

# THIRD EYE PATROL

## Application for employment

<b>PERSONAL INFORMATION</b>	
Name (last, first, middle) :	
Address (street, city, state, and zip) :	
:	
Daytime Phone: (     )	Cell Phone: (     )
Evening Phone: (     )	Other Phone: (     )
Date of Birth:	5. Social Security Number:
In order to work for Third Eye Patrol you must possess a <b>valid</b> California Guard Card. Do you meet this requirement?   ___Yes   ___No	
Are you either a citizen of the United States or a permanent resident alien who is eligible to work in the United States? Can you provide such documentation?   ___Yes   ___No	

<b>EDUCATION</b>				
<b>SCHOOL</b>	<b>NAME OF SCHOOL</b>	<b>MAJOR MINOR</b>	<b>GRADUATED?</b>	<b>#OF CEDITIS/ DEGREE</b>
High School				
University And/or College				
Graduate School				
Trade or Business school				
Other				

Our Company does not discriminate in hiring or terms or conditions of employment on the basis of race, color, creed, religion, sex, national origin, age, disability or any other basis upon which discrimination is prohibited by the municipal, state, or federal law. No question on this application is intended to secure information to be used for such discrimination.

What position or type of work are you applying for?

What schedule are you interested in:  
 Full-Time       Part-Time       Temporary

Hours available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Expected Wage/Salary: \_\_\_\_\_ Date Available: \_\_\_\_\_

Do you have any obligations that would prevent you from working the days and hours indicated above?  YES  NO

If yes, please explain:

Have you applied for a position or been employed by Third Eye Patrol or other private security firm?  YES  NO

If yes, state where and when, name of supervisor and company, and reason for leaving:

Are you able to relocate?  YES  NO

How were you made aware of our employment opportunities? Select all that apply.

X		Where/Name/Explain
<input type="checkbox"/>	Advertisement	
<input type="checkbox"/>	Newspaper	
<input type="checkbox"/>	Magazine	
<input type="checkbox"/>	Website	
<input type="checkbox"/>	Job posting	
<input type="checkbox"/>	Referral	
<input type="checkbox"/>	Other	

## EMPLOYMENT HISTORY:

List your current/previous employers with most recent first. Include any military service. If limited employment, list persons not related to you, who have known you at least one year. .

Present/Last Employer	Telephone Number	Supervisor's Name
Address (Street, City, State, Zip)	Dates Employed to	Base Salary or Wage
Position Title	May we contact this employer? Y N	Current/Ending Salary
Summary of Duties		Bonus:
Reason for leaving		Date of last pay increase:

Employer	Telephone Number	Supervisor's Name
Address (Street, City, State, Zip)	Dates Employed to	Base Salary or Wage
Position Title	May we contact this employer? Y N	Current/Ending Salary
Summary of Duties		Bonus:
Reason for leaving		Date of last pay increase:

Employer	Telephone Number	Supervisor's Name
Address (Street, City, State, Zip)	Dates Employed to	Base Salary or Wage
Position Title	May we contact this employer? Y N	Current/Ending Salary
Summary of Duties		Bonus:
Reason for leaving		Date of last pay increase:

Employer	Telephone Number	Supervisor's Name
Address (Street, City, State, Zip)	Dates Employed to	Base Salary or Wage
Position Title	May we contact this employer? Y N	Current/Ending Salary
Summary of Duties		Bonus:
Reason for leaving		Date of last pay increase:

Have you ever been fired from previous employment? Yes No

If yes, explain: \_\_\_\_\_

**A CONVICTION IS NOT AN AUTOMATIC BAR TO EMPLOYMENT**

Have you ever been convicted of or plead guilty to a crime (felony or misdemeanor)?

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

If yes, provide details with date of conviction and sentence: \_\_\_\_\_

**Occupational References:**

(List personal references if you have no occupational references)

Last Name	First Name	Years known	Phone Number	Occupation
Address (Street, City, State, Zip)			Personal Reference? Y N	May we contact this reference? Y N

Last Name	First Name	Years known	Phone Number	Occupation
Address (Street, City, State, Zip)			Personal Reference? Y N	May we contact this reference? Y N

Last Name	First Name	Years known	Phone Number	Occupation
Address (Street, City, State, Zip)			Personal Reference? Y N	May we contact this reference? Y N

Last Name	First Name	Years known	Phone Number	Occupation
Address (Street, City, State, Zip)			Personal Reference? Y N	May we contact this reference? Y N