
Monument Security, Inc.

Employment Application An Equal Opportunity Employer

Please Print

____/____/____ _____ _____ _____
Date Last Name First Name Middle

Present Address

No. & Street _____ _____ - _____
City State Zip

Permanent Address if different from present address

No. & Street _____ _____ - _____
City State Zip

(____) _____ (____) _____ _____ - ____ - _____
Cell Phone Home Phone Social Security Number

Email Address: _____

Employment Desired

Position applying for: _____

Are you applying for:
Regular full-time work? Yes No
Regular part-time work?..... Yes No

What days and hours are you available
for work? _____

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work? ____/____/____

Salary desired: _____

Have you ever applied to or worked for Monument Security before? Yes No

If yes, when? _____

Do you have any friends or relatives working for Monument Security Yes No

If yes, state name(s) and relationship:

Name Relationship

Name Relationship

Why are you applying for work at Monument Security?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

NOTICE THAT POSITION HAS BEEN DESIGNATED SAFETY SENSITIVE

The position and work location that you are applying for has been designated as safety sensitive because the duties to be performed in this position, or the work area in which the duties are to be performed, involve a substantial and real risk of injury or harm to the employee, co-workers or others in the work area, or a substantial and real risk of damage to products or property.

Employees who are assigned to this position are subject to random drug and alcohol testing under the Safety Sensitive Position Testing section of the Company's Drug Free Workplace Policy.

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
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High School _____ Yes No _____
Name _____
Address _____
City _____ State _____ Zip _____

College/ University _____ Yes No _____
Name _____
Address _____
City _____ State _____ Zip _____

Vocational/ Business _____ Yes No _____
Name _____
Address _____
City _____ State _____ Zip _____

Some of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages?..... Yes No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Monument Security ? Yes No

If so, please explain:

Answer the following questions if you are applying for a professional position:
Do you have a Guard Card? Yes No

Security/Guard Card Number _____ Exp Date: _____
Commissioned or Non Commissioned _____
Firearm Permit Number: _____ Exp. Date: _____
Baton License Number _____ Exp Date: _____

Has your license/certification ever been revoked or suspended? Yes No
If yes, state reason(s), date of revocation or suspension and date of reinstatement.

Employment History Continued

Name of Employer _____ Telephone No. (____) _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip _____

Date of Employment: ____/____/____ From To ____/____/____ Weekly Pay: _____ Starting _____ Ending _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If so, describe:

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____ (____) _____
First Name Last Name Telephone No

_____ - _____
Address & Street City State Zip

_____ - _____
Occupation No. of Years Acquainted

_____ (____) _____
First Name Last Name Telephone No

_____ - _____
Address & Street City State Zip

_____ - _____
Occupation No. of Years Acquainted

_____ (____) _____
First Name Last Name Telephone No

_____ - _____
Address & Street City State Zip

_____ - _____
Occupation No. of Years Acquainted

Do you have any geographical restrictions for where you can travel to work? Yes No

If so, describe:

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my
Initials chances for employment and that the answers given by me are true and correct to the best of my
knowledge. I further certify that I, the undersigned applicant, have personally completed this
application. I understand that any omission or misstatement of material fact on this application or on
any document used to secure employment shall be grounds for rejection of this application or for
immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and
Initials other matters related to my suitability for employment and, further, authorize the references I have
listed to disclose to the company any and all letters, reports and other information related to my work
records, without giving me prior notice of such disclosure. In addition, I hereby release the company,
my former employers and all other persons, corporations, partnerships and associations from any and
all claims, demands or liabilities arising out of or in any way related to such investigation or
disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may
Initials be granted or during my employment, if hired, is intended to create an employment contract between
me and the company. In addition, I understand and agree that if I am employed, my employment is for
no definite or determinable period and may be terminated at any time, with or without prior notice, at
the option of either myself or the company, and that no promises or representations contrary to the
foregoing are binding on the company unless made in writing and signed by me and the company's
designated representative.

I understand and agree to the foregoing information and statements.

Date

Applicant's Signature

