SOUTHERN COUNTY SECURITY SERVICES, LLC.

HUMBLE, TEXAS
Phone: 832-756-6940

Employment Application

Personal Data

Name:			Date:	
Street Address:				
City:		State:		Zip:
Phone #:	☐ Mobile ☐ Home ☐ Work		Are you a Veteran?	☐ Yes ☐ No
Level of Education Completed:	☐ High School ☐ Trade School ☐ College ☐ Graduate ☐ Other			
Professional Organizations:				
If under 18, please list age:	Do you have a driver's license:		☐ Yes	☐ No
Drivers License Number:			Issued in What State:	
Accidents during the past three years?	☐ Yes ☐ No		How Many:	
Moving violations during the past 3 years?	☐ Yes ☐ No		How Many:	
Are you legally eligible to work in the US?	☐ Yes ☐ No			
If selected for employment are you willing to submit to a background check?			☐ Yes	☐ No

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:	
Availability:	☐ Full Time ☐ Part Time	Status:	☐ Regular	☐ Temporary	☐ Seasonal
Shift:	☐ Days ☐ Evenings	Shift:	☐ Graveyard	☐ Swing	☐ Weekends
Desired Pay:	Will you work overtime?		☐ Yes	☐ No	

Have you been told or read the essential functions of the job and can you perform them? ☐ Yes ☐ No

Education

School Name	Location	Degree Received	Major

List any special skills or experiences that you feel would help you in the position that you are applying for.

Work History

Job Title:		Start Date:	End Date:
Company Name:		Supervisors Name:	
City:		State:	Zip:
Phone #:	Starting Salary:	Ending Salary:	
Duties:			
Reason for Leaving:			
May we contact your present employer?		☐ Yes	☐ No
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:			

Job Title:		Start Date:	End Date:
Company Name:		Supervisors Name:	
City:		State:	Zip:
Phone #:	Starting Salary:	Ending Salary:	
Duties:			
Reason for Leaving:			

References

Name	Phone	Relationship to You

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal.

Signature _____ Printed Name _____ Date _____