

EMPLOYMENT APPLICATION

Lasi Security Company, Inc is an Equal Opportunity Employer. This company does not and will not discriminate in employment and personnel practices on the basis of race, sex, age, handicap, religion, national origin, ancestry, handicap, familial Status, height, weight, sexual orientation, or military status or any other basis prohibited by applicable law. Hiring, transferring and promotion practices are performed without regard to the above listed items

Date: _____

Name: _____
 Last Name First Name Middle Name

Address: _____ City: _____

State: _____ Zip: _____

How long have you lived at this address? _____ If less than one year, list your prior address:

Last Address: _____ City: _____

State: _____ Zip: _____

Are you over 18 years of age? _____ Home Telephone: _____ Cell Phone: _____

Position (type of work desired): _____ Date you can start: _____

Starting Monthly Salary expected: _____ Type of employment desired: _____ Full time _____ Part time _____ Temporary

Please answer the following questions

- 1) List hours and times that you are available for work.
- 2) Security Guard duties require walking for long periods, and walking up and down stairs. Will this be a problem for you?

List all present and past employment, beginning with your most recent.

Employer #1		Employer #2	
Name:	Starting hourly wage:	Name:	Starting hourly wage:
Address:	Last hourly wage:	Address:	Last hourly wage:
City: Zip:	Reason for leaving:	City: Zip:	Reason for leaving:
Type of Business:	Telephone:	Type of Business:	Telephone:
Supervisor:	Start date:	Supervisor:	Start date:
	End date:		End date:
Employer #3		Employer #4	
Name:	Starting hourly wage:	Name:	Starting hourly wage:
Address:	Last hourly wage:	Address:	Last hourly wage:
City: Zip	Reason for leaving:	City: Zip:	Reason for leaving:
Type of Business:	Telephone	Type of Business:	Telephone:
Supervisor:	Start date:	Supervisor:	Start date:
	End date:		End date:

MILITARY RECORD

Were you in the U.S. Armed Forces? Yes No If yes what branch?

Date started:	Date Ended:	Total time in service:
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Highest rank achieved:	Type of discharge: Honorable Dishonorable Other
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Are you in the military reserves? If yes, what branch?

CRIMINAL BACKGROUND INVESTIGATION AUTHORIZATION

Have you ever been convicted of a felony: Yes or No
 Have you been convicted of a misdemeanor within the past 5 years? Yes or No
 If yes, Please explain below.

Charge	City, State	Date	Disposition

EDUCATION RECORD

Name and Address of School	Course of study	Year completed	Diploma or Degree
High School:			
College:			
Trade or Professional School:			

PERSONAL REFERENCES
Do not use relatives or previous employers
 Providing this information means that, you are giving Lasi Security Company, Inc permission to contact all the references.

Name	Address	Telephone
1		
2		
3		

PLEASE READ AND SIGN BELOW

This application shall be considered active for no more than 90 days after the date submitted.
 After that, time applicants will be required to resubmit a new application.

I have read and understand all sections of this employment application. All statements written by me are true and complete. I also understand that any false statements on this application or any future document, I will be required to fill out, including but not limited to any and all Lasi Security Company, Inc documents, I will be preparing in the course of my duties shall be considered sufficient cause for dismissal.

I further understand that if employed by Lasi Security Company, Inc, I will be required to abide by all their policies, procedures, rules and regulations. Failure to do so could result in my termination of employment with Lasi Security Company, Inc. I understand that this document does not constitute an employment agreement. I consent to the release of information about my ability and fitness for the position I have applied for by employers, schools, law enforcement agencies to investigate, personnel staffing specialists and other authorized employees of Lasi Security Company, Inc. In consideration of the Company's review and consideration of my application, I agree that any claim I have arising out of my application for employment with the company or any of its affiliates, subsidiaries, clients, managers, agents, or principals MUST be filed with the American Arbitration Association no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six (6) months, I agree to be bound by the six (month) period of limitations set forth herein, and I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

Signature: _____ Date: _____