

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

OFFICE USE ONLY:	Date received: _			Review	ed by:	
DATE			_			
Name						
Las	t	First		Middle		
Date of Birth						
Present address						
Numl	ber	Street	City		State	Zip
How long at current a	ddress		_ Social Security N	0		. –
Telephone ()	Cell I	Phone()	l	Other		
Are you under age 18	YESNO					
if "YES", can you prov	ide proof of your e	ligibility to	work? YES _	N0		
Are you currently aut	horized to work in	the United	States?YES	NO		
Proof of eligibility will	l be required if hire	d.				
Position applied for (1)		And wage desired	(2)		(Be specific)
Days/hours available						
Wed	Thu	Fri	Sat		_ Sun	
You may be required	-			-	eed	
How many hours can	you work weekly?					
Employment desired	‰FULL-TIME C	ONLY ‰	PART-TIME ONLY	‰FULL- (OR PART-T	IME
When are you availab	le to start work?					
TYPE OF SCHOOL NAI	ME OF SCHOOL LO	CATION (Co	mplete mailing ac	ldress)		
NUMBER OF YEARS C	OMPLETED					
MAJOR & DEGREE						
			College			
High School Co Bus. or Trade School Pr		Professional Scho	ol			
Have you ever been c of the job for which y			ubstantially related <u>‰</u> Yes	l to the fur	nctions or	qualifications

A Conviction record will not necessarily disqualify you from employment.



If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

DO YOU HAVE A DRIVER'S LICENSE? ‰Y	es % <u> </u> No				
What is your main transportation to work?					
Driver's license number	State of issue Expiration date				
	three years? YesNo How many? the past three years?YesNo How Many?				
OFFICE POSITIONS ONLY					
%ชes %ชes Word %ชes Typing ‰No	WPM 10-key %No Processing %No WPM				
Personal %¥es PC ‰ Computer %No Mac	%				
Other	Skills				
Please list two references other than re	elatives.				
Name	Name				
Position	Position				
Company	Company				
Address	Address				
 Telephone ()	Telephone ()				
Please use this space to elaborate on w	why you want to be a security officer with INSGUARDS				



MILITARY

HAVE YOU EVER BEEN IN TI	HE ARMED FORCES? %Yes	% N O	
ARE YOU NOW A MEMBER	OF THE NATIONAL GUARD? %Yes	% N O	
Specialty	Date Entered	Discharge Date	

Work Experience

Please list your work experience for the past five years beginning with your most recent job held.

If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer				
Address				
City				
Name of last supervisor				
Employment dates: From	То		_ Pay or salary: Start	Final
Your last job title:			_	
Reason for leaving (be speci	ific):			
List the jobs you held, dutie worked at this company.	s performed, s	skills used or	learned, advancements o	or promotions while you



Name of employer					
Address					
City	_State	Zip Code	Phone number ()	
Name of last supervisor					
Employment dates: From	То _		_ Pay or salary: Start	F	inal
Your last job title:			_		
Reason for leaving (be specif	ic):				
worked at this company.					
Name of employer					
Address					
City	_State	Zip Code	Phone number ()	
Name of last supervisor					
Employment dates: From					inal
Your last job title:			_		
Reason for leaving (be specif					



List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer ______ Address _____ City______State____Zip Code____Phone number ()______ Name of last supervisor _____ Employment dates: From ______To _____ Pay or salary: Start______ Final ______ Your last job title: ______ Reason for leaving (be specific): List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. %No May we contact your present employer? % Yes Did you complete this application yourself % Yes %No If not, who did?_____ After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied _____ Yes _____ No. If you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:______



APPLICATION FORM WAIVER (PLEASE READ CAREFULLY)

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

In exchange for the consideration of my job application by Infinity National Security Service Inc., (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of The Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, _____ and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company. Both the undersigned and The Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living._____ Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act._

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of applicant_____ Date: _____

Infinity National Security Services Inc is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Infinity National Security Services Inc depends solely on your qualifications.



SECURITY GUARD JOB REQUIREMENTS

1. Infinity National Security Service Inc has some nighttime schedules, which include working weekends and holidays. Is this acceptable to you? ____Yes ____No

2. Security Officer Duties often require walking and or standing for long periods of time. Will this be a problem for you? _____Yes _____No

3. Do you understand that a security officer is NOT a police officer? _____

4. It will be your responsibility to call and get your schedule, each week. It will also be your responsibility to keep up with your check in and out time, missing of any check in and out will effect your pay._____

UNIFORM AGREEMENT

I _______do hear by agree and acknowledge that all said articles of uniforms provided by Infinity National Security Services Inc are solely owned by Infinity National Security Services Inc. If any one article is not returned in good wearable ad clean condition after your departure from Infinity National Security Services Inc within (7) seven days, full purchase price of each article will be deducted from employees final payroll check.

Print your full name

Signature

Date