



# Level 1 Private Security

P.O. Box 703 Aromas, CA 95004 (831)-998-5999

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## APPLICATION FOR EMPLOYMENT

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

**APPLICANT INFORMATION:**      Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Drivers License Number/ State Issued: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you over the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of or pleaded no contest to a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Do you currently have the mandatory vehicle liability insurance coverage required by the California Department of Motor Vehicles? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle Insurance Carrier: \_\_\_\_\_

Is your California Driver's License currently valid and free of any driving restrictions?

Yes \_\_\_\_\_ No \_\_\_\_\_

If No, please explain: \_\_\_\_\_

\_\_\_\_\_

### **EMPLOYMENT AVAILABILITY**

Are you applying for full time or part time? FT \_\_\_\_\_ PT \_\_\_\_\_

Day shift ( 0700-1700): Yes \_\_\_\_\_ No \_\_\_\_\_

Swing shift (1500-0100): Yes \_\_\_\_\_ No \_\_\_\_\_

Night shift (2100-0700): Yes \_\_\_\_\_ No \_\_\_\_\_

What date are you available to start? \_\_\_\_\_

### **EDUCATION**

Name and Address of School - Degree/Diploma- Major - Graduation Date:

High School: \_\_\_\_\_

\_\_\_\_\_

College: \_\_\_\_\_

\_\_\_\_\_

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Other: \_\_\_\_\_

Skills and Qualifications: Licenses, Skills, Training, Awards, Volunteering

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Languages you speak fluently: \_\_\_\_\_

List all of your licenses or certificates that apply to the position you are applying for:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### **EMPLOYMENT HISTORY**

Please list all previous employment for the last ten (10) years beginning with the most recent:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor Name and Title: \_\_\_\_\_

Position Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Ending Salary: \_\_\_\_\_

Dates of employment : From \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor Name and Title: \_\_\_\_\_

Position Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Ending Salary: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor Name and Title: \_\_\_\_\_

Position Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ending Salary: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor Name and Title: \_\_\_\_\_

Position Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ending Salary: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

**REFERENCES**

Please list a minimum of 3 persons not related to you that we may contact as personal references.

Full Name/ Address/ Phone / Relationship/ Years Known

1. \_\_\_\_\_  
\_\_\_\_\_
  2. \_\_\_\_\_  
\_\_\_\_\_
  3. \_\_\_\_\_  
\_\_\_\_\_
  4. \_\_\_\_\_  
\_\_\_\_\_
  5. \_\_\_\_\_  
\_\_\_\_\_
-

Tell us why do you want to work for Level 1 Private Security and what have you done to prepare yourself for this type of occupation:

In case of an emergency please notify:

\_\_\_\_\_, \_\_\_\_\_  
Name Address

\_\_\_\_\_, \_\_\_\_\_  
Phone Number Relationship

I certify that my answers are true and complete to the best of my knowledge. I authorize Level 1 Private Security to make such investigations of my personal, financial, and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connections with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date