION	PHONE #

**DECLARATION**

In submitting this application for employment, I certify that all information I have provided to apply and secure work with American Services, Inc. is true, complete and correct. I authorize investigation of all statements contained herein, and it is understood and agreed that any information provided by me that is false, incomplete, or misrepresented in any respect will be sufficient cause to (i.) cancel further consideration of this application, or (ii.) immediately discharge me from American Services, Inc. whenever it is discovered. Upon written request, additional information as to the nature and scope of the investigation, if one is made, will be provided. I understand that American Services, Inc. does not unlawfully discriminate in employment. I also understand that I am required to provide proof of identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are 40 years of age and older.

This application will be considered as current for a period of 90 days after it is filed. If you wish to be considered for employment after that period, you must renew your application in person and in writing.

**READ CAREFULLY BEFORE SIGNING BELOW**

**IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF AMERICAN SECURITY AND FURTHER AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE, AT THE OPTION OF EITHER AMERICAN SECURITY OR MYSELF. I UNDERSTAND THAT NO REPRESENTATIVE OF AMERICAN SECURITY, OTHER THAN THE PRESIDENT OF AMERICAN SERVICES, HAS ANY AUTHORITY TO ENTER INTO AGREEMENT CONTRARY TO THE FOREGOING. FURTHERMORE, I UNDERSTAND AND AGREE THAT ANY SUCH AGREEMENT ENTERED INTO BY THE PRESIDENT OF AMERICAN SERVICES WILL NOT BE ENFORCEABLE UNLESS IT IS IN WRITING.**

8.) Signature of Applicant

Date:

**COMPANY USE ONLY:**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_