



ROCK SOLID SECURITY, INC. APPLICATION FOR EMPLOYMENT



PERSONAL INFORMATION

SOCIAL SECURITY #:

DATE OF BIRTH:

EMAIL ADDRESS:

NAME:

LAST

FIRST

MIDDLE

NAME CALLED

Check here if mailing address is same as current address.

CURRENT ADDRESS:

MAILING ADDRESS: STREET CITY STATE ZIP

HOME PHONE: STREET CITY STATE ZIP CELL:

HAVE YOU EVER BEEN EMPLOYED BY ROCK SOLID SECURITY OR TALON SECURITY: YEAR:

ARE YOU 18 YEARS OR OLDER?

ARE YOU A US CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE US?

PLEASE LIST YOUR VALID DRIVER'S LICENSE NUMBER: State:

WHAT OTHER LANGUAGE THAN ENGLISH DO YOU SPEAK?

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN YOUR LIFE TIME?

** IF YES, PLEASE DESCRIBE:

**YOU WILL NOT BE DENIED EMPLOYMENT SOLELY BECAUSE OF A CONVICTION RECORD, UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU HAVE APPLIED AS SET BY THE STATE OF TENNESSEE COMMERCE & INSURANCE DIVISION.

WHAT TYPE OF RELIABLE TRANSPORTATION DO YOU HAVE?

Do you have any physical limitations that preclude you from performing the job as required?

(If yes to question above, please describe your limitations)

EDUCATION HISTORY

TYPE	NAME	ADDRESS	YEARS ATTENDED	Graduate YES or NO/GED
High School				

College				
Technical				

LIST ANY ADDITIONAL TRAINING OR CERTIFICATIONS::

HAVE YOU EVER SERVED IN THE MILITARY:

EMPLOYERS (List below last three employers starting with last one first.)

DATE MONTH/YEAR	EMPLOYER NAME AND PHONE #	SUPERVISOR	POSITION	REASON FOR LEAVING	ELIGIBLE FOR REHIRE
FROM					
TO					
FROM					
TO					
FROM					
TO					

REFERENCES (Names of persons not related to you, whom you have known at least 1 year.)

NAME	FULL ADDRESS	BUSINESS	PHONE	YEARS KNOWN
1.				
2.				
3.				

EMERGENCY CONTACT:

NAME ADDRESS PHONE RELATION

I certify that the facts contained in these application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal as an employee of Rock Solid Security, Inc.

I authorize investigation of all statements contained herein and the references 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 all parties from all liability for any damage that may result from furnishing same to Rock Solid Security, Inc.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice from Rock Solid Security, Inc."

I hereby authorize and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

Typing your name in the signature line below and placing a check in the box you agree that all statements you provided are true and any falsifying information could result in termination if employed.

THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 YEARS OF AGE.

ROCK SOLID SECURITY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, AGE, RELIGION, COLOR, NATIONAL ORIGIN, OR DISABILITY.

DATE: _____ SIGNATURE: _____