



Q&A entered_ initials: _____

S/D: _____

SITE: _____

EMPLOYMENT APPLICATION

INSTRUCTIONS:

1) Please print clearly in black ink 2) Complete each question 3) Please read **NOTE:** below

NOTE:

Knight Protective Service is an equal opportunity employer and affirmative action employer. This application is not a contract of employment, it is a tool used in evaluating your qualification for employment. Additional testing for the presence of drugs in your body may be required prior to employment.

Date: _____

Name: _____

LAST FIRST MIDDLE

Present Address: _____

No. Street Apt#

City State Zip How long at this address?

Home Phone #: _____ Office Phone #: _____ Pager #: _____

Alternate Phone #: _____

Social Security #: _____

Are you 18 years or older? Yes No

Have you ever applied to our company before? Yes No

Have you ever worked for our company before? Yes No

Do you currently have a relative employed with our company? Yes No If "Yes" please give name of relative: _____

EDUCATION

Name, Address and Location	Dates	Graduate?	Courses Studied
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma: _____
College	From: _____ To: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma: _____
Trade School	From: _____ To: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma: _____
Additional Training/Foreign Languages Spoken			Certificates: _____

MILITARY

Have you ever served in the military? Yes No

Service Branch _____ Date Entered _____ Date Separated _____ Final Rank _____

EMPLOYMENT

Please list your last three employers:
DO NOT REFERENCE YOUR RESUME.

Present or Most Recent Position:

Company: _____ Nature of Business: _____

Address: _____ Telephone Number: _____

City State Zip

Dates Employed : From: _____ To: _____ Position: _____ Salary: _____

Supervisor: _____ Reason for Leaving _____

Duties: _____

Former Position:

Company: _____ Nature of Business: _____

Address: _____ Telephone Number: _____

City State Zip

Dates Employed : From: _____ To: _____ Position: _____ Salary: _____

Supervisor: _____ Reason for Leaving _____

Duties: _____

Former Position:

Company: _____ Nature of Business: _____

Address: _____ Telephone Number: _____

City State Zip

Dates Employed : From: _____ To: _____ Position: _____ Salary: _____

Supervisor: _____ Reason for Leaving _____

Duties: _____

May we contact your present employer? Yes No If "NO" please explain: _____

May we contact your past employers? Yes No If "NO" please explain: _____

Have you ever been fired, or asked to resign, from a job? _____ If "YES" please explain: _____

REFERENCES

Give two references, not relatives or former employers

Name	Phone Number	Relationship

When answering below, you may omit traffic violations or any other offense committed before your 18th birthday which was finally adjudicated in juvenile court or under a youth offender law, and any conviction of which the record has been expunged under Federal or State Law. Answering "Yes" to this question may not disqualify you from being considered for this position.

Have you ever been convicted of a felony? Yes No

If you answered "YES", give details: _____

"Under Maryland Law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph lie detector test or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.00"

I, _____ hereby acknowledge the above notice _____
PRINT NAME SIGNATURE

SKILLS / AVAILABILITY

Please list the **SECURITY LICENSES** you presently hold, give the type of license, the issuing state, and the expiration date.

<i>TYPE</i>	<i>STATE</i>	<i>EXPIRATION DATE</i>	IS LICENSE ARMED OR UNARMED?
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have a current C.P.R. Certification Card? Yes Expiration Date: _____

Do you have a current FIRST AID Certification Card? Yes Expiration Date: _____

Do you presently hold a DOD clearance if so what level? _____

Are you currently GSA certified? Yes Date of Certification? _____ Are you A-1 Certified Yes No

Drivers License: State _____ Currently Valid? Yes No

How did you hear about position: Newspaper Bulletin Other Friend Name of paper: _____

What advertisement are you applying for? _____

Term of Employment: Full-Time Part-Time Temporary Any Available Hours

Site Desired: _____

Position Desired: _____ Salary Desired: _____ per hour Date you can start: _____

Are there any days or hours you would be unable or unwilling to work? Yes No If "Yes", please specify those days or hours you would be unable or unwilling to work. _____

AFFIDAVIT

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize Knight Protective Service to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause to action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the Company is authorized to enter into any written or verbal employment contract with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.

Signature _____ Date _____

COMPANY USE ONLY

Interview Appointment: _____
DATE

Interviewers
remarks: _____

