
SENTRY PROTECTIVE SERVICE

Employment Application

An Equal Opportunity Employer

Please Print and circle all yes and no questions

___/___/___ _____ _____ _____

Date Last Name First Name Middle

Present Address

No. & Street City State Zip Code

(___) _____ (___) _____ ____-____-____

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 to work on the weekends? _____ (Yes) (No)

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

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

Have you ever applied to or worked for Sentry Protective Service before?

(Yes) (No)

If yes, when? _____

Do you have any friends or relatives working for Sentry Protective Service?

(Yes) (No)

If yes, state name(s) and relationship:

_____	_____
Name	Relationship

_____	_____
Name	Relationship

Why are you applying to work at Sentry Protective Service?

If hired, would you have a reliable means of transportation to and from work?

(Yes) (No)

Are you at least 18 years old? (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.

Sentry Protective Service comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible application/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 offence (felony or misdemeanor?)

(Yes) (No) If yes, state the nature of the crime(s), when and where convicted and disposition of the case.

No applicant will be denied employment solely on the grounds of conviction of a criminal offence. The nature of the offence, the date of the offence, the surrounding circumstances and the relevance of the offence 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(S) HAS BEEN DESIGNATED SAFETY SENSITIVE.

THE POSITION AND WORK LOCATION(S) THAT YOU ARE APPLYING FOR MAY HAVE 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 OR PRODUCTS OR PROPERTY.

EMPLOYEES WHO ARE ASSIGNED TO THESE LOCATIONS ARE SUBJECT TO RANDOM DRUG AND ALCOHOL TESTING UNDER THE ZERO TOLERANCE DRUG ENFORCEMENT POLICY LISTED IN SENTRY PROTECTIVE POLICY MANUAL.

Education, Training and Experience

High School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

No. of years completed? _____

Did you graduate? _____

Degree or Diploma? _____

College/ University Name: _____

Address: _____

City: _____ State: _____ Zip: _____

No. of years completed? _____

Did you Graduate? _____

Degree or Diploma? _____

Vocational/Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

No. of years completed? _____

Did you Graduate? _____

Degree or Diploma? _____

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 may you expecially suited for work at Sentry Protective Service?_(Yes) (No)

If so, please explain:

Do you have a Guard Card? _____ (Yes) (No)

Security/Guard Card Number _____ (Exp. Date) _____

Firearm Permit Number _____ (Exp. Date) _____

Baton licence Number _____ (Exp. Date) _____

Mace licence 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

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT STARTING WITH YOUR MOST RECENT EMPLOYER (LAST FIVE YEARS IS SUFFICIENT). ACCOUNTS FOR ALL PERIODS OF UNEMPLOYMENT. YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME.

Name of Employer: _____

Telephone No. () _____

Type of Business: _____

Your Supervisor's Name: _____

Address: _____

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)

Name of Employer: _____

Telephone No. () _____

Type of Business: _____

Your Supervisor's Name: _____

Address: _____

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)

Name of Employer: _____

Telephone No. () _____

Type of Business: _____

Your Supervisor's Name: _____

Address: _____

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)

Name of Employer: _____

Telephone No. () _____

Type of Business: _____

Your Supervisor's name: _____

Address: _____

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) AND RESUME IF NECESSARY.

MILITARY SERVICE

Military Service (Yes) (No)

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 _____

Phone Number: () _____

Occupation: _____

No. of Years acquainted: _____

First Name _____ Last Name _____

Phone Number: () _____

Occupation: _____

No. of Years acquainted: _____

First Name _____ Last Name _____

Phone Number: () _____

Occupation: _____ No of Years Acquainted: _____

Do you have any geographical restrictions for where you can travel to work?

(Yes) (No)

If yes, describe: _____

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

_____ I hereby certify that I have not knowingly withheld any information that might adversely
Initials affect my 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 Sentry Protective Service to thoroughly investigate my references, work
Initials record, education and other matters related to my suitability for employment and further
Authorize the references I have listed to disclose to Sentry Protective Service any and all letters,
reports, and other information related to my work records, without giving my prior notice of
such disclosure. In addition, I hereby release to Sentry Protective Service 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
Initials may be granted or during my employment, if hired, is intended to create an employment
contract between me and Sentry Protective Service. 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 Sentry Protective Service 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

Explain in your own words the importance of Security in one paragraph or more:

Please list your Strengths and Weaknesses:
