

GRIDS Security Services, LLC



APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION			
Today's Date	Position Applying For	Email Address	
Last Name	First Name	Middle Initial	Previous 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	Major or Relevant Courses
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? Yes No

If yes, please explain. _____

Do you have a valid driver's license? Yes No

GRIDS Security Services, LLC



Has your driver's license ever been restricted or limited in any way by the licensing state? Yes No

If yes, please explain. _____

List special skills, continuing education or competence with equipment which qualifies you for the positions for which you are 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

EMPLOYMENT HISTORY

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	Job Title
To			Reason for Leaving	Duties	
Supervisor's Name/Title			May we contact this person for a reference?? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Month	Year	Employer's Name	Starting Salary	Ending Salary
From			Employer's Address	Phone Number	Job Title
To			Reason for Leaving	Duties	
Supervisor's Name/Title			May we contact this person for a reference?? <input type="checkbox"/> Yes <input type="checkbox"/> No		

GRIDS Security Services, LLC



	Month	Year	Employer's Name	Starting Salary	Ending Salary
From			Employer's Address	Phone Number	Job Title
To			Reason for Leaving	Duties	
Supervisor's Name/Title			May we contact this person for a reference??		
May we contact?			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Fax or mail your original application and any attachments to the following:

Fax: 480-287-8291

Mail: GRIDS Security Services LLC

P.O. Box 3231

Irmo, SC 29063

Email: ira@gridssecurityllc.com

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with disability, any and other characteristics protected by Federal, State or Local Law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

The employee/applicant may be required to submit to drug/alcohol testing during the scope of their employment. The employee/applicant agrees to non-binding arbitration of any employment disputes.

If hired I agree to abide by all the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by an representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by the law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

Signature of Applicant

Date