

Application for Employment (KOA)

Name _____
Last First Middle

Address _____
Street City State Zip Code

Phone Number (_____) Social Security Number _____
Area Code

If you are not a U.S. citizen, can you legally work in the U.S.? Yes No

Are you 18 years old or older? Yes No

Position desired: _____

Date you can start: _____

Are you employed now? Yes No

If so, may we contact your employer? Yes No

Have you ever worked for this company before? Yes No

If so, when? _____

Have you ever been convicted/charged of a crime? Yes or No, If yes what crime and when?

Do you have a 235 Card Yes/No : Do you have a Vehicle Yes/No :

Do you have Security Guard Experience Yes or No : What shift can you work? _____

How did you find out about our Company? _____

Education

	Name and Location	Did you Graduate?	Describe Course of study.
High School			
College			
Trade School			
Other			

References

Name	Address	Profession	Telephone
1)			
2)			
3)			

EMPLOYMENT HISTORY

The following work experience section must be completed even if accompanied by a resume. You may also include any work that was performed on a voluntary basis. List most current first.

EMPLOYER				RATE OF PAY STARTING: ENDING:	
ADDRESS		CITY	STATE	ZIP CODE	
YOUR POSITION AND SPECIAL DUTIES				EMPLOYED FROM: TO:	TOTAL YEARS
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>				SUPERVISOR'S NAME:	AREA CODE: NUMBER:
				REASON FOR LEAVING:	PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>
LIST OTHER NAMES UNDER WHICH YOU HAVE WORKED (LAST/FIRST/MIDDLE):					

EMPLOYER				RATE OF PAY STARTING: ENDING:	
ADDRESS		CITY	STATE	ZIP CODE	
YOUR POSITION AND SPECIAL DUTIES				EMPLOYED FROM: TO:	TOTAL YEARS
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>				SUPERVISOR'S NAME:	AREA CODE: NUMBER:
				REASON FOR LEAVING:	PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>
LIST OTHER NAMES UNDER WHICH YOU HAVE WORKED (LAST/FIRST/MIDDLE):					

EMPLOYER				RATE OF PAY STARTING: ENDING:	
ADDRESS		CITY	STATE	ZIP CODE	
YOUR POSITION AND SPECIAL DUTIES				EMPLOYED FROM: TO:	TOTAL YEARS
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>				SUPERVISOR'S NAME:	AREA CODE: NUMBER:
				REASON FOR LEAVING:	PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>
LIST OTHER NAMES UNDER WHICH YOU HAVE WORKED (LAST/FIRST/MIDDLE):					

EMPLOYER				RATE OF PAY STARTING: ENDING:	
ADDRESS		CITY	STATE	ZIP CODE	
YOUR POSITION AND SPECIAL DUTIES				EMPLOYED FROM: TO:	TOTAL YEARS
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>				SUPERVISOR'S NAME:	AREA CODE: NUMBER:
				REASON FOR LEAVING:	PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>
LIST OTHER NAMES UNDER WHICH YOU HAVE WORKED (LAST/FIRST/MIDDLE):					

Applicant Questionnaire

Name: _____ Date of Birth: _____ Phone No.: _____

Please give a detailed job history and explanation as to why you left your previous employers. Please account for any gaps of time in between jobs for the past ten years. Please note that "personal reasons", "laid off", and/or "better opportunity or job" are not acceptable explanations.

Company #1: _____ Supervisor: _____ Ending pay rate: _____

Reason for Leaving: _____ Job Title _____ Dates: _____

Company #2: _____ Supervisor: _____ Ending pay rate: _____

Reason for Leaving: _____ Job Title _____ Dates: _____

Company #3: _____ Supervisor: _____ Ending pay rate: _____

Reason for Leaving: _____ Job Title _____ Dates: _____

Company #4: _____ Supervisor: _____ Ending pay rate: _____

Reason for Leaving: _____ Job Title _____ Dates: _____

Company #5: _____ Supervisor: _____ Ending pay rate: _____

Reason for Leaving: _____ Job Title _____ Dates: _____

Company #5: _____ Supervisor: _____ Ending pay rate: _____

Reason for Leaving: _____ Job Title _____ Dates: _____

In the past ten years, how many times would you say that you have been late for work? _____

In the past ten years, how many times would you say that you have called out from work? _____

Have you ever had a dispute with any of your supervisors in the past? _____ Co-workers? _____

If you answered yes to the above question(s), please give full details below.

Are you able to stand for long periods of time with little or no break (10 -12 hours)? _____

Are you able to walk long distances (8-10 miles over an eight hour shift)? _____ Work overtime? _____

Security requires that you work weekends and sometimes past your scheduled shift, can you do this? _____

Do you have reliable transportation? _____ What's your mode of travel? _____ Do you have bus fare? _____

How often do you consume alcohol and/or indulge in the abuse of controlled substances? _____

Have you ever received any formalized training in security practices? _____

