

Armed Force Security, INC.

3984 Washington Blvd. #246
Fremont, CA 94538

Date: _____

Name: _____
(First) (Middle Initial) (Last)

Current Address: _____

City: _____ State: _____ Zip: _____

Cell Number: (____)____-____ Home Phone: (____)____-____

Email: _____

Date of Birth: _____ Soc. Sec. No.: _____

What position are you applying for? Security Officer Other _____

Are you over 18 years of age? Yes No

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

Phone Number: (____)____-____

Are you authorized to work in the United States? Yes No

Can you prove authorization to work in the U.S.? Yes No

Do you have transportation available for work? Yes No

Driver License Number: _____ State: _____ Exp.: _____

Do you have a currently active CA Guard Card? Yes No

Guard Card #: G _____ Expiration Date: _____

Are you currently commissioned/enlisted in the Military? Yes No

If so, which branch: _____ Highest rank held: _____

LIST ENTIRE EMPLOYMENT LAST 10 YEARS - INCLUDE U.S. MILITARY SERVICE & VOLUNTEER WORK									
LIST MOST RECENT EMPLOYER FIRST					MM / YY	SUPERVISORS			PHONE NUMBER
COMPANY NAME					FROM				
FULL ADDRESS					TO	REASON FOR LEAVING			
DEPARTMENT			POSITION						
COMPANY NAME					MM / YY	SUPERVISORS			PHONE NUMBER
					FROM				
FULL ADDRESS					TO	REASON FOR LEAVING			
DEPARTMENT			POSITION						
COMPANY NAME					MM / YY	SUPERVISORS			PHONE NUMBER
					FROM				
FULL ADDRESS					TO	REASON FOR LEAVING			
DEPARTMENT			POSITION						
COMPANY NAME					MM / YY	SUPERVISORS			PHONE NUMBER
					FROM				
FULL ADDRESS					TO	REASON FOR LEAVING			
DEPARTMENT			POSITION						

I authorize investigation of all matters contained in this application and agree that if any misrepresentation has been made by me herein, or if the results of such investigation are not satisfactory, any offer of employment made may be withdrawn, or my employment terminated immediately without any obligation or liability to me, other than for payment, at the rate agreed upon in writing, for services actually performed, if I have been employed.

I also authorize all persons, schools, company's, corporation credit bureaus, former employers, and law enforcement agencies to supply any information concerning my background and release them from all liability and responsibility arising from their doing so.

I understand all appointments are probationary, during which time I must demonstrate my fitness for continued employment. I further certify that all statements made by me on this application are true and complete to the best of my knowledge and belief.

I understand that Armed Force Security, Inc. has work available seven (7) days per week and twenty-four (24) Hours per day. If employed, I agree to work any hour(s), day(s), or shift(s) deemed necessary by management.

Applicant Signature: _____ **Date:** _____