

APPLICATION FOR EMPLOYMENT

SENTINEL SECURITY



AND INVESTIGATIONS LLC

INFORMATION AND INSTRUCTIONS FOR COMPLETING APPLICATION

Each question should be answered fully and accurately. No action will be taken on your application unless all questions have been answered. Incomplete or illegible applications will not be processed. **EVERY QUESTION MUST BE ANSWERED TRUTHFULLY. ONE SINGLE FALSIFICATION ON YOUR APPLICATION COULD MAKE YOU INELIGIBLE.**

EQUAL OPPORTUNITY EMPLOYER

Sentinel Security and Investigations LLC does not discriminate on the basis of race, color, national origin, gender, religion, age, or disability in employment or provision of services. Individuals with disabilities who need reasonable accommodations in order to complete a test must inform the administration team ten days prior to testing. We request documentation supporting the need for accommodations.

Name: _____ **Alias:** _____

Social Security #: _____ **DOB:** _____

Address: _____ **City, State, Zip:** _____

Phone: _____ **Carrier:** _____

PAST EMPLOYMENT INFORMATION.

We must have accurate and complete information on previous job tasks and levels of responsibility, as your work experience is an important factor in evaluating your qualifications. List names of employers in consecutive order with present or most recent employer listed FIRST. Please indicate employers you do not wish us to contact. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and business references. A resume is welcome. However, it is our policy that an application be completed in its entirety by every applicant if we are accepting applications. Attach additional sheets if necessary.

Name of Employer _____ Job Title _____

Type of Business _____ Phone # _____

Address _____

Employed From _____ to _____ Pay: Start _____ Final _____

Last Supervisor: _____

Reason for Leaving: _____

May we contact this employer? Yes No

Reason for Leaving: _____

Name of Employer _____ Job Title _____

Type of Business _____ Phone # _____

Address _____

Employed From _____ to _____ Pay: Start _____ Final _____

Last Supervisor: _____

Reason for Leaving: _____

May we contact this employer? Yes No

Duties:

Reason for Leaving: _____

Name of Employer _____ Job Title _____

Type of Business _____ Phone # _____

Address _____

Employed From _____ to _____ Pay: Start _____ Final _____

Last Supervisor: _____

Reason for Leaving: _____

May we contact this employer? Yes No

Duties:

Reason for Leaving: _____

Name of Employer _____ Job Title _____

Type of Business _____ Phone # _____

Address _____

Employed From _____ to _____ Pay: Start _____ Final _____

Last Supervisor: _____

Reason for Leaving: _____

May we contact this employer? Yes No

Duties:

Reason for Leaving: _____

EDUCATION

School	Name and Address	Course of Study	Dates Attended	Graduation Date	Degree or Highest Grade Completed
High School or GED					
Voc or Tech School					
College or University					
College or University					
College or University					

GENERAL

Are you a citizen of the United States: _____ (If no, attach certificate of eligibility)

Driver’s License: Please provide the following information

State _____ Class _____ Number _____ Expires _____

Have you ever been convicted of a crime? _____

If yes, give the particulars:

A conviction record will not necessarily be a bar to employment/service. Factors such as age at the time of offense, seriousness and nature of the violation, rehabilitation and the effect on job performance for the job for which you will be applying will be taken into consideration

REFERENCES

List three persons not related to you and who have definite knowledge of your business or professional qualifications for the position for which you are applying. Do not repeat any of the names of supervisors listed under work history

Full Name	Phone Number	Email	Occupation/Relation

CERTIFICATION

BEFORE SIGNING, READ APPLICATION THROUGH FOR ERRORS OR OMISSIONS

I certify that all statements on this application are true and complete. I understand that false statements on this application shall be considered sufficient cause for rejection of application or dismissal. I authorize Sentinel Security and Investigations LLC to make any investigation regarding past employment and educational history, except as noted in the "Past Employment Information" section of this application. As a condition of employment, I understand I may be required to take a physical exam and complete a health questionnaire after I am offered employment to certify that I can perform the physical requirements of the job for which I am applying.

Signature: _____

Date: _____