

EOE

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.



Employment Application

Lic# B0001267
PH# 904-384-8071 Fax# 904-389-9931

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Date of Birth	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted or had adjudication withheld on any felony or misdemeanor in any jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Do you have a security license in the State of Florida?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes D License # _____ Exp. _____ G License # _____ Exp. _____
Have you ever applied for employment or worked for Giddens Security?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, When _____
Marital Status: Single _____ Married _____ Divorced _____ Engaged _____ Widowed _____ Separated _____	Number of dependents including yourself _____		

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list two (2) personal references not related to you.</i>	
Full Name	Relationship
Address	Phone ()
Full Name	Relationship
Address	Phone ()

MILITARY SERVICE		
Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

PREVIOUS EMPLOYMENT		
Company	Phone ()	
Address	City, State, Zip	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities	Name of Supervisor	
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	City, State, Zip	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities	Name of Supervisor	
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	City, State, Zip	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities	Name of Supervisor	
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	City, State, Zip	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities	Name of Supervisor	
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to employ me in the future. If you decide to engage in investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.	
Signature	Date

Giddens Security Corporation
Professional Armed and Unarmed Guards
 Lic. # B0001267
 P.O. Box 37459
 Jacksonville, Florida 32236-7459
 Ph# (904) 384-8071 Fx# (904) 389-9931

Availability

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times Available							

Areas willing to travel to: _____

The above information will be used solely to determine if you are able to work the available shifts that Giddens Security is recruiting for at this time.

Training

If you currently hold a Class D unarmed security license, where did you get your training?

Name of Training Facility _____

When did you attend the training course? _____

Have you completed all 40 hours of training (24 hour course + 16 hour course)? YES or NO

If you currently hold a Class G armed security license, where did you get your training?

Name of Training Facility _____

When did you attend the training course? _____

Uniform Size

Shirt Size (ex. 17 1/2) _____ Also, Circle one : XS S M L XL XXL XXXL

Pant Size (ex. 36) _____

Height _____ Weight _____ Gender _____

The above information will be used solely for uniform fitting purposes. We do not discriminate based on weight, gender, height, or size in any way whatsoever.

Giddens Security Corporation
Professional Armed and Unarmed Guards
Lic. # B0001267
P.O. Box 37459
Jacksonville, Florida 32236-7459
Ph# (904) 384-8071 Fx# (904) 389-9931

Employment Verification Form

Company Name _____
Address _____
Phone Number _____

Applicant, fill this top portion out with information on a previous employer. It will be sent to the employer and the employer will fill out the portion below the line.

Your Name _____ Social Security # _____
Position Held _____
Immediate Supervisor _____ Department # _____
Dates of Employment: FROM ____/____/____ TO ____/____/____
Today's Date _____ Signed _____

Applicant, do not write below this line.

Previous Employer, Please supply Giddens Security Corporation with the following information concerning my previous employment with your company. To aid in checking my employment record the above information may help. (This information will be held in confidence).

Is the above information correct? _____ If not please correct _____

Why did the employee leave the position? _____

Would you re-employ? _____ If not, why? _____

Was applicant reliable? _____ Punctual? _____ Stable? _____

Is the applicant financially responsible? _____

Would you recommend him/her for a position of trust? _____

Does the applicant have any history of drug/alcohol problems to your knowledge? _____

Additional explanation or comments:

Name _____ Title _____ Date _____

Please return to Giddens Security Corporation by fax to 904-389-9931. Thank you