



PPO#17127 • 10416 Investment Circle Rancho Cordova, CA 95670 • (916) 685-9221

Mailing Address: PO Box 984 • Sutter Creek, CA 95685

EMPLOYMENT APPLICATION

EMPLOYMENT APPLICATION			
Last Name	First	M.I.	Date
Street Address		Apt./Unit #	
City	State	Zip	
Phone ()	E-mail Address		
Date Available	S.S.#	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain.	

EDUCATION		
High School	Address	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College	Address	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Academy/Institute	Address	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Certification

REFERENCES	<i>Please list three PROFESSIONAL references we may contact</i>
Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()



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PREVIOUS EMPLOYMENT

Company		Phone ()
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company		Phone ()
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company		Phone ()
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, please explain		



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CERTIFICATION INFORMATION		
Guard Card #:	Exp.:	CPR Exp.:
Firearm Permit #:	Exp.:	Do you have pepper spray permit? YES <input type="checkbox"/> NO <input type="checkbox"/>
Driver's License #	State: Exp.:	Do you have baton permit? YES <input type="checkbox"/> NO <input type="checkbox"/>
List Additional Certifications:		

Supplemental Questions

Why do you want to work for our company?

What type of situations have you been involved in, that has required you to control a hostile large group?
How did you go about doing this and what was the end result?

Briefly tell us what you know about this industry?



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EMPLOYEE AVAILABILITY

Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: _____ Date: _____

Print: _____

Email the Employee Application Form when completed to:
 employment@interceptsecurity.us
 Attention: HR Manager