

PHARAOH SECURITY SERVICES

Employment Application

Please fill out this application and send it with your resume to info@pharaohsecurity.com

Applicant Information

Full Name: _____ Date: _____

Address: _____

City, State, Zip Code _____

Phone: _____ Email: _____

Available to Start: _____ Desired Salary: _____

Social Security NO: _____

Position Applied for: _____ Type of Employment: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If yes, when? _____

Have you ever pleaded guilty, no contest or been convicted of a misdemeanor or felony? Yes No

If yes, When/Explain _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you Graduate? Yes No Diploma _____

College: _____ Address: _____

From: _____ To: _____ Did you Graduate? Yes No Diploma _____

Other: _____ Address: _____

From: _____ To: _____ Did you Graduate? Yes No Diploma _____

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Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor _____

Job Title: _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibility: _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor _____

Job Title: _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibility: _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor _____

Job Title: _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibility: _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? Yes No

Disclaimer and Signature:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statement on this application shall be ground for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with disabilities Act (ADA) and other relevant federal and state laws.

Signature _____ Date _____