

# FLOYDCORP SECURITY SOLUTIONS, LLC.

## APPLICATION FOR EMPLOYMENT

Floydcorp Security Solutions, Some address, Wilmington, DE 19 [www.email.com](http://www.email.com)

FLOYDCORP SECURITY SOLUTIONS is a Equal Opportunity/Affirmative Action employer which considers qualified applicants for all positions without regard to race, color, religion, sex, national origin, age, physical or mental disability, status as a disabled or Vietnam era veteran, or any other unlawful basis.

(Please Print)

Date of Application \_\_\_\_\_

Name

Soc. Sec. #

Last

First

MI

Address

Street

City

State

Zip

Home Telephone # ( )

Cell Phone # ( )

Email Address: \_\_\_\_\_

Position(s) For Which You Are Applying \_\_\_\_\_

Referral Source:  Newspaper Ad  Current Employee  Community Referral Agency  
 School  Posting Board  Other (please explain)

Name of Referral \_\_\_\_\_

◆ Are you known to schools/references by another name?  Yes  No  
If yes, by what name? \_\_\_\_\_

◆ Have you applied for employment here before?  Yes  No  
If yes, enter date(s) applied: \_\_\_\_\_

◆ Have you previously been employed by Floydcorp Security Solutions?  Yes  No  
If yes, enter date(s) employed: \_\_\_\_\_

◆ Are you available to work?  Full time  Part Time  
If part time, specify days and hours you will be available to work: \_\_\_\_\_

◆ Do any of your relatives work here?  Yes  No  
If yes, list names and relationships \_\_\_\_\_

◆ If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

◆ Are you an U.S. citizen or legally authorized to work in the United States?  Yes  No

**List each Job held. Start with your present or most recent job.  
Include military service assignments and volunteer "employment."**

<b>1</b> Employer	Employed From	To
Address		Telephone Number
Starting Position	Salary \$	
Last Position	Salary \$	
Supervisor Name	Title	
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	If Part Time, how many hours?
Brief description of your duties		
Reason for Leaving		

<b>2</b> Employer	Employed From	To
Address		Telephone Number
Starting Position	Salary \$	
Last Position	Salary \$	
Supervisor Name	Title	
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	If Part Time, how many hours?
Brief description of your duties		
Reason for Leaving		

<b>3</b> Employer	Employed From	To
Address		Telephone Number
Starting Position	Salary \$	
Last Position	Salary \$	
Supervisor Name	Title	
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	If Part Time, how many hours?
Brief description of your duties		
Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

May we contact the employers listed above?  Yes  No

If no, indicate by number which one(s) you **do not wish** us to contact: \_\_\_\_\_

Are you on lay-off and subject to recall with another employer? Yes  No

Are you a licensed driver with access to an insured vehicle on a regular basis? Yes  No

To your knowledge, are you able to perform the duties of the job for which you are applying? Yes  No

If no, please describe how, with or without accommodation, you may be able to perform these duties satisfactorily.

---

---

List trade or professional organizations of which you are a member, including offices held. (You may exclude all information indicative of race, sex, age, color, religion, national origin, ancestry, physical or mental disability, veteran status, or any other protected characteristic.)

---

---

---

Describe abilities, experience, special skills and other qualifications which you believe may qualify you for the position(s) for which you are applying. Indicate level of proficiency with any relevant machines or equipment.

---

---

---

Professional Registration/License Numbers \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Please initial boxes below:**

Have you ever had a history of or conviction for a violent crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been dismissed from employment due to abuse of a patient, client or resident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a misdemeanor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

A criminal conviction will not necessarily prevent your employment. Factors such as the nature and date of the offense will be considered. However, falsification or omission will be subject to the sanctions described below.

If you answered "yes" to any of these three questions, please describe in detail, including dates:

---

---

---

---

## EDUCATIONAL EXPERIENCE

	High	College/ University	Graduate Professional	Trade or Business
School Name and Address				
No. of Years Completed				
List Major Course of Study:				
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
List diploma, degree, or highest achievement:				
Describe specialized training, apprenticeship and extra-curricular activities. (You may exclude all information indicative of race, color, religion, sex, national origin, ancestry, age, physical or mental disability, veteran status, or any other protected characteristic.)				

### ® BUSINESS REFERENCES

<b>1</b>	
(NAME)	(PHONE)
(ADDRESS)	
<b>2</b>	
(NAME)	(PHONE)
(ADDRESS)	

## AGREEMENT

I understand that I will be required to undergo a pre-employment physical as a condition of my employment by Floydcorp Security Solutions, LLC.

I certify that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge, and agree that falsified information or significant omissions may disqualify me from further consideration for employment and, if I am employed, may result in my dismissal when discovered.

I understand that if I am employed by Floydcorp Security Solutions (FCSS), my employment will be for no set period of time and may be terminated by me or PSC at any time with or without cause. I further understand that nothing shall change the at-will status of my employment other than a written agreement signed by me and Philadelphia Senior Center, expressly changing the employment-at-will status. I also understand that, if employed, I will be required to abide by all of the policies, rules and regulations of FCSS.

I authorize Floydcorp Security Solutions to investigate all statements contained in this application (and any accompanying resume) and to make inquiries of my personal, employment, financial, educational or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

### For Human Resource Department Use Only

Date of Hire	Department:
Job Title	Hourly Rate:

