



SELDIN SECURITY SERVICES

WE HOLD THE KEY TO SECURITY

Seldin Security Services, LTD (the "Company") is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

PERSONAL

Last Name	First	Middle Initial	Social Security #
Other Name(s) Used			Home Telephone # ()
Home Address, City , State , Zip Code			Business or Message # ()
Position Applying For: _____		Referred By: _____	Date of Birth: __ /__ /__
What hours are you available to work? ___ day ___ evenings ___ nights			When are you available to start work? _____
Do you have a valid Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, do you own an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No
Drivers License #_____			Can you report to a different post other than your primary location? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			Number of years experience in the Security industry. Years ____ Months ____
Do you have any medical concerns or take any prescribed medication or under Doctor's care: Yes <input type="checkbox"/> No <input type="checkbox"/> : If yes, please explain _____			Do you have a FOID card? Yes <input type="checkbox"/> No <input type="checkbox"/> #_____
			Do you have a PERC card? Yes <input type="checkbox"/> No <input type="checkbox"/> #_____

EDUCATION

Circle Highest Grade Completed:					High School	9	10	11	12
					College, Trade or Business	1	2	3	4
					Graduate Studies	_____			
	School	Address	Major Studies	Degree, Diploma, License or Certificate					
High School									
College/University									
Vocational, Business Other									
List training security courses completed?									
Other Special Knowledge, Skills or Qualifications									

EMPLOYMENT HISTORY

List all employments for the past seven years, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities _____			
Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities _____			
Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities _____			

GENERAL

Yes No

- May we contact your current employer for references?
- If hired, will you be able to work overtime?
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Have you ever been convicted of a crime, including felonies, misdemeanors and summary offenses, which has not been annulled, expunged or seals by court?

SECURITY BACKGROUND

Have you ever been in the U.S. Armed Services? Yes No
Branch _____ Rank Held at Discharge _____

Are you recently a member of any reserve or National Guard Unit? Yes No
Branch _____ Rank Held at Discharge _____

U.S. Military Duties and Special Training _____

Please indicate any foreign languages that you Speak / Read / Write _____

Security Clearance

Have you ever been issued security cleaance? Yes No What degree? Issuing Agency?

Have you ever been denied Security Clearance? Yes No If yes, explain

Conviction History

Have you ever been convicted of a crime (civil or military) or is there now pending against you a criminal prosecution for which you have been released on your own recognizance? Yes No

List three references. **DO NOT** list relatives or persons who live in the same household with you.

Name	Address	City, State Zip Code
Telephone #	Relationship	Years Known
Name	Address	City, State Zip Code
Telephone #	Relationship	Years Known
Name	Address	City, State Zip Code
Telephone #	Relationship	Years Known

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing. I agree to take any employment test required, such as drug, psychological, or physical test during my employment, failure of such test may terminate my employment.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date