

APPLICATION FOR EMPLOYMENT

DATE: _____ SOCIAL SECURITY #: _____

NAME: _____
LAST FIRST MIDDLE INITIAL

PRESENT ADDRESS: _____
STREET & NUMBER

CITY STATE ZIP CODE

HOME PHONE: _____ WORK PHONE: _____
AREA CODE & NUMBER AREA CODE & NUMBER

ARE YOU APPLYING FOR: FULL-TIME PART-TIME TEMPORARY SUMMER EMPLOYMENT

SPECIFY DAYS AND HOURS IF PART TIME _____

U.S. CITIZEN YES NO IF YOU ARE NOT A U.S. CITIZEN, PLEASE INDICATE THE NUMBER SHOWN ON YOUR ALIEN REGISTRATION RECEIPT CARD (FORM I-151) _____

PLEASE COMPLETE REMAINDER OF APPLICATION. FAILURE TO ANSWER ALL APPLICABLE QUESTIONS MAY CAUSE REJECTION OF THIS APPLICATION. IF AVAILABLE, INCLUDE A CURRENT RESUME WITH YOUR APPLICATION. APPLICANTS ARE NOT REQUIRED TO FURNISH ANY INFORMATION WHICH MAY BE PROHIBITED BY FEDERAL STATE OR LOCAL LAW.

* UPON EMPLOYMENT, VERIFICATION OF AGE/BIRTH DATE WILL BE REQUIRED.

EMPLOYMENT

IF POSSIBLE, ACCOUNT FOR YOUR LAST SEVEN (7) YEARS OF EMPLOYMENT. PROVIDE AS MUCH DETAIL AS POSSIBLE. START WITH YOUR PRESENT EMPLOYER. USE ADDITIONAL SHEET IF MORE SPACE IS NEEDED.

HAVE YOU MADE APPLICATION TO PSI WITHIN LAST YEAR? YES NO

POSITION DESIRED _____ ANNUAL SALARY DESIRED \$ _____
 1. _____
 2. _____ DATE AVAILABLE: _____

EMPLOYER NAME: _____	MAY WE CONTACT FOR REFERENCES? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER ADDRESS: _____	

DATES EMPLOYED (MONTH/YEAR) FROM: _____ TO: _____ BASE SALARY START: _____ END: _____
 HOURLY MONTHLY YEARLY

OTHER COMPENSATION: _____
 RESPONSIBILITIES: _____ RESUME ATTACHED

SUPERVISORS NAME: _____ TITLE: _____ BUSINESS PHONE (INCL AREA): _____

REASON FOR LEAVING: _____

EMPLOYER NAME: _____		MAY WE CONTACT FOR REFERENCES?	
EMPLOYER ADDRESS: _____		<input type="checkbox"/> YES	<input type="checkbox"/> NO
DATES EMPLOYED (MONTH/YEAR) FROM: _____ TO: _____		BASE SALARY START: _____ END: _____	
		<input type="checkbox"/> HOURLY	<input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY
OTHER COMPENSATION: _____			
RESPONSIBILITIES: _____			<input type="checkbox"/> RESUME ATTACHED
SUPERVISORS NAME: _____		TITLE: _____	BUSINESS PHONE (INCL AREA): _____
REASON FOR LEAVING: _____			

EMPLOYER NAME: _____		MAY WE CONTACT FOR REFERENCES?	
EMPLOYER ADDRESS: _____		<input type="checkbox"/> YES	<input type="checkbox"/> NO
DATES EMPLOYED (MONTH/YEAR) FROM: _____ TO: _____		BASE SALARY START: _____ END: _____	
		<input type="checkbox"/> HOURLY	<input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY
OTHER COMPENSATION: _____			
RESPONSIBILITIES: _____			<input type="checkbox"/> RESUME ATTACHED
SUPERVISORS NAME: _____		TITLE: _____	BUSINESS PHONE (INCL AREA): _____
REASON FOR LEAVING: _____			

FOREIGN LANGUAGE CAPABILITIES	
LIST ALL FOREIGN LANGUAGES YOU SPEAK OR WRITE FLUENTLY	

EDUCATION														
HIGH SCHOOL GRADUATE?	YES	NO	IF NO, HIGHEST LEVEL COMPLETED											
GED OR HIGH SCHOOL CERTIFICATE	YES	NO	1	2	3	4	5	6	7	8	9	10	11	12
TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL		HIGHEST LEVEL COMPLETED	MAJOR/MINOR		DEGREE/CERTIFICATE								
JUNIOR COLLEGE														
COLLEGE/ UNIVERSITY														
GRADUATE SCHOOL														
OTHER: BUSINESS, MILITARY, VOCATIONAL, ETC.)														
ARE YOU PRESENTLY WORKING TOWARD AN ADDITIONAL DEGREE/CERTIFICATE?		YES	NO	DEGREE/CERTIFICATE			INSTITUTION AWARDING/ YEAR							

MILITARY SERVICE						
BRANCH OF SERVICE		FROM		TO		RANK
SERVICE RELATED TRAINING OR DUTIES						

REFERENCES (List three people not related to you whom you have known at least three year)			
NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP
SPECIAL QUALIFICATIONS (USE SPACE BELOW TO LIST SPECIAL QUALIFICATIONS OR ABILITIES:			
MISCELLANEOUS			
DO YOU HAVE ANY RELATIVES/ACQUAINTANCES WORKING FOR PSI?		YES	NO
IF YES, DESCRIBE:			
HAVE YOU EVER MADE APPLICATION TO PSI?		YES	NO
HAVE YOU BEEN CONVICTED OF OR RELEASED FROM PRISON FOR VIOLATING ANY LAW, OTHER THAN MINOR TRAFFIC OFFENSES, IN THE PAST TEN YEARS?		YES	NO
IF YES, PLEASE PROVIDE THE REASON FOR THE CONVICTION, THE DATE, THE CITY, AND THE STATE. (A CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.)			
INITIAL	PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS: (TO BE INITIALED DURING INTERVIEW)		
	ACCURATE INFORMATION I certify that the information here and in my resume is true and complete. I understand that any incomplete, misleading, or false information will disqualify my application, or be cause for dismissal. I authorize the company to contact all references listed here, and to further investigate my work experience and qualifications.		
	CONDITIONS I understand that any offer of employment is contingent on the company's satisfaction with my: (1) drug test results; (2) identification and work authorization documents; (3) references; and (4) background check.		
	EMPLOYMENT-AT-WILL I understand and agree that if I am hired, my employment will be no definite period and that it may be terminated by me or by the company at any time, with or without cause or notice. I also understand that the company may change my job responsibilities or my position at it discretion. I further understand that these terms of employment cannot be changed, except in writing signed by the company president.		
SIGNATURE:		DATE:	

THE ATTACHED AFFIRMATIVE ACTION PLAN MUST ACCOMPANY THIS EMPLOYMENT APPLICATION.

PORTER SECURITY & INVESTIGATIONS, INC

APPLICANT INFORMATION

AFFIRMATIVE ACTION PLAN

PORTER SECURITY & INVESTIGATIONS, INC. as such, we are required to maintain demographic information about our applicants. We would appreciate your help in completing this form to ensure the accuracy of our information. This form is completely voluntary. It will be kept confidential, except as required to administer our Affirmative Action Plan.

NAME:		DATE:	
POSITION(S) FOR WHICH YOU ARE APPLYING:			
HOW DID YOU HEAR ABOUT THIS OPENING?			

<input type="checkbox"/>	I DECLINE TO COMPLETE THIS FORM.	SIGNATURE:	
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1. GENDER:	<input type="checkbox"/>	MALE	<input type="checkbox"/>	FEMALE
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2. RACE:	Please mark one or more of the following categories that best describes your ethnic background. The definitions used are required by government terminology.		
<input type="checkbox"/>	Black: All persons having origins of any of the Black racial groups of Africa.		
<input type="checkbox"/>	Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture, regardless of race.		
<input type="checkbox"/>	Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, India, Pakistan, the Philippine Islands and Samoa.		
<input type="checkbox"/>	Native American: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. Meets Bureau of Indian Affairs definition standards.		
<input type="checkbox"/>	White: Not covered above.		

3. DISABILITY:	I have a disability that restricts my ability to work.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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4. VETERAN:	Please mark any of the following that apply:			
<input type="checkbox"/>	a. Disabled Veteran: A veteran who is entitled to disability compensation rated at 30% or more.			
<input type="checkbox"/>	b. Vietnam Era Veteran: A veteran who had military service of more than 180 days in the Republic of Vietnam between 2/28/61 and 5/7/75, or military service in any location between 8/5/64 and 5/7/75, and was honorably discharged or released.			

SIGNATURE:		DATE:	
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