

Covenant Security & Patrol - Employment Application

An Equal Opportunity Employer

Please Print

Date Last Name First Name Middle

How Did you hear about us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency	Walk-in <input type="checkbox"/>	Friend <input type="checkbox"/>
<input type="checkbox"/> Relative	<input type="checkbox"/> Other		

Present Address

No. & Street City State Zip

Permanent Address (if different from above)

No. & Street City State Zip

Business Phone Home Phone Cell Phone

Employment Desired

Position Applying For

Personal Information

Have you ever applied to or worked for Covenant Security & Patrol, Inc.?

Yes No

Do you have any friends or relatives who have or are currently working for Covenant Security & Patrol?

Yes No

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If yes, state name(s) and relationship:

Name

Relationship

Name

Relationship

Why are you applying for work at Covenant Security & Patrol?

If hired, would you have a reliable means of transportation to and from work?

Yes

No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age).

Yes

No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?

Yes

No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations?

Yes

No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and a skill and agility test).

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?

Convictions for marijuana-related offenses that are more than two years old need not be listed). If yes, state the nature of the crime(s), when and where convicted, and disposition of the case.

Yes

No

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however be considered).

Education, Training and Experience

School	Name And Address	No. of years completed	Did you Graduate?	Degree Or Diploma
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High School	Name	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Or Diploma				
	Address							
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">City</td> <td style="width: 20%;"></td> </tr> <tr> <td style="padding: 2px;">State</td> <td style="padding: 2px;">Zip</td> </tr> </table>				City		State	Zip
City								
State	Zip							

College Univ	Name	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Or Diploma				
	Address							
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">City</td> <td style="width: 20%;"></td> </tr> <tr> <td style="padding: 2px;">State</td> <td style="padding: 2px;">Zip</td> </tr> </table>				City		State	Zip
City								
State	Zip							

Vocational/ Business	Name	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Or Diploma
	Address			
	City			
	State	Zip		

Health Care Training	Name	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Or Diploma				
	Address							
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">City</td> <td style="width: 20%;"></td> </tr> <tr> <td style="padding: 2px;">State</td> <td style="padding: 2px;">Zip</td> </tr> </table>				City		State	Zip
City								
State	Zip							

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Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment:

Weekly Pay:

From

To

Starting

Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?

Yes

No

Name of Employer

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment:

Weekly Pay:

From

To

Starting

Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?

Yes

No

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References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name _____ Last Name _____ Telephone No. _____

Address & Street _____ City _____ State _____ Zip _____

Occupation _____ No. of Yrs Acquainted _____

First Name _____ Last Name _____ Telephone No. _____

Address & Street _____ City _____ State _____ Zip _____

Occupation _____ No. of Yrs Acquainted _____

First Name _____ Last Name _____ Telephone No. _____

Address & Street _____ City _____ State _____ Zip _____

Occupation _____ No. of Yrs Acquainted _____

Please Read Carefully, Initial Each Paragraph and Sign Below

----- I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the

Answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize COVENANT SECURITY & PATROL, INC., to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

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_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time with or without prior notice, at the option of Covenant Security & Patrol and that no promises or representation contrary to the foregoing are binding on the Company unless made in writing and signed by the Company's designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Date

Applicant's Signature