

COVERED SECURITY LLC
Employment Application



Complete application online.
Email completed application to csprotected@gmail.com. Do not submit through website.

APPLICANT INFORMATION

Last Name				First				M.I.	Date		
Street Address							Apartment/Unit #				
City				State				ZIP			
Phone				E-mail Address							
Date Available				Social Security No.				Desired Salary			
Position Applied for				Are you a citizen of the United States?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Have you ever worked for this company?	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 been convicted of a felony?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If so, when?						
Do you have a Class D Security License?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes	Expiration Date	License No.				
Do you have any other Security License or Certifications?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, Name and Expiration Date						
Other											

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

Please list three professional references.

Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											

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

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

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Type your first and last name as signature	
Signature	Date

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