



# Twin City Security – Job Application

## An Equal Opportunity Employer

Rev: 3-22-11

Full Name	Last	First	Middle
Home Address (Number and street or rural route)			Home Phone ( )
			OK to Leave Message? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/Town		State	Zip Code
Automobile	Make	Model	Year
License No. (Tags)			
Drivers License No.	State	Exp. Date	E-mail Address (Optional):

### PERSONAL INFORMATION:

Second Phone/Pager	Cell Phone
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Referred By: \_\_\_\_\_

Have you ever worked or applied at Twin City Security?  No  Yes **Dates:** \_\_\_\_\_

Have you ever been convicted of a crime, either civil or military?  No  Yes

If yes, please explain: \_\_\_\_\_

When can you start work? \_\_\_\_\_

Salary Desired: \$ \_\_\_\_\_

Prefer:  Part Time  Full time

Name

Address

Phone#

In case of emergency, notify: \_\_\_\_\_

### PREVIOUS ADDRESS: (Past 5 Years)

Street	City	State	From	To

### EDUCATION:

School	Name & Location	Years Attended	#	Subjects
High School				
College				
Trade/Tech./ Security/Other				

### MILITARY SERVICE:

Date (M/Y) From-To	Branch of Service	Rank	Duties	Type Discharge
/				



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## PREVIOUS EMPLOYMENT

Employment dates				Company's Name and Full Address	Position	Hourly Rate/	Supervisor Name & Telephone	Eligible for Rehire?
From		To						
Mo	Yr	Mo	Yr					
								<input type="checkbox"/> Yes
						( )		<input type="checkbox"/> No
								<input type="checkbox"/> Yes
						( )		<input type="checkbox"/> No
								<input type="checkbox"/> Yes
						( )		<input type="checkbox"/> No
								<input type="checkbox"/> Yes
						( )		<input type="checkbox"/> No
								<input type="checkbox"/> Yes
						( )		<input type="checkbox"/> No

## REFERENCES

Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone	Years Acquainted

The information provided by me in this application for employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statement or omission of facts called for will be considered as cause for the termination of my employment. I hereby authorize Twin City Security to conduct any investigation of my personal credit and/or financial history required for employment in this position, subject to the provisions of the Fair Credit Reporting Act, and any local, city or state regulations.

I understand that if my position requires a Permit or License. I further understand that if position requires a Permit or License and it is suspended or revoked my employment with the company may be immediately suspended without pay or terminated.

I understand that this application does not constitute an offer of employment. I understand that any employment offer to me is "at-will" employment, is not for any fixed term or period and may be terminated at the sole and complete discretion of Twin City Security with or without cause and at any time without advance notice. I agree to submit to a physical examination, drug or alcohol screen in connection with my employment at any time at the request of Twin City Security.

I agree that I will not accept employment by any client or former client, where I have been employed by Twin City Security for a period of 120 days from the termination of my employment with this company. I agree that I will not divulge to anyone, other than as I may be directed by Twin City Security any information acquired by me during my employment, except as may be required by law.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Interview By: \_\_\_\_\_