PSI SECURITY AND INVESTIGATIONS

Providing elite services for the public and private sectors.

Employment Application (An Equal Opportunity Employer)

Applicant Information							
Full Name:						Date:	
	Last	Firs	t		M.I.		
Address:	Street Address					Apartment/Unit #	
	City				State	ZIP Code	
Previous Addı	ress: Street Address						
	City				State	ZIP Code	
SS Number:				DL#			
Date of birth:_	/E-Ma					ailable:	
Position Appli						allable.	
Are you at lea	st 18 years old? Yes No		Language	s: English	Spanish Others	S	
Do you have a	any reliable transportation? Yes	No)	(Type:)	
Do you have a	any relatives employed by PSI Security	and Inv	estigations	? Yes	No		
If yes, please	provide name:						
Are you a citiz	zen of the United States?	YES	NO	If no,	are you authorized to we	YES ork in the U.S.?	NO
Have you eve	r worked for this company?	YES	NO	If yes, wher	?		
	orm the functions of this job with or nable accommodations?	YES	NO 🗆	If no, Please ex	plain		

	EMPLOYMENT INFO	DRMATION
Full Time	Days available to work:	MON TUES WED THURS FRI SAT SUN
Part Time		////
On call	Hours available per week:	HRS
Can you work weekends?		What shift(s) are you available to work? Day Eve Graveyard
Yes No Can you work overtime, If needed?		Have you been dismissed or requested to resign from a position? Yes No
Yes No		If so, explain:
<u>LICENSES</u>		
D – Unarmed:	G-Armed:	Can you lift 50lbs? Yes No
Yes No	Yes No	
If yes, License	If yes, License	
#	#	Have you ever been in the Armed Forces?
UNIFORM SIZE		Yes No
Shirt		Are you now a member of The National Guard?
Pants Belt		Yes No
		Specialty Date Entered
		Discharge Date

	Re	terences			
Please list three profession	onal references.				
Full Name:				Relationship:	
Company:				Phone:	
Address:					
Full Name:				Relationship:	
Company:					
Address:				-	
Full Name:				Relationship:	
Tuil Name.				relationship.	
Company:				Phone:	
A dalua a a .			_		
	Previous	s Employme	ent	_	
Company				Dhono:	
Company:				Phone:Supervisor:	
				Capoliticol.	
Job Title:					
Responsibilities:					
From:	To:	Reason	for Leaving:		
May we contact your prev	ious supervisor for a reference?	YES	NO		
·					
Address:				Supervisor:	
Job Title:					
Responsibilities:					
From:	To:	_ Reason	for Leaving:		
		YES	NO		
way we contact your prev	ious supervisor for a reference?				
Company:				Phone:	
Address:				Supervisor:	
Job Title:					
Responsibilities:					
From:	To:				
	· •·		ournig		

May we contact your previous supervisor for a reference?	YES	NO			
PSI PERSONNEL USE					
Hire Date		Pay Rate:	_ ID:		
Start Date:		DT Date :			
Background Search done by:					
Supervisor Signature					
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 release.					
Signature:		Date:			