

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY IN BLACK OR BLUE INK)



Securing the World, One Location at a Time

www.gridssecurityllc.com

APPLICANT INFORMATION							
Today's Date		Position Applying For			Email Address		
Last Name		First Name	Middle Initial	Previous Last Names and/or First Names Used			
Street Address				City		State	Zip Code
Phone Number		When Can You Begin Work?			Desired Pay Rate		
Specify Type of Work Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Will You Work Overtime When Scheduled/Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No			Days and Shifts You Can Work		
Are You Legally Permitted to Work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No You Will Be Required to Verify Your Identity and Employment Authorization if You are Hired.							
EDUCATION							
SCHOOL	NAME	CITY	STATE	DID YOU GRADUATE?	DIPLOMA OR DEGREE RECEIVED	DATES ATTENDED MO/YR	COURSES OR MAJOR
HIGH SCHOOL							
VOCATIONAL TECHNICAL SCHOOL							
COLLEGE OR UNIVERSITY							
OTHER							
LICENSES AND SPECIAL SKILLS							
LIST THE TYPE, NUMBER, AND EXPIRATION DATE OF PROFESSIONAL OR OCCUPATIONAL LICENSES OR CERTIFICATIONS YOU HOLD. _____ _____							
ARE YOU CURRENTLY ON PROBATION FOR ANY LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____							
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach 10 year driver's history.							
HAS YOUR DRIVER'S LICENSE EVER BEEN RESTRICTED OR LIMITED IN ANY WAY BY THE LICENSING STATE? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE PROVIDE DETAILS. _____							

LIST SPECIAL SKILLS, CONTINUING EDUCATION OR COMPETENCY WITH EQUIPMENT WHICH QUALIFIES YOU FOR THE POSITIONS FOR WHICH YOU APPLYING. _____

U. S. MILITARY SERVICE

ARE YOU A VETERAN?

Yes No

IF YES, BE SURE TO INCLUDE IN WORK HISTORY.

A COPY OF YOUR FORM DD214 WILL BE REQUIRED.

COMPLETE EMPLOYMENT HISTORY TO INCLUDE MILITARY SERVICE (LIST MOST RECENT EMPLOYER FIRST) YOU MUST ACCOUNT FOR ALL TIME PERIODS SINCE LEAVING SCHOOL INCLUDING UNEMPLOYMENT, MILITARY SERVICE, ETC. IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET TO THIS APPLICATION. IF MILITARY SERVICE IS TO BE USED AS QUALIFYING EXPERIENCE, A COPY OF A COMPLETED DD 214 FORM MUST BE ATTACHED.

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM EMPLOYMENT?

Yes No If yes, please explain _____

	Month	Year	EMPLOYER'S NAME	STARTING SALARY	ENDING SALARY
From			EMPLOYER'S ADDRESS	PHONE NUMBER	YOUR JOB TITLE:
To			SUPERVISOR'S NAME/TITLE	DUTIES:	
			REASON FOR LEAVING		
	Month	Year	EMPLOYER'S NAME	STARTING SALARY	ENDING SALARY
From			EMPLOYER'S ADDRESS	PHONE NUMBER	YOUR JOB TITLE:
To			SUPERVISOR'S NAME/TITLE	DUTIES:	
			REASON FOR LEAVING		
	Month	Year	EMPLOYER'S NAME	STARTING SALARY	ENDING SALARY
From			EMPLOYER'S ADDRESS	PHONE NUMBER	YOUR JOB TITLE:
To			SUPERVISOR'S NAME/TITLE	DUTIES:	
			REASON FOR LEAVING		
	Month	Year	EMPLOYER'S NAME	STARTING SALARY	ENDING SALARY
From			EMPLOYER'S ADDRESS	PHONE NUMBER	YOUR JOB TITLE:
To			SUPERVISOR'S NAME/TITLE	DUTIES:	
			REASON FOR LEAVING		

DO YOU NOW HAVE OR HAVE YOU HAD IN THE PAST ANY OF THE FOLLOWING? NERVOUS, MENTAL, OR EMOTIONAL DISORDER OF ANY SORT, EPILEPSY OR DIABETES? Yes No IF YES, IDENTIFY, DESCRIBE AND GIVE DETAILS BELOW. IF YOU ARE CURRENTLY ON MEDICATION FOR ANY OF THE ABOVE, OR ANY OTHER MEDICAL PROBLEMS, PLEASE SUBMIT A STATEMENT FROM YOUR PHYSICIAN.

REQUIREMENTS OF GRIDS SECURITY SERVICES LLC

GRIDS SECURITY SERVICES LLC REQUIRES A COPY OF YOUR DRIVER'S LICENSE AND SOCIAL SECURITY CARD TO BE ATTACHED TO THIS APPLICATION. **A SLED BACKGROUND CHECK IS REQUIRED FOR ALL APPLICANTS.** YOUR INFORMATION WILL NOT BE SOLD TO A THIRD PARTY. THE INFORMATION YOU PROVIDE IS STRICTLY FOR EMPLOYMENT PURPOSES ONLY. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. YOU MAY FAX OR MAIL YOUR ORIGINAL APPLICATION AND ANY ATTACHMENTS TO THE FOLLOWING:

FAX: 480.287.8291

MAIL TO: GRIDS SECURITY SERVICES LLC · POST OFFICE BOX 3231 · IRMO, SC 29063

PLEASE READ CAREFULLY AND PROVIDE SIGNATURE BELOW

GRIDS SECURITY SERVICES LLC IS AN EQUAL OPPORTUNITY EMPLOYER. FEDERAL LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT PRACTICES BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, DISABILITY OR VETERAN STATUS. NO QUESTIONS ON THIS APPLICATION IS ASKED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANT'S CONSIDERATION FOR EMPLOYMENT BECAUSE OF HIS OR HER RACE, COLOR RELIGION, SEX, AGE, NATIONAL ORIGIN, OR DUE TO DISABILITY OR VETERAN STATUS.

CERTIFICATION BY APPLICANT

I CERTIFY THAT THE STATEMENTS MADE ON THIS APPLICATION AND ANY ADDENDUM ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HEREBY GRANT GRIDS SECURITY SERVICES LLC PERMISSION TO VERIFY SUCH ANSWERS. I UNDERSTAND THAT ANY FALSE STATEMENT OR OMISSION OF ANY STATEMENTS ON THIS APPLICATION AND ANY ADDENDUM MAY BE CONSIDERED SUFFICIENT CAUSE FOR REJECTION OF MY APPLICATION, OR FOR DISMISSAL IF SUCH FALSE STATEMENT IS DISCOVERED SUBSEQUENT TO MY EMPLOYMENT. I FURTHER UNDERSTAND **GRIDS SECURITY SERVICES LLC** WILL PERFORM A PRE-EMPLOYMENT BACKGROUND INVESTIGATION TO DETERMINE MY SUITABILITY FOR EMPLOYMENT. I AUTHORIZE **GRIDS SECURITY SERVICES LLC** TO HAVE WRITTEN ACCESS TO ANY RECORDS CONCERNING MY CONVICTION HISTORY, EDUCATION, OR EMPLOYMENT BACKGROUND. IF THIS APPLICATION IS CONSIDERED FAVORABLY, I UNDERSTAND THAT I WILL BE REQUIRED TO PASS ALCOHOL AND/OR DRUG SCREENING AS A CONDITION OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF EMPLOYED I MAY, FROM TIME TO TIME, AT **GRIDS SECURITY SERVICES LLC** DISCRETION BE REQUIRED TO SUBMIT FURTHER PHYSICAL AND MENTAL EXAMINATIONS, AND OTHER PHYSICAL TESTS WHICH MAY INCLUDE ALCOHOL AND/OR DRUG SCREENING AS A CONDITION OF CONTINUED EMPLOYMENT. I FURTHER UNDERSTAND THAT ANY MISREPRESENTATION AS TO PRE-EXISTING PHYSICAL OR MENTAL CONDITIONS MAY VOID MY WORKER'S COMPENSATION BENEFITS. I AGREE TO ABIDE BY AND COMPLY WITH ALL THE RULES/POLICIES OF **GRIDS SECURITY SERVICES LLC**. I UNDERSTAND THAT THIS CERTIFICATION THROUGH SIGNATURE DOES NOT CREATE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT ANY EMPLOYMENT WILL BE "AT WILL" WHICH MEANS THAT I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE, AND THAT THE EMPLOYER RETAINS THE SAME RIGHTS.

SIGNATURE OF APPLICANT _____

DATE _____