



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any bases including race, color, age, sex, religion, disability, or national origin.

Employment Desired

Date: / /

Position:	Date You Can Start:	Salary Desired:	Type of Employment:	Full Time ()	Part Time ()	Summer ()	Temporary ()
Are you employed now?		Yes () No ()	If so, may we contact your present employer?				Yes () No ()
Have you ever applied to this company before?			Where?	When			
Yes () No ()							

Personal Information

Last Name	First Name	Middle Name
Address (Number, Street, City, State, Zip Code)		
Social Security Number	Home Telephone Number	Referred By

Education

High School Attended and Location	Number of Years Completed	Did You Graduate? Yes () No ()	
College Attended and Location	Number of Years Completed	Did You Graduate? Yes () No ()	Degree
Trade, Business or Correspondence School Attended and Location	Number of Years Completed	Did You Graduate? Yes () No ()	Degree

General

Special Courses or Training
Experienced Skills Related to the Position for Which You Are Applying

License and Certification

The following questions will be asked on your application with the State Fire Marshal's Office, and The Texas Department of Public Safety Private Security Board.

Are You Licensed With The Texas Department of Public Safety Private Security Board?	Yes () No ()	Date:	License Number:
Are You Licensed With The State Fire Marshal's Office?	Yes () No ()	Date:	License Number:
Have You Ever Been Convicted of Any Crimes Involving Moral Turpitude for Which a Full Pardon has Not Been Granted? (If Yes, Attach a Copy of Pardon Granted.)			Yes () No ()
Have You Ever Been Declared By Any Court of Competent Jurisdiction to be Incompetent by Reason of Mental Defect or Disease And Not Been Restored to Mental Competency? (If Yes, and Have Been Restored to Mental Competency, Attach a Copy of Qualifying Documentation.)			Yes () No ()
Have You Been Discharged from the Armed Services of the United States Under Other Than Honorable Conditions? (If Yes, Attach a Copy of Qualifying Documentation.)			Yes () No ()

Office/Secretarial Applications

Skills/Aptitude	Years of Experience	Words Per Minute	Software Used
Typing			
Shorthand			
Computer			
List Secretarial training courses completed and any training which may be helpful in considering you're application.			

Employment History (List Present or Most Recent Positions First)

Name of Employer:		Address (Number, Street, City, State, Zip Code)					
Phone Number:	Type of Business:	Department:		Your Position:			
Duties:							
Name and Position of Immediate Supervisor:							
Date Employed (Day, Month, Year)		Date Left (Day, Month, Year)		Starting Salary:	Final Salary:		
Reason for Leaving:							

Name of Employer:		Address (Number, Street, City, State, Zip Code)	
Phone Number:	Type of Business:	Department:	Your Position:
Duties:			
Name and Position of Immediate Supervisor:			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary:	Final Salary:
Reason for Leaving:			
Name of Employer:		Address (Number, Street, City, State, Zip Code)	
Phone Number:	Type of Business:	Department:	Your Position:
Duties:			
Name and Position of Immediate Supervisor:			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary:	Final Salary:
Reason for Leaving:			
State Any Additional Information You Feel May be Helpful to Us in Considering Your Application.			
Name of Employer:		Address (Number, Street, City, State, Zip Code)	
Phone Number:	Type of Business:	Department:	Your Position:
Duties:			
Name and Position of Immediate Supervisor:			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary:	Final Salary:
Reason for Leaving:			

Other Experience

In This Section, List Any Job Experience Not Listed Above That Most Directly Relates to the Job for Which You're Now Applying.

Name of Employer:		Address (Number, Street, City, State, Zip Code)	
Phone Number:	Type of Business:	Department:	Your Position:
Duties:			
Name and Position of Immediate Supervisor:			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary:	Final Salary:
Reason for Leaving:			

Would you object to a background check? Yes () No ()

I Certify That The Information Provided Is True and Correct.	Signature: _____
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