

APPLICATION FOR EMPLOYMENT

DATE:

FULL NAME:		FIRST	MI	
CURRENT ADDRES	SS:STREET	CITY	STATE	ZIP
PHONE NUMBER:	HOME CELI		ARE YOU 18 YEARS OLD OR OLD	ER? YES NO
DO YOU HAVE A D	RIVER'S LICENSE? YES			
DESIRED WAGE O	R SALARY:			
DESIRED START D	ATE:		POSITION SOUGHT:	
FULL or PART TIME	E:			
HOW DID YOU LEA	RN ABOUT THE POSITION? _			
	R EMPLOYMENT, ARE YOU W	/ILLING TO S	UBMIT TO A PRE-EMPLOYMENT D	RUG SCREENING
HAVE YOU EVER E	BEEN EMPLOYED BY US BEFO	DRE? YE		
HAVE YOU EVER E	BEEN CONVICTED OF A FELO	NY OR DISCI	HARGED FROM THE US MILITARY	? YES 🔄 NO 🚞
HAVE YOU EVER E EMPLOYMENT?		NATED OR A	SKED TO RESIGN FROM ANY POS	SITION OF
ARE YOU A U.S. CI RESTRICTIONS?		/ISE AUTHOF	RIZED TO WORK IN THE U.S. WITH	IOUT ANY
EDUCATION				
HIGH SCHOOL:	HIGHEST LEVEL COMPLETE	ED:	HIGH SCHOOL NAME:	
COLLEGE:	DEGREE:	-	COLLEGE NAME:	
OTHER EXPERI	ENCES			
LIST ANY TRAININ	G, CERTIFICATIONS, OR LICE	NSES HELD:		
LIST OTHER INFOR	RMATION PERTINENT TO THE	EEMPLOYME	INT YOU ARE SEEKING:	

Megacity Fire & Security is an equal opportunity employer and welcomes all qualified individuals to apply.

Megacity Fire & Security is committed to providing a non-discriminatory employment environment for its employees. The policy of Megacity Fire & Security to afford equal employment opportunities to all qualified individuals, without regard to their race, color, ancestry, religion, sex, sexual orientation, national origin, age, physical or mental disability, citizenship status, veteran status, gender identity or expression, or any other characteristic or status that is protected by federal, state or local law. This policy applies to hiring, tenure of employment, and all terms and conditions of employment, including but not limited to promotion and development, assignment, transfer, compensation, benefits, discipline, demotion, and training provided by Megacity Fire & Security.

## **PREVIOUS EMPLOYMENT**

Previous Employer 1:					
CURRENT ADDRESS:	STREET	CITY		STATE	ZIP
START DATE:	YEAR	END DATE: _	MONTH	YEAR	POSITION:
REASON FOR LEAVING: _					
Provious Employer 2:					
Previous Employer 2:					
CURRENT ADDRESS:	STREET	CITY		STATE	ZIP
START DATE:	YEAR	END DATE: _	MONTH	YEAR	POSITION:
REASON FOR LEAVING:					
Previous Employer 3:					
CURRENT ADDRESS:	STREET	CITY	••••••••••••••••••••••••••••••••••••••	STATE	ZIP
START DATE:	YEAR				
REASON FOR LEAVING: _					
Previous Employer 4:					
CURRENT ADDRESS:	STREET	CITY		STATE	ZIP
START DATE:		END DATE: _	MONTH		
REASON FOR LEAVING: _			MONTH	YEAR	
REASON FOR LEAVING:					
-				<del>_</del>	

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## REFERENCES

Name of Reference 1:			AST	
CURRENT ADDRESS:	STREET	CITY	STATE	ZIP
PHONE NUMBER:			S ACQUAINTED:	
Name of Reference 2:	FIRST		AST	
CURRENT ADDRESS:	STREET	CITY	STATE	ZIP
PHONE NUMBER:		YEAR	S ACQUAINTED:	
Name of Reference 3:	FIRST	l	AST	
CURRENT ADDRESS:	STREET	CITY	STATE	ZIP
PHONE NUMBER:			S ACQUAINTED:	

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law.

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS.

SIGNATURE: \_\_\_\_\_

DATE:			

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