



# EMPLOYMENT APPLICATION

**Fisotec Security, Inc** is an equal opportunity employer and does not discriminate in hiring or employment upon any basis prohibited by law, including race, color, creed, religion, age, sex national origin, ancestry, sexual orientation, marital status, military status, or disability. None of the questions or information sought in this application is intended to discriminate based upon any status protected by law.

PLEASE PRINT ELIGIBLY

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Name:																					
		First				Middle				Last											
Home Phone:						Alternate Phone:															
Email Address:																					
Driver's License #:						Birthdate:				State:				Exp Date:							
Guard Card?		Yes				No				Guard Card #:				State:				Exp Date:			
Home Address:																					
Mailing Address:																					

Are you currently employed?		Yes				No			
Are you currently on Lay-Off status subject to recall?		Yes				No			
If yes to either question, may we contact your present employer?		Yes				No			

## EMPLOYMENT DESIRED

Position applying for:																			
Type of work applying for:		Regular Full Time						Regular Part Time						Temporary or Seasonal or Holiday					
What days and hours are you available to work: (Pls be specific)		Days		Monday to Sunday						Times		AM or PM or Graveyard or Others							

If applying for temporary work, when are you available?

Are you available to work on weekends?		Yes				No			
Would you be available to work overtime?		Yes				No			
What date can you start?									

## PERSONAL INFORMATION

If hired, would you have a reliable means of transportation to and from work?		Yes				No			
Are you at least 18 years of age?		Yes				No			
Do you have the legal right to work and be employed in the United States? (Proof of Identity and legal authority to work in the U.S is a condition of employment.)		Yes				No			

**CERTIFICATION OR LICENSES: (Mark those that apply)**

TacCom		O/C - Pepper Spray		Baton		Supervisor	
Handcuffs		Advance Baton		Firearm		CPR	

**REASONABLE ACCOMMODATION**

Are you able to perform the functions of the job for which you are applying for with or without reasonable accommodation(s)?	Yes		No	
If no, describe the functions you can not perform:				
If you require reasonable accommodation(s), please describe any of these accommodation(s) required:				
Have you ever been convicted of a Criminal Offense: Felony or Misdemeanor? (Omit marijuana convictions under California Health and Safety Code SS 11357 (b), 11360 (c.), 11365, or 11550 or statutory predecessor) that are more than two (2) years old.	Yes		No	
If Yes, state the nature of the crime(s), when and where convicted and disposition of the Case:				

Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offence to the position(s) applied for, and any other relevant factors are considered.

**EDUCATION**

School	Location	Years	Graduated	Major	Diploma
High School					
College or University					
Trade or Vocational					
Certificated or Others					

**PREVIOUS EMPLOYMENT**

Please provide details covering your last 7 years of employment and/or last 3 employers starting with the most recent

Employed Date:	Company name, address & phone	Start Pay	End Pay	Supervisor & Phone		Reason for leaving	Eligible for rehire?
<i>From</i>		<i>Position</i>		<i>Name</i>			
<i>To</i>				<i>Phone</i>			
<i>From</i>		<i>Position</i>		<i>Name</i>			
<i>To</i>				<i>Phone</i>			
<i>From</i>		<i>Position</i>		<i>Name</i>			
<i>To</i>				<i>Phone</i>			
<i>From</i>		<i>Position</i>		<i>Name</i>			
<i>To</i>				<i>Phone</i>			

Please identify and explain all periods of unemployment during the last 10 years:

From:		To:		Reasons:	
From:		To:		Reasons:	
From:		To:		Reasons:	
From:		To:		Reasons:	
How many days were you absent from work in the past 12 months?					

**REFERENCE**

Please list non-family members known over 1 year

Name	Address	Phone	Business or Occupation	Years

I hereby certify that any and all answers given by me on this application are true and correct at the time of application. I understand that any falsification or omission of fact may result in the rejection of this application or immediate discharge if I am employed regardless of the time between application and discovery of the falsification or omission of fact.

*Applicant's Printed Name, Signature and Date*

**For Office Use Only:**

Notes: