

Parker Security Agency, LLC

[An Equal Employment Opportunity Employer]

► **Return to:** 1189 Covey Lane, Locust Grove, OK 74352 **OR** office@parkersecurityagency.com ◀

A. INSTRUCTIONS – Read Carefully

This is an application for employment with this Parker Security Agency, LLC. This application will stay on file in this office for a minimum of two (2) years. It will be used as a reference point and will be copied for supervisors to review prior to any scheduled interviews. Therefore, you need only submit one (1) application to this office. Additional sheets may be attached if necessary.

Print or type all information. Answer ALL questions completely.

If you get a job, your complete file is open to public inspection.

All information is subject to investigation and verification. Also, a personal background investigation, including any civilian or military court records, will be conducted before employment.

With this application, a person agrees to Parker Security Agency, LLC overtime pay policy.

JOB TITLE OR TYPE OF WORK DESIRED: _____

B. APPLICANT INFORMATION

DATE AVAILABLE FOR EMPLOYMENT: _____

SOCIAL SECURITY NUMBER:

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Date of Birth

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Mo. Day Yr.

Are you currently employed?

(Y or N)

LAST NAME:

FIRST NAME:

MI:

SUFFIX:

MAILING ADDRESS:

Street or P.O. Box

City

State

Zip Code

PHONE NUMBERS: (Include area codes)

Home

Cell

Are you related to any employee now working with this agency? _____(Y or N) If yes, give their name(s) and relationship.

Name of employee(s):

Relationship to applicant:

Have you ever been convicted of any offense other than minor traffic violations? _____(Y or N) If yes, please explain below:
Convictions are not an absolute bar to employment, but will be considered in relation to CLEET guidelines)

Indicate the conditions under which you will accept a position: (all that apply)

Full-Time: Part-Time: Temporary: Shift work: Travel:

Have you ever been fired? _____(Y or N). If yes, please explain: _____

C. EDUCATIONAL BACKGROUND

Are you a high school graduate or have you passed a general education development (GED) test? _____(Y or N) List

colleges, universities, trade schools, military or professional schools attended. (Transcripts may be required)

School Name Location	From Month/Year	To Month/Year	Major/Minor or Course of Study	Hours Completed	Degree	Date Completed

List **job-related licensure, registration or certification** (teacher certification, trade licensure, engineering licensure, C.P.A.)

License, Registration or Certification	Number	Date Received	Expiration Date	Licensing Agency or Board

D. EMPLOYMENT HISTORY

Describe your work experience in detail, beginning with your current or most recent job. List each promotion or transfer as a separate job, even if they were with the same employer. If needed, attach additional copies of this page. All information in this section must be completed. Resumes may be attached in lieu of filling out this section, as long as it contains the information required below. Employers and supervisors may be contacted regarding your work experience.

1. Employer's Name and Address:		Exact Title of Your Position:		From: (mm/dd/yy)
Duties: (Be specific)				To: (mm/dd/yy)
				Avg. Hours per Week
Number and Occupation of Employees You Supervised:		Supervisor's Name and Title:		Reason for Leaving:

2. Employer's Name and Address:		Exact Title of Your Position:		From: (mm/dd/yy)
Duties: (Be specific)				To: (mm/dd/yy)
				Avg. Hours per Week
Number and Occupation of Employees You Supervised:		Supervisor's Name and Title:		Reason for Leaving:

3. Employer's Name and Address:		Exact Title of Your Position:		From: (mm/dd/yy)
Duties: (Be specific)				To: (mm/dd/yy)
				Avg. Hours per Week
Number and Occupation of Employees You Supervised:		Supervisor's Name and Title:		Reason for Leaving:

STATEMENT OF CERTIFICATION: By signing this application I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I become employed, falsified statements on this application may be grounds for dismissal. I authorize investigation of all statements and information contained herein. Specifically, I authorize Parker Security Agency, LLC to make all necessary and appropriate investigations allowable by law to verify the information provided. I understand that if I am hired I will be required to produce proof that I have a legal right to work in the U.S.A. in accordance with the IRCA of 1986.

Sign Your Name Here

Digital or Handwritten Signature Accepted

Today's Date

**SUBMIT
APPLICATION**