

QUEST NATIONAL SECURITY

Equal Opportunity Employer

Full Name:	
Nicknames:	Date of Birth: ____/____/____
Social Security Number ____-____-____	D.L. # _____
Present Address:	
Mailing Address:	
Guard Card #	Expiration date:
Phone Number	
Home:	Cell:
Pager:	Fax:
Email Address:	
Referred By:	
Position Desired:	Salary Desired: \$ _____ / Hour
Date You Can Start: ____/____/____	Are You Employed?
If yes, may we contact your present employer?	
Have you ever applied to this company before?	
Where?	When?
Education and Experience	
Have you graduated high school or completed a GED or	
Proficiency Exam?	
Military Service	
Branch:	Rank:
Specialty:	Years Served:
Are you still active or reserve?	

Former Employment	
Please list all employment, starting with current or last job and back at least 5 years	
1. Employer:	
Address:	
Phone Numbers:	
Contact Name:	Title:
Position:	Salary:
Duties:	
Dates Employed From: ____/____ To: ____/____ (month/ year)	
Reason for leaving:	
2. Employer:	
Address:	
Phone Numbers:	
Contact Name:	Title:
Position:	Salary:
Duties:	
Dates Employed From: ____/____ To: ____/____ (month/ year)	
Reason for leaving:	
3. Employer:	
Address:	
Phone Numbers:	
Contact Name:	Title:
Position:	Salary:
Duties:	
Dates Employed From: ____/____ To: ____/____ (month/ year)	
Reason for leaving:	

References	
You must provide 3 persons, not related to you, whom you have known at least 1 year.	
1. Name:	Phone #
Address:	
Business:	Years known:
2. Name:	Phone #
Address:	
Business:	Years known:
3. Name:	Phone #
Address:	
Business:	Years known:
Emergency Contacts	
1. Name:	Relation:
Address:	
Home phone:	Cell phone:
Work phone:	Other:
2. Name:	Relation:
Address:	
Home phone:	Cell phone:
Work phone:	Other:
3. Name:	Relation:
Address:	
Home phone:	Cell phone:
Work phone:	Other:
Have you been convicted of any felonies?	
If yes, please list:	
Have you been convicted of any misdemeanors with fines over \$299?	
If yes, please list:	
Please list your top 5 attributes:	

Authorization and Disclaimer

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

The Company does not condone the use of illegal drugs of any kind. We reserve the right to drug test all new applicants and employees at the company’s discretion.

Applicant’s Signature _____ Date ____ / ____ / ____

Interviewed By _____ Date ____ / ____ / ____

Applicant, DO NOT write below this line.

Remarks:		
Uniform Size: (shirt, pant, shoe, etc.)		
Neatness:	Skills:	
Hire Date:	Salary:	
Position:	Start Date:	
Approved By:	Title:	
Date Approved:		
Checklist (receive from new hire)		
Copy of CADL	Resume (attach to application)	
Copy of Soc. Sec. Card	Copies of Certifications	
Copy of Guard Card	Copies of permits (gun, baton, etc.)	
Question/ Answer Form		
Checklist (For Applicant to complete and Return)		
I-9	At-will Employment	Arbitration Agreement
W-4	Payroll Deduction Form	Equipment List
Information from drug testing	Medical/ Dental Insurance	
Give to Employees		
Any Equipment	Employee Handbook	