

FSS Security, LLC

FSS Security, LLC is an Equal Opportunity Employer and fully subscribes to the principle of Equal Employment Opportunity. Applicants and/or employees are considered for hire and job status, without regard to race, color, creed, sex, marital status, national origin, age, physical or mental disability.

Employment Application

Personal Information

Position Applying for: _____		Date of Application: _____	
Name (Last, First, Middle & Maiden): _____			
Current Address: _____		City: _____	State: _____ Zip: _____
Contact Information: (Home Phone) _____		(Mobile Phone) _____	
Email Address: _____			
Are you at least 18 year of age? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]			
At any time have you ever been convicted or have pled no contest to a crime? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]			
If yes, please explain: _____			
Do you currently hold a valid driver's license? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] State Issued & License #: _____			
Do you currently hold a valid TSB Level II (Non-Commission) Card? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]			
If yes, provide Registration Number & Expiration Date: _____			Do
you currently hold a valid TSB Level III (Commission) Card? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]			
If yes, provide Registration Number & Expiration Date: _____			
Do you currently hold a valid TSB Level IV (Personal Protection Officer) Card? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]			
If yes, provide Registration Number & Expiration Date: _____			
Are you able to perform the essential job functions of the position for which you are applying for with or without reasonable accommodations? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] If no, please explain: _____			

Availability

Date Available to Start: _____			
Type of Employment: Full-time: _____ Part-time: _____ Temporary: _____			
Preferred Shift: 1 st Shift: _____ 2 nd Shift: _____ 3 rd Shift: _____			
If required, will you work? Rotating Shifts: Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Overtime: Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Weekends: Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]			

Education & Training

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: BA___ MA___ PhD___			
Schools Attended	Name & Location of School	Graduated or Degree	Major
High School or GED			
College or University			
Technical Schools			
Other Academies			
A High School Diploma or a GED Certificate is required before employment.			

Special Skills

Do you have computer skills (Word, Excel, PowerPoint, etc.)? Yes [] No []

If yes, please list: _____

Are you experienced with any of the following? Mobile Patrol: Yes [] No [] Closed Circuit Systems: Yes [] No []

Access Control Systems : Yes [] No [] Tour Watch Systems: Yes [] No [] Handheld Radios: Yes [] No []

Others: _____

Interests/Accomplishments

You may wish to list significant experience, interests & accomplishments you gained while working that may be useful in the position that you are applying for. Names or Organizations designating religion, race, etc. need not be mentioned.

Military Experience

Are you a Reservist? Yes [] No [] Military Branch: _____

Length of Service: _____ Highest Rank Obtained: _____ Discharge (type): _____

Work Experience

Last or Current Employer: _____ From _____ To _____

Address: _____ City _____ State _____ Zip _____

Contact information: Office Number: _____ Mobile Number: _____

Position: _____

Duties Performed: _____

Immediate Supervisors Name & Title: _____

Contact Information: Office/Site Number: _____ Mobile Number: _____

Reason for Leaving? _____

May we contact them? Yes [] No []

If no, please explain:

Previous Employer: _____ From _____ To _____

Address: _____ City _____ State _____ Zip _____

Contact information: Office Number: _____ Mobile Number: _____

Position: _____

Duties Performed: _____

Immediate Supervisors Name & Title: _____

Contact Information: Office/Site Number: _____ Mobile Number: _____

Reason for Leaving? _____

May we contact them? Yes [] No []

If no, please explain:

Previous Employer: _____ From _____ To _____
Address: _____ City _____ State _____ Zip _____
Contact information: Office Number: _____ Mobile Number: _____
Position: _____
Duties Performed: _____

Immediate Supervisors Name & Title: _____
Contact Information: Office/Site Number: _____ Mobile Number: _____
Reason for Leaving? _____

May we contact them? Yes [] No []
If no, please explain:

Previous Employer: _____ From _____ To _____
Address: _____ City _____ State _____ Zip _____
Contact information: Office Number: _____ Mobile Number: _____
Position: _____
Duties Performed: _____

Immediate Supervisors Name & Title: _____
Contact Information: Office/Site Number: _____ Mobile Number: _____

May we contact them? Yes [] No []
If no, please explain:

Previous Employer: _____ From _____ To _____
Address: _____ City _____ State _____ Zip _____
Contact information: Office Number: _____ Mobile Number: _____
Position: _____
Duties Performed: _____

Immediate Supervisors Name & Title: _____
Contact Information: Office/Site Number: _____ Mobile Number: _____
Reason for Leaving? _____

May we contact them? Yes [] No []
If no, please explain:

References				
(Please provide information on four (4) non related individuals and/or professional references)				
Name	Address	Phone	Occupation	
1)				
2)				
3)				
4)				

Applicants Certification Agreement

1. I understand that I may submit a copy of resume and that by submitting a resume I understand that it will be used only as supporting and additional background information. A resume is not an authorized substitute for a complete employment application. **Applicants Initials** _____
2. I understand that if I should choose to complete only a portion of the required employment application that the information submitted may not be enough information from which to base any determination on, and as a result, my application may not receive full consideration for employment. **Applicants Initials** _____
3. I authorize the investigation of all statements contained in this application and release from liability any person or employers supplying such information, and I also release FSS Security, LLC from all liability that may result from making background investigations. **Applicants Initials** _____
4. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. **Applicants Initials** _____
5. I agree, if I am offered and accept a position, to conform to all existing and workplace rules, regulations, policies and procedures of FSS Security, LLC. **Applicants Initials** _____
6. I understand the employment relationship will be "At Will", meaning that either party can end the employment relationship at any time, and for any reason. **Applicants Initials** _____
7. I understand that any employment offer is contingent upon providing proof of identity and eligibility to work within the United States, prior to my starting date, to conform to the provisions of the Immigration Reform and Control Act of 1986. **Applicants Initials** _____
8. I have read and reviewed the information contained in pages 1 thru 4 of this employment application, and these 8 statements. By signing this employment application I certify that I understand all of the information requested and that I have provided information that is truthful, complete and accurate. **Applicants Initials** _____

Applicants Signature: _____ Date: _____