



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION:

NAME (LAST NAME FIRST)			SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP CODE
ARE YOU 18 YEARS OR OLDER ____ YES ____ NO	CELL PHONE NUMBER	HOME PHONE NUMBER		

DESIRED EMPLOYMENT:

POSITION APPLYING FOR:	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW ____ YES ____ NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER ____ YES ____ NO	
EVER APPLIED TO THIS COMPANY BEFORE? ____ YES ____ NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? ____ YES ____ NO	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY? ____ EMPLOYMENT AGENCY ____ NEWSPAPER ADVERTISING ____ FRIEND ____ STATE EMPLOYMENT OFFICE ____ WALK-IN ____ COLLEGE PLACEMENT SERVICE ____ OTHER		

EDUCATION:

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

AN EQUAL OPPORTUNITY EMPLOYER

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST

NAME OF PRESENT OR LAST EMPLOYER:				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE		
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? ____ YES ____ NO		
NAME OF SUPERVISOR	TITLE	PHONE		
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER:				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE		
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? ____ YES ____ NO		
NAME OF SUPERVISOR	TITLE	PHONE		
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER:				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE		
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? ____ YES ____ NO		
NAME OF SUPERVISOR	TITLE	PHONE		
DESCRIPTION OF WORK				
REASON FOR LEAVING				



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

AN EQUAL OPPORTUNITY EMPLOYER

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

STATE REQUIRED LICENSE AND PERMITS

CALIFORNIA STATE GUARD REGISTRATION ___ YES ___ NO IF YES PRINT NUMBER:	CALIFORNIA STATE FIREARM REGISTRATION ___ YES ___ NO IF YES PRINT NUMBER:	CALIFORNIA STATE BATON REGISTRATION ___ YES ___ NO IF YES PRINT NUMBER:
CALIFORNIA STATE CHEMICAL (TEAR GAS) REGISTRATION ___ YES ___ NO IF YES PRINT NUMBER:	RED CROSS (OR OTHER AGENCY) FIRST AID CARD ___ YES ___ NO	RED CROSS (OR OTHER AGENCY) CPR CARD ___ YES ___ NO

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE AND RANK

SPECIAL TRAINING

LIST ANY SPECIAL TRAINING OR SKILLS YOU MAY HAVE TO ASSIST YOU IF EMPLOYED BY ORION SECURITY

HAVE YOU BEEN CONVICTED OF A FELONY? ___ YES ___ NO

IF YES EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

AN EQUAL OPPORTUNITY EMPLOYER

SCHEDULE AVAILABILITY FORM

IN THE BOXES BELOW, PLEASE INDICATE WHEN YOU ARE AVAILABLE TO WORK. IF YOU CAN WORK PARTIAL HOURS, PLEASE INDICATE SO. IF YOU CAN WORK, ANY DAY / ANY HOURS CHECK THE BOX BELOW.

SHIFT	SUN	MON	TUES	WED	THUR	FRI	SAT
12 MID – 8 A.M.							
8 A. M. – 4 P.M.							
4 P. M. – 12 MID							

ANY DAY / ANY SHIFT ___ YES ___ NO

ARE YOU LOOKING FOR FULL TIME OR PART TIME WORK?

FULL TIME: ___ PART TIME: ___

IF FULL TIME POSITION IS NOT AVAILABLE WOULD YOU BE PREPARED TO ACCEPT PART TIME? ___ YES ___ NO

IF YOU ARE LOOKING FOR A PART TIME POSITION HOW MANY HOURS DO YOU HOPE TO WORK EACH WEEK? _____

AUTHORIZATION

“I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.”

DATE

SIGNATURE