



Application for Employment

Global Guardian Group prohibits any employment practice which in any way illegally discriminates against any employee of applicant for employment with respect to compensation, terms, conditions or privileges of employment because of an individual's race, color, religion, national origin, veteran status, marital status, eligibility for military service, sex, age, disability, or any other basis protected by law. Disabled applicants may request any needed accommodation.

PERSONAL INFORMATION

Name _____
Last First Middle

Current Address _____
Street City State Zip

Cell or Alternative phone number where you can be reached _____

Email _____

Position applying for _____ Salary Requirements _____

What days and hours are you available for _____

Date available to start _____

Referred to us by? _____ Are you eighteen years of age or over? _____

Do you have a legal right to work in the United States? ___ Yes ___ No

Have you ever been convicted of a crime? _____

If so, please indicate nature and circumstances of crime, including when and where _____

Are there any currently pending criminal charges against you? ___ Yes ___ No

If so please indicate nature of charges _____

Have you previously worked for Global Guardian Group? ___ Yes ___ No

If yes, when _____

EDUCATION

Name and Location of School:		Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY

Present or Most Recent Position:

Name: _____ Address: _____ Phone: _____

Your Position: _____

Duties: _____

Dates of Employment or Engagement: _____ to _____

Reason for leaving _____

Supervisor Name: _____ Title: _____ May we contact: ___ YES ___ NO

Prior Position:

Name: _____ Address: _____ Phone: _____

Your Position: _____

Duties: _____

Dates of Employment or Engagement: _____ to _____

Reason for leaving _____

Supervisor Name: _____ Title: _____ May we contact: ___ YES ___ NO

Prior Position:

Name: _____ Address: _____ Phone: _____

Your Position: _____

Duties: _____

Dates of Employment or Engagement: _____ to _____

Reason for leaving _____

Supervisor Name: _____ Title: _____ May we contact: ___ YES ___ NO

ADDITIONAL EMPLOYMENT QUESTIONS

Describe your experience and/or training as it relates to the position you are applying for: _____

Describe any licenses, certifications, awards, recognition that is relevant to the position you are applying for: _____

REFERENCE CHECK AUTHORIZATION

Please read the following statements carefully before you sign your name.

I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement, or omissions by me in the Application will be sufficient reason for rejections of my application or for dismissal at any time during my employment, without liability to this Company. This includes furnishing a false name or social security number. I have read, understand and agree to the above statement. (Please initial here). _____

I further understand that no representative of the Company has the authority to enter into any agreement for employment for any specified period of time and that this Company is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by this Company, and, if hired, my employment will be at will and may be terminated at any time without prior notice. I have read, understand and agree to the above statement. (Please initial here). _____

If employed, I agree to abide by all of the work and safety rules of the Company. I understand that this Company is committed to maintaining a drug-free workplace. I am aware that the Company may require a drug test as a part of the hiring process. Also, if employed, I realize that the Company conducts post-accident, reasonable suspicion, periodic and/or random drug and/or alcohol testing of its employees. I have read, understand and agree to the above statement. (Please initial here). _____

I understand that this application will remain on the file for 60 days for consideration. After 60 days, if I am still interested in a position with this Company, it will be necessary for me to complete a new application form.

SIGNATURE HERE _____ DATE _____

PRINT YOUR NAME HERE _____