

Position Title:	Immediate Supervisor Name:	Full-Time
Employer:		Part-Time
Mailing Address:	Title:	Summer:
City & State/Zip:		Temp/Project
Employer's Telephone No: AC()	Supervisor's Telephone No: AC()	Give average number of hours work week if part-time
Starting Date Leaving Date Current/ Mo. Day Yr. Mo. Day Yr. Final Salary	Technical <input type="checkbox"/> Non-Managcrial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>	If supervisory, number of employees you supervised

Summary of experience:

Specific Reason for leaving: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that as a condition of employment or at any time thereof, Safety and Protection Management may require drug screening and/or background check.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

Signature – Applicant

Date

LICENSES/CERTIFICATES

LICENSE/CERTIFICATION (FOID CARD, PERC CARD, etc.)	Date issued	Date expires	Issued by/Location of issuing authority (State or other Authority) (City & State)	License No.

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or oemobics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary)

Do you speak a language other than English? Yes No

If yes, what language(s) do you speak? _____ How fluently? Fair Good Excellent

MILITARY SERVICE

Active Veteran Dates of Service (From/To): _____

If discharged, list type: _____

EMPLOYMENT HISTORY

Position Title:						Immediate Supervisor Name:		Full-Time <input type="checkbox"/>
Employer:						Title:		Part-Time <input type="checkbox"/>
Mailing Address:								Summer <input type="checkbox"/>
City & State/Zip:								Temp/Project <input type="checkbox"/>
Employer's Telephone No.: AC ()						Supervisor's Telephone No.:		Give average # of hours worked per week if part-time:
Starting Date		Leaving Date		Current/	Technical	AC ()		
Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary		
						Non-Managerial	If supervisory, number of employees you supervised:	
						Supervisory/Managerial		
Summary of experience:								
Specific reason for leaving:								

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Mo.	Day	Yr.	Mo.	Day	Yr.	Final Salary		
						Non-Managerial	If supervisory, number of employees you supervised:	
						Supervisory/Managerial		
Summary of experience:								
Specific reason for leaving:								

SAFETY AND PROTECTION MANAGEMENT APPLICATION FOR EMPLOYMENT

Job Applicant No. _____

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. Safety and Protection Management is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services. Resumes will not be accepted in lieu of applications. This application becomes public record and is subject to disclosure.

NAME _____ Social Security No.: _____
(Last) (First) (Middle)

MAILING ADDRESS _____ AC () _____
(Street) (City) (State) (Zip) (Country) Home Phone

E-MAIL ADDRESS _____

List any other names used if different from name on this application. _____ AC () _____
(Work Phone, Optional)

List title of position or type of work for which you wish to apply:

Full-Time Part-Time Temp/Project Date available for work? _____

Shift Preference? Yes No If yes, what shift? _____

What days are you unable to work? _____

Are you willing to Travel? Yes No If yes, how far? _____

Current Driver's License # (if required for position) State _____ Number _____

Are you at least 18 years of age? Yes No Birthdate: _____

Geographic preference? (If yes, be specific to city/area.) _____

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? Yes No If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some sites may require additional information related to convictions of misdemeanors.

EDUCATION. (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.)
 Indicate Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate from high school or receive GED? Yes No

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Semesters Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To						
		Mo.	Yr.	Mo.	Yr.					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical, Vocational, or Business Schools										