

APPLICATION FOR EMPLOYMENT



Allied Security Group, Inc. Is an equal opportunity employer and considers applicants for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PERSONAL INFORMATION (please print) Name: _____
Last First Middle Initial

Social Security Number: _____ Other names you are known by: _____

Are you less than 18 years of age? Yes No (Please circle one)

Are you legally eligible for employment in the US? Yes No (Please circle one)

Allied Security Group is a member of the basic pilot program and all New Hires are required to be verified eligible for employment through the Department of Homeland Security.

Have you been convicted of a crime in the last 7 years? Yes No (Please circle one)

If yes, list convictions that are a matter of public record (arrests are not convictions). A conviction does not necessarily disqualify you for employment.

Present Physical Address: _____
Street City State Zip

Present Mailing Address: _____
P.O. Box or other City State Zip

Phone Number: _____ Drivers License Number: _____
Daytime Evening

State issuing Drivers License: _____

EMPLOYMENT DESIRED Applying for: _____ (Position)

When can you start? _____

Are you available for work: Full Time Part Time Shift Work Temporary (Please circle one)

Are you currently on "lay off" status and subject to recall? Yes No (Please circle one)

Are you physically or otherwise unable to perform the duties of the job you are applying for? Yes No (Please circle one)

Have You ever applied with Allied Security Group, Inc. Before? _____ If yes, When? _____

EMPLOYMENT HISTORY Are you currently employed: _____

If you are currently employed, may we contact your present employer? _____

Present Employer

1 From _____
To _____

2 From _____
To _____

3 From _____
To _____

4 From _____
To _____

Name of Employer: _____ Work Performed: _____

Address: _____

Telephone Number: _____ Name of Supervisor: _____

Reason for Leaving _____

Starting Pay: \$ _____ per _____ Final Pay: \$ _____ per _____ Hours per week: _____

Name of Employer: _____ Work Performed: _____

Address: _____

Telephone Number: _____ Name of Supervisor: _____

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Starting Pay: \$ _____ per _____ Final Pay: \$ _____ per _____ Hours per week: _____

Name of Employer: _____ Work Performed: _____

Address: _____

Telephone Number: _____ Name of Supervisor: _____

Reason for Leaving _____

Starting Pay: \$ _____ per _____ Final Pay: \$ _____ per _____ Hours per week: _____

EDUCATION/TRAINING

1 High School	Name of School: _____ Degree/Yrs Completed: _____
	Address: _____
	Describe Course of Study: _____
	Additional Information: _____
2 College	Name of School: _____ Degree/Yrs Completed: _____
	Address: _____
	Describe Course of Study: _____
	Additional Information: _____
3 Post College	Name of School: _____ Degree/Yrs Completed: _____
	Address: _____
	Describe Course of Study: _____
	Additional Information: _____
4 Trade, Business, Technical School	Name of School: _____ Degree/Yrs Completed: _____
	Address: _____
	Describe Course of Study: _____
	Additional Information: _____
5 OTHER	Please list any certifications, or other related training that you have that would apply: _____

Have you ever had any job related training in the US Military? If yes describe: _____

REFERENCES (not related to you and not a previous employer)

1.	_____	_____	_____
	<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>
2.	_____	_____	_____
	<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>
3.	_____	_____	_____
	<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>

APPLICANTS STATEMENT/AUTHORIZATION

I hereby authorize Allied Security Group, Inc. to thoroughly investigate my background, references, employment record, driving history, criminal record and other matters related to my suitability for employment. I authorize governmental agencies, persons, schools, current and past employers and other organizations contacted by Allied Security Group, Inc. to provide any relevant information and I release all such persons and entities from any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired could result in termination. I understand that filling out this application does not necessarily indicate that a position is open. Nothing contained in this application shall be construed to create an employment contract. Any employment that may be offered shall be deemed "at will", which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized officer of the corporation. In the event of employment, I understand that I am required to abide by all laws, and rules and regulations of the employer.

Signature of Applicant

Date