

SECURITY ARTS CORPORATION D.B.A.



SPECIAL OPERATIONS DETECTIVE AGENCY

Employment Application

APPLICANT INFORMATION			
Last Name:	First:	M.I.:	Date
Street Address:		Apartment/Unit #	
City:	State:	ZIP:	
Phone:	E-mail Address:		
Date Available:	Social Security No.:	Date of Birth:	
Position Applied for:		Desired Salary:	
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 so, when?	
Have you ever been convicted of a felony or misdemeanor?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:	
Have you ever held a Security license/credential in the state of WI?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:	
Do you have any Security or Law Enforcement training?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:	

PREVIOUS EMPLOYMENT			
Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
From: To:	Reason for Leaving:		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
From: To:	Reason for Leaving:		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
From: To:	Reason for Leaving:		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EDUCATION				
High School:			Address:	
From:	To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
College:			Address:	
From:	To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
Other:			Address:	
From:	To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:

REFERENCES	
<i>Please list three professional references.</i>	
Full Name:	Relationship:
Company:	Phone: ()
Address:	
Full Name:	Relationship:
Company:	Phone: ()
Address:	
Full Name:	Relationship:
Company:	Phone: ()
Address:	

MILITARY SERVICE	
Branch:	From: To:
Rank at Discharge:	Type of Discharge:
If other than honorable, explain:	

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p> <p>I authorize investigation of all statements contained herein, and the references and employers listed above, to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.</p> <p>I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing, and signed by an authorized company representative.</p>	
Signature:	Date:

SECURITY ARTS CORP. d.b.a.

Special Operations Detective Agency
1517 S. 12th St. Sheboygan, WI 53081
Email specialopsk9unit@sbcglobal.net



Special Operations Detective Agency

IMPORTANT – READ BEFORE SIGNING!

CONFIDENTIAL INFORMATION RELEASE AUTHORIZATION

I certify the statements I made in this application are true and complete. I understand that any false statement or concealment or failure to answer any question fully and accurately, will be grounds for refusal to hire, or, if hired, termination of my employment.

I authorize any of the persons or organizations referenced in this application to give Special Operations Detective Agency any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to Special Operations Detective Agency. I authorize Special Operations Detective Agency to request and receive such information.

I understand that I must follow the policies of Special Operations Detective Agency and that those policies may be changed at any time at the discretion of the employer without prior notice to me.

I acknowledge that my employment may be terminated and any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of Special Operations Detective Agency or myself. I acknowledge that this is an at-will employment relationship.

I understand that no representative of Special Operations Detective Agency has any authority to enter into any agreement for employment for any specified period of time, or assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing.

Employees Agreement: I am aware that a consumer report and/or investigative consumer report may be requested in connection with my application for employment. If such a report is requested, and in response to a written request from me, you will inform me with the name and address of the consumer reporting agency which furnished the report.

I agree to submit to any lawful testing, physical or otherwise, as requested by Special Operations Detective Agency. Such testing, physical or otherwise, may be requested prior to acceptance for employment or at any subsequent intervals after employment commences. Such testing, physical or otherwise, will be to determine my fitness to begin or continue employment with Special Operations Detective Agency.

I acknowledge that this application will remain active for no more than 6 months from the date it was made.

Continued on back

To be filled out by applicant:

Applicant's Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

SS#: _____

Date of Birth: _____

Email: _____

SPECIAL RECORDS AUTHORIZED FOR RELEASE (INCLUDING DATES OR RECORDS, IF APPLICABLE).

I HEREBY AUTHORIZE MY FINGERPRINTS AND SOCIAL SECURITY NUMBER TO BE USED IN A CRIMINAL RECORDS CHECK.

1. PRESENT EMPLOYER (S)
2. FORMER EMPLOYERS (S)
3. ANY SCHOOL, COLLEGE, UNIVERSITY, OR OTHER EDUCATIONAL INSTITUTION
4. ANY COURT, POLICE OR OTHER LOCATION WHERE CRIMINAL AND MISDEMEANOR RECORDS ARE KEPT.

Print Name

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

NAME AND ADDRESS OF AGENCY BEING AUTHORIZED TO RELEASE INFORMATION:

INFORMATION MAY BE RELEASED TO:

Special Operations Detective Agency

1517 S. 12th St / Sheboygan, WI 53081

Ph: 920-457-9008 / Fax: 920-457-9260

Email: specialopsk9unit@sbcglobal.net