

Date: \_\_\_\_\_



**AN EQUAL OPPORTUNITY EMPLOYER**

It is the policy of 1st CHOICE SECURITY, INC. to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

**PERSONAL DATA**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Social Security Number # \_\_\_\_\_  
Cellular: \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

**POSITION INFORMATION**

Position Applied For: \_\_\_\_\_  
Are you willing to work any shift, including nights and weekends? \_\_\_\_\_  
Shift preference: Any - 1<sup>st</sup> - 2<sup>nd</sup> - 3<sup>rd</sup> (circle one)  
Shift unable to work: Any - 1<sup>st</sup> - 2<sup>nd</sup> - 3<sup>rd</sup> (circle one)  
How soon following notification can you start? \_\_\_\_\_  
Have you ever been employed by the company? \_\_\_\_\_  
If so, when? \_\_\_\_\_ Where? \_\_\_\_\_ Position? \_\_\_\_\_  
Are any relatives, including in-laws, employed at the company? \_\_\_\_\_  
If yes, give name, relationship, position and location \_\_\_\_\_  
Have you ever previously applied for employment at the company? \_\_\_\_\_  
If so, when? \_\_\_\_\_  
Have you ever previously been interviewed by the company? \_\_\_\_\_  
If so, when? \_\_\_\_\_  
Referral Source - Advertisement? \_\_\_\_\_ Where? \_\_\_\_\_ Other \_\_\_\_\_

**MILITARY SERVICE AND STATUS**

Branch of service: \_\_\_\_\_ Military Occupation: \_\_\_\_\_  
Length of active duty (month/year) \_\_\_\_\_  
Date of entry: \_\_\_\_\_ / \_\_\_\_\_ Rank at the time of separation: \_\_\_\_\_  
Date of separation: \_\_\_\_\_ / \_\_\_\_\_

**Please note: Final processing prior to employment will require a review of the original or copy of your military discharge and/or a review of your DD form 214.**

**MISCELLANEOUS INFORMATION**

Do you have a valid driver's license? \_\_\_\_\_ License number: \_\_\_\_\_ State: \_\_\_\_\_  
Exp. Date \_\_\_\_\_  
Have you ever been convicted of or sentenced for any violation of the law? \_\_\_\_\_ If yes, give full particulars.

**EDUCATION**

NAME & ADDRESS OF SCHOOL	YRS. ATTENDED	GRADUATED?	DEGREE	MAJOR
High School:		Yes or No		
College:		Yes or No		
Other:		Yes or No		

**EMPLOYMENT HISTORY**

PRESENT OR MOST RECENT EMPLOYER

Full name of company	Telephone	Salary Begin/End	Employed From/To
Street Address	City	State	Zip Code
Name & Title of Supervisor		Reasoning for leaving	
Title of your position		Department	
Responsibilities:			

PREVIOUS EMPLOYER

Full name of company	Telephone	Salary Begin/End	Employed From/To
Street Address	City	State	Zip Code
Name & Title of Supervisor		Reasoning for leaving	
Title of your position		Department	
Responsibilities:			

PREVIOUS EMPLOYER

Full name of company	Telephone	Salary Begin/End	Employed From/To
Street Address	City	State	Zip Code
Name & Title of Supervisor		Reasoning for leaving	
Responsibilities:			

PREVIOUS EMPLOYER

Full name of company	Telephone	Salary Begin/End	Employed From/To
Street Address	City	State	Zip Code
Name & Title of Supervisor		Reasoning for leaving	
Responsibilities:			

**OTHER EMPLOYMENT INFORMATION**

Have you ever been suspended, placed on probation, asked to resign, discharged or terminated? \_\_\_\_\_  
If yes, please explain:

We may contact the employers listed above unless you indicate those you do not want us to contact.  
Do not contact: \_\_\_\_\_  
Reason: \_\_\_\_\_

**REFERENCES**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Relationship: \_\_\_\_\_

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**FOR EMPLOYER'S USE ONLY**

Reference check:

Employer	Person Contacted	Results

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**1<sup>ST</sup> CHOICE SECURITY, INC. REQUIRES EMPLOYEES TO GIVE NOTICE OF HIS/HER INTENT TO TERMINATE THEIR SERVICES WITH THE COMPANY. THIS NOTICE MUST BE IN WRITTEN FORM, SIGNED AND DATED BY THE EMPLOYEE, AND PRESENTED TO ALAN GRISSINGER AT LEAST ONE WEEK PRIOR TO EMPLOYEE'S LAST DAY OF SERVICE. FAILURE TO PROVIDE SUCH NOTICE OF TERMINATION SHALL ENTITLE 1<sup>ST</sup> CHOICE SECURITY, INC. TO REDUCE THE HOURLY RATE OF SAID EMPLOYEE'S COMPENSATION FOR EMPLOYEE'S REMAINING CHECKS, TO THE FEDERAL MINIMUM WAGE AT THE TIME OF EMPLOYEE'S DEPARTURE.**

\_\_\_\_\_  
Applicant's Signature

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information, which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY CERTIFY that by execution of the application, I acknowledge that the Company has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made, and that I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at any time, for any reason, by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the PRESIDENT of the Company has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

I UNDERSTAND that if I am employed, this application and the Company's Terms of Employment and Policy and Procedures will govern the terms and conditions of my employment, as amended from time to time by the Company.

The Company operates under the principles of affording equal employment opportunity through affirmative action for qualified handicapped individuals, qualified veterans of the Vietnam era and qualified disabled veterans.

All applicants and employees who believe themselves to be members of one or more of these groups, and who wish to identify themselves as such for the purpose of affirmative action consideration are invited to do so.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary; (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (3) governmental officials investigating compliance will be informed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six-month period.

**PRE-EMPLOYMENT INQUIRY RELEASE**

In connection with my application for employment, as well as during the term of my employment, if hired, I hereby authorize **1<sup>st</sup> Choice Security, Inc.** to perform an investigative inquiry regarding my consumer credit, criminal history, motor vehicle driving history, worker's compensation claims, previous employment, and any and all other reports deemed appropriate in order to provide information as to my character, work habits, performance, and experience.

I hereby authorize **1<sup>st</sup> Choice Security, Inc.** its agencies, representatives, information service organizations, and all individuals acting as such, including but not limited to Choice Tenant Screening Service, to conduct such investigation, and authorize all parties to provide any relative knowledge or information they may have.

I hereby hold **1<sup>st</sup> Choice Security, Inc.** and Choice Tenant Screening Service absolutely harmless and agree not to pursue any legal action against **1<sup>st</sup> Choice Security, Inc.** and/or Choice Tenant Screening Service, their shareholders, directors, officers, employees, or agents, for any information obtained or disclosed with reference to the inquiry.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THE FOLLOWING INFORMATION MUST BE COMPLETED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED. PLEASE PRINT CLEARLY.**

Print Name Clearly: \_\_\_\_\_  
(First) (Middle) (Last)

Maiden Name: \_\_\_\_\_ Other Last Names You Have Used: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
( Mo.) ( Day) ( Year)

Driver's License No.: \_\_\_\_\_ State Issued: \_\_\_\_\_

**ALL ADDRESSES FROM AGE 18 TO PRESENT:**

\_\_\_\_\_  
City State Zipcode County

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City State Zipcode County

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City State Zipcode County

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City State Zipcode County

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