



IRVIN SECURITY AGENCY

P.O. BOX 6031
ENID, OKLAHOMA 73702
Business (580) 234-2323
Fax (580) 237-3679

*******PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNITURES*******

DATE _____ Position Applied for _____

Name _____ Date of Birth _____
 (Last) (First) (Middle)

Present Address _____
 (Number) (Street) (City) (State) (Zip code)

Phone number: _____ Cell number: _____

Email: _____

How long at above address _____ Social Security Number _____

Have you ever been issued a security license by the State of Oklahoma such as a conditional, unarmed, armed or private investigation?

Yes No If yes when? _____ License # _____

Have you completed any classes Phase I, II, III, or IV of the state mandated class and not taken the states test?

Yes No If yes when? _____ License # _____

EDUCATION

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete mailing address) | NUMBER YEARS COMPLETED | MAJOR AND DEGREE |
|----------------|----------------|--|------------------------------|---------------------|
| High School | | | | |
| | | | | |
| College | | | | |
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| Business/Trade | | | | |
| | | | | |
| Professional | | | | |
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Have you ever been convicted of a felony? Yes No

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

Have you ever taken illicit drugs? Yes No

Do you take illicit drugs? Yes No

If yes how much and how often? _____

REFERENCES: You are allowed one (1) relative listed below as a reference, but no one living with you.

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|------|--------------|--------------|
| Name | Phone number | Relationship |
| Name | Phone number | Relationship |
| Name | Phone number | Relationship |

WORK EXPERIENCE

Please list your work experience for the past five (5) years beginning with the most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

| | | |
|--|-------------------------|------------------|
| Name of employer Address | Name of last supervisor | Employment dates |
| City, State, Zip code Phone number | | From: To: |
| Your last job title: | | |
| Reason for leaving (be specific) | | |
| List the job you held, duties performed, skills used or learned, advancements or promotions while working at this company. | | |
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| Name of employer Address | Name of last supervisor | Employment dates |
| City, State, Zip code Phone number | | From: To: |
| <div style="background-color: black; width: 45%; height: 15px; display: inline-block;"></div> Your last job title: | | |
| Reason for leaving (be specific) | | |
| List the job you held, duties preformed, skills used or learned, advancements or promotions while working at this company. | | |
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| Name of employer Address | Name of last supervisor | Employment dates |
| City, State, Zip code Phone number | | From: To: |

[REDACTED] Your last job title:

Reason for leaving (be specific)

List the job you held, duties preformed, skills used or learned, advancements or promotions while working at this company.

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| City, State, Zip code Phone number | | From: To: |

[REDACTED] Your last job title:

Reason for leaving (be specific)

List the job you held, duties preformed, skills used or learned, advancements or promotions while working at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself? Yes No If not, who did?

IRVIN SECURITY AGENCY

*****PLEASE READ CAREFULLY*****

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Irvin Security Agency., I agree that:

Neither the acceptance of this applications 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, policy statements, and the like as they may exist from time to time, or other Irvin Security Agency practices, shall serve in no way as an actual or implied contract of employment, or to confer any right to remain an employee of Irvin Security Agency, 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 written instrument signed by the President/General Manager of Irvin Security Agency. Both the undersigned and Irvin Security Agency. may end employment relationship at any time, without specified notice or reason. If employed, you understand that Irvin Security Agency may unilaterally change or revise their policies and procedures as they see fit.

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

I also understand that (1) Irvin Security Agency has a drug and alcohol policy, that prohibits the use of either while in the performance of my job and may perform a pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; (3) And at anytime during employment with Irvin Security Agency a polygraph may be performed under (*WH Publication 1462*) and (4) continued employment is based on the successful passing of such testing under such policy and such laws set forth. I further understand that continued employment may be based on the successful passing of job related physical examinations.

I further understand that my employment with Irvin Security Agency shall be probationary for a period of not more than sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relationship with Irvin Security Agency is terminable for any reason by either party.

Signature of applicant _____ Date _____

Irvin Security Agency is an equal employment opportunity employer. We adhere to the policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Irvin Security Agency depends solely on your qualifications and/or the ability to become qualified or certified.

↓↓↓↓↓↓↓↓↓↓ DO NOT WRITE BELOW THIS LINE - - TO BE COMPLETED BY EMPLOYER ↓↓↓↓↓↓↓↓↓

| | |
|---|-------------------|
| Date of employment _____ | Job title _____ |
| Employee ID # _____ | Rate of pay _____ |
| Applicant's signature acknowledging above information _____ | |
| Name of person verifying information _____ | Date _____ |
| Name of person authorizing employment _____ | Date _____ |