



## Employment History

Are you currently employed?     Yes     No    May we contact your present employer?     Yes     No

**PLEASE READ:** Below, list your last five years of employment. **Begin with your most recent.** If you were unemployed for a period of time, please state you were unemployed. Your start date from one job should be your end date from another. Do not leave any gaps of time. If additional space is needed, please attach an additional sheet. All areas must be completed.

Dates Employed MO / YR	Name & Address of Employer	Job Title, Duties Performed, Supervisors Name	Salary	Reason For Leaving
FROM:   CURRENT	NAME			
	ADDRESS			
	CITY / STATE			
FROM:   TO:	NAME			
	ADDRESS			
	CITY / STATE			
FROM:   TO:	NAME			
	ADDRESS			
	CITY / STATE			
FROM:   TO:	NAME			
	ADDRESS			
	CITY / STATE			
FROM:   TO:	NAME			
	ADDRESS			
	CITY / STATE			
FROM:   TO:	NAME			
	ADDRESS			
	CITY / STATE			
FROM:   TO:	NAME			
	ADDRESS			
	CITY / STATE			

## References

List below the names of three persons whom you have known at least one year. For example: past employers, landlord, neighbor, minister, teacher, principal, dean, business associate, etc. **Do not list relatives or roommates.** Be complete with addresses.

Name	Complete Mailing Address	Phone #	Years Known and Relationship

## Personal Information

1 Have you ever been arrested, taken into custody, held for investigation or questioning, or charged by any law enforcement authority including military?  Yes  No (If yes, attach a letter of explanation.)

2 Do you have any impairment (physical, mental or medical), which could possibly interfere with your ability to do the job for which you are applying?  Yes  No (If yes, explain below)

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3 Are you taking any medicine or prescription drug regularly, which may affect your job performance in this company?  Yes  No (If yes, explain below)

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4 Have you had any traffic violations or accidents during the last 3 years (DUI/DWI during the last 5 years)?  Yes  No (If yes, explain below)

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5 Have you lived in more than 1 state in the last 5 years?  Yes  No (If yes, list states below)

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6 Do you have any security experience?  Yes  No (If yes, explain below)

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7 Describe in a few sentences why you feel you are qualified for this position: \_\_\_\_\_

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8 Did you complete this application yourself?  Yes  No (If no, list who helped and why below)

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I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment or continued employment decision. This application is current for 90 days, at the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am released or retire from employment I will be paid only through the day of release. I also understand and agree that upon my release from employment I must return all of the employer's property in my custody.

**I acknowledge that I have read and understand the above.**

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**CENSOR SECURITY, INC.**  
**AUTHORIZATION RELEASE FORM**

I, \_\_\_\_\_, (Print Name) grant Censor Security, Inc. permission to make inquiries regarding my background. I understand that this information is for the purpose of determining eligibility for employment or continued employment with Censor Security, Inc. and will be kept confidential.

I further authorize any person(s) along with the Social Security Administration to release to Censor Security, Inc. any information regarding my past employment records and job performance, criminal record, military record, personal data, driving records, etc. This form releases from liability any person(s) who release such information. A photocopy of this form is as valid as the original.

Social Security #: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ For background check purposes only

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Stop Here Below for Reference Checks Only

Name: \_\_\_\_\_  
Business or Individual Completing Form

Mailing Address: \_\_\_\_\_  
P.O. Box # / Street City State Zip Code

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Your timely & prompt completion of this form will help us to determine whether this individual is eligible for employment with CSI. All information will be held in confidence and will be used only in determining eligibility and/or continuance of employment. Due to the nature of our business it is important that you be as forthright as you can. Thank you in advance for your time and cooperation.

**CHARACTER REFERENCES PLEASE COMPLETE #1-4 and #13 & #14 ONLY.**

1 How are you acquainted with the above individual? (Friend, past employer, landlord, etc.) \_\_\_\_\_

2 How long have you been acquainted with this individual? \_\_\_\_\_

3 What do you feel are this individual's strong points? \_\_\_\_\_

4 What do you feel are this individual's weak points? \_\_\_\_\_

5 Position held: \_\_\_\_\_ Status: Full time Part time Seasonal

6 Dates of employment: from \_\_\_\_\_ To \_\_\_\_\_ Was employee often late for work? \_\_\_\_\_

7 If applicable, did this employee have a clean company driving record with you? \_\_\_\_\_

8 Approximately how many workdays did this employee miss while in your employ? \_\_\_\_\_

9 Dependability: Excellent Average Poor Overall rating: Excellent Average Poor

10 Reason for leaving: Discharged Resigned Laid off Please Explain \_\_\_\_\_

11 How much notice did this employee give when leaving your employ? \_\_\_\_\_

12 Eligible for rehire: Yes No Maybe If no why? \_\_\_\_\_

13 Any additional comments (please use back if necessary). \_\_\_\_\_

14 Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_