



ELITE INTERNATIONAL PROTECTION EMPLOYMENT APPLICATION

LEGAL NAME :			
LAST	FIRST	MIDDLE	
ADDRESS	CITY	STATE	ZIP CODE
RESIDENCE TELEPHONE (INCLUDE AREA CODE)		CELL PHONE	
SOCIAL SECURITY NUMBER	DRIVERS LICENSE #, STATE, EXP. DATE		DATE OF BIRTH
D SECURITY LICENSE #		EXP. DATE	

EDUCATION/SKILLS

SCHOOL NAME / LOCATION	FROM	TO	YEARS COMPLETED	DID YOU GRADUATE	TYPE OF DIPLOMA

LANGUAGES

LIST LANGUAGES OTHER THAN ENGLISH:

LANGUAGE	READING	WRITING	SPEAKING	UNDERSTANDING

EMPLOYMENT HISTORY

FROM DATE	NAME OF EMPLOYER	PART TIME FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE	NAME OF SUPERVISOR
BEGINNING SALARY	CITY, STATE , ZIP	REASON FOR LEAVING	
END SALARY	DESCRIPTION OF DUTIES		

FROM DATE	NAME OF EMPLOYER	PART TIME FULL TIME	JOB TITLE
TO DATE	STREET ADDRESS	PHONE	NAME OF SUPERVISOR
SALARY BEGINNING	CITY, STATE , ZIP	REASON FOR LEAVING	
SALARY END	DESCRIPTION OF DUTIES		

QUESTIONS REGARDING PREVIOUS EMPLOYMENT:

1. HAVE YOU EVER BEEN DISMISSED BY A FORMER EMPLOYER? YES ; NO . If yes, please explain.

2. HAVE YOU EVER HAD ANY DISCIPLINARY ACTIONS TAKEN AGAINST YOU? YES ; NO . If yes, please explain.

3. HAVE YOU EVER APPLIED TO ELITE INTERNATIONAL PROTECTION SECURITY BEFORE? YES ; NO .

4. HAVE YOU EVER SERVED IN ANY OF OUR ARMED FORCES? YES ; NO . If yes LIST.

5. IF YES TO # 4, HAVE YOU EVER HAD ANY DISHONORABLE DISCHARGE? YES ; NO . If yes please explain.

6A. ARE YOU A U.S. CITIZEN? YES ; NO .

6B. IF NOT U.S.CITIZEN, LIST ALIEN REGISTRATION NUMBER _____

RESIDENCES

LIST PAST TWO RESIDENCES:

FROM:	TO:	OWN	RENT
STREET ADDRESS	CITY	STATE	ZIP CODE
LANDLORDS NAME	PH #	FAX #	EMAIL ADDRESS
ADDRESS	CITY	STATE	ZIP CODE

FROM:	TO:	OWN	RENT
STREET ADDRESS	CITY	STATE	ZIP CODE
LANDLORDS NAME	PH #	FAX #	EMAIL ADDRESS
ADDRESS	CITY	STATE	ZIP CODE

DRIVING HISTORY

1. Do you have a valid driver's license? YES ; NO .
2. Have you ever been charged with any driving violations? YES ; NO .
3. Is your vehicle currently insured? YES ; NO .

CRIMINAL HISTORY

1. Have you ever been convicted of a crime? YES ; NO .
2. List past convictions (if applicable):

REFERENCES

1. Name _____
Occupation _____

Address _____
street City, State Zip Code

Years Known _____ Contact # _____

2. Name _____
Occupation _____

Address _____
Street City, State Zip Code

Years Known _____ Contact # _____

Were you Referred to Elite International Protection by someone:

APPLICANT'S CERTIFICATION

1. All of the foregoing information is true and complete.
2. I understand that this application is property of Elite International Protection.
3. I understand that Elite International Protection offers employment to those most qualified.
4. I understand that employment at Elite International Protection is at will and I may be terminated at any time and for any reason, or for no reason at all, except as prohibited by state or federal law. Elite International Protection is an Equal Opportunity Employer.
5. I understand that and agree my acceptance for employment, if offered, does not offer or guarantee any rights for continued employment.
6. I understand that initial and continued employment with Elite International Protection is based on a background check as well as periodic drug testing. Elite International Protection is a Drug Free Workplace.
7. I agree to conform to the rules, regulations and orders of Elite International Protection and acknowledge that the rules, regulations and orders of Elite International Protection may be changed, interrupted, withdrawn or added to at any time and without any prior notice.

Applicant Signature: _____

Date Signed: _____

***** ATTACH COPIES OF DRIVER'S LICENSE, SOCIAL SECURITY CARD, AND D LICENSE CARD. *****