## SOUTHERN COUNTY SECURITY SERVICES, LLC.

HUMBLE, TEXAS Phone: 832-756-6940



## **Employment Application**

Name:		Date:					
		State:		Zip:			
☐ Mobile	☐ Home	☐ Work	Are you a Veteran?	☐ Yes ☐ No			
☐ High School	☐ Trade School	☐ College	☐ Graduate	Other			
Do you have	a driver's lice	eense: Yes		□ No			
Drivers License Number:			Issued in What State:				
Accidents during the past three years?		□ No	How Many:				
Moving violations during the past 3 years? ☐ Yes ☐ No		□ No	How Many:				
Are you legally eligible to work in the US?							
If selected for employment are you willing to submit to a background							
Have you been convicted of a felony? (Conviction will not necessarily disqualify an applicant from employment)							
☐ Yes ☐ No If yes, please explain:							
Position							
Position Applying For: SECURITY OFFICER/ GUARD Available Start Date:							
Part Time	Status:	☐ Regular	☐ Temporary	☐ Seasonal			
Evenings	Shift:	☐ Graveya	ard   Swing	☐ Weekends			
ill you work o	overtime?	☐ Yes	☐ No				
Have you been told or read the essential functions of the job and can you perform them?							
	High School  Do you have  ars?  Byears?  the US?  willing to sulting to sulting? (Conviction ease explain:  TY OFFICER  Part Time  Evenings  ill you work of	High School  Do you have a driver's lice  ars? Yes  yes  yes  He US? Yes  willing to submit to a back  ay? (Conviction will not necesse explain:  TY OFFICER/ GUARD  Part Time Status:  Evenings Shift:  ill you work overtime?	□ Mobile □ Home □ Work   □ High School □ Trade School □ College School   Do you have a driver's license:   □ Yes □ No   3 years? □ Yes □ No   willing to submit to a background   □ Yey □ No   willing to submit to a background   □ Yey □ No   □ Yes □ No   ■ Work □ No   Willing to submit to a background   □ Yey □ Conviction will not necessarily disquease explain:   □ Part Time Status: □ Regular   □ Evenings Shift: □ Graveya   □ Ill you work overtime? □ Yes	State:			

Company Name:  City:  Stat  Phone #:  Starting Salary:  End  Outies:  May we contact your present employer?  Job Title:  Company Name:  Sup  Starting Salary:  Starting Salary	red	Major	
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Vork History  bb Title:  Star  ompany Name:  ity:  starting Salary:  End  uties:  lay we contact your present employer?  bb Title:  starting Salary:  Starti			
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Starting Salary:  Starting Salary:  Starting Salary:  End  Starting Salary:  Startin	n the position th	nat you are applying	
Company Name:  City:  Starting Salary:  Chone #:  Starting Salary:  End  Couties:  May we contact your present employer?  Cob Title:  Company Name:  Starting Salary:  Startin			
Company Name:  City:  Stat  Phone #:  Starting Salary:  End  Outies:  May we contact your present employer?  Job Title:  Company Name:  Sup  Starting Salary:  Starting Salary			
City: Starting Salary: End Chone #: Starting Salary: End Couties:  May we contact your present employer?  Tob Title: Starting Salary: Starting Salary: End Company Name: Starting Salary: End	rt Date:	End Date:	
Phone #: Starting Salary: End  Outies:  Reason for Leaving:  May we contact your present employer?  Tob Title: Starting Salary: Starting Salary: End  Ohone #: Starting Salary: End	Supervisors Name:		
Duties:  Reason for Leaving:  May we contact your present employer?  Job Title:  Company Name:  Star  Chone #:  Starting Salary:  End	te:	Zip:	
Reason for Leaving:  May we contact your present employer?  Job Title:  Company Name:  Sup City:  Starting Salary:  End	Ending Salary:		
Job Title: Star Company Name: Sup City: Stat			
May we contact your present employer?  Star Company Name: Sup City: Starting Salary: End			
Star Company Name: Sup City: Stat Phone #: Starting Salary: End			
Star Company Name: Sup City: Stat Phone #: Starting Salary: End			
Company Name:  City:  Stat  Phone #:  Starting Salary:  End	Yes	□ No	
City: State Phone #: Starting Salary: End	rt Date:	End Date:	
Phone #: Starting Salary: End	Supervisors Name:		
	te:	Zip:	
Outies:	Ending Salary:		
Reason for Leaving:			

Job Title:		Start Date:	End Date:		
Company Name:		Supervisors Name:			
City:			State:	Zip:	
Phone #:	Starting Salary:		Ending Salary:		
Duties:					
Reason for Leaving:					
Job Title:		Start Date:	End Date:		
Company Name:		Supervisors Name:			
City:			State:	Zip:	
Phone #:	Starting Salary:		Ending Salary:		
Duties:	•				
Reason for Leaving:					
References					
Name					
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I certify that the facts set forth in my knowledge. I understand that					
may result in my dismissal.					
Signature	Printe	d Name		Date	