



# Application for Employment

Note: Please print legibly using black or blue ink.  
Illegible printing or printing in pencil will not be accepted.

PERSONAL INFORMATION											
Last Name:			First Name:			M.I.:		SS#:			
Street:				City/State:				Zip Code:			
Home Phone:			Cell Phone:			Email:					
If the above address is not your permanent address, please list your permanent address below:											
Street:				City/State:				Zip Code:			
Gender:		<input type="checkbox"/> Male		<input type="checkbox"/> Female		Marital Status:		<input type="checkbox"/> Single		<input type="checkbox"/> Married	
U.S. Citizen:		<input type="checkbox"/> Yes		<input type="checkbox"/> No		If no, Visa #:		Veteran:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you provide legal verification of your right to work in the U.S.?			<input type="checkbox"/> Yes		<input type="checkbox"/> No		If yes, list verification document(s) here & attach copies:				
Do you have reliable transportation to and from work?			<input type="checkbox"/> Yes		<input type="checkbox"/> No		If yes, do you have a valid CA driver's license?		<input type="checkbox"/> Yes		<input type="checkbox"/> No
Have you ever applied for or been employed by Feature Enterprises?			<input type="checkbox"/> Yes		<input type="checkbox"/> No		If yes, when did you apply?				
Have you ever applied for or been employed by another security firm?			<input type="checkbox"/> Yes		<input type="checkbox"/> No		If yes, which firm?			Position applied for?	
Have you ever applied for or been employed as under cover security?			<input type="checkbox"/> Yes		<input type="checkbox"/> No		If yes, for which firm?			Hired or not hired?	
Do you have a current and valid CA Guard Card?			<input type="checkbox"/> Yes		<input type="checkbox"/> No		Guard Card Number:		Issued:		Exp:
When are you available to work? (check all that apply)			Days		Evenings		Weekends		Holidays		
			Overtime		+50 miles		Graveyard		Swing Shift		
Feature Enterprises Inc. is <b>not</b> under any circumstances, permitted to hire individuals with a criminal history. Answering falsely to the following questions immediately makes applicant liable for legal action.											
Have you ever pleaded guilty or "no contest" to or been convicted of a serious misdemeanor?			<input type="checkbox"/> Yes		<input type="checkbox"/> No		If yes, please explain including date and offense:				
Have you ever been arrested for an incident for which you are currently out on bail?			<input type="checkbox"/> Yes		<input type="checkbox"/> No		If yes, please explain including date and offense:				
Are you currently out on parole?			<input type="checkbox"/> Yes		<input type="checkbox"/> No		If yes, please explain including date and offense:				
Have you ever been convicted of drug possession or of DUI?			<input type="checkbox"/> Yes		<input type="checkbox"/> No		If yes, please explain including date and offense:				
Type of employment applying for:			<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		<input type="checkbox"/> Temporary		<input type="checkbox"/> Summer		
How were you referred to our company?			<input type="checkbox"/> Magazine		<input type="checkbox"/> Newspaper		<input type="checkbox"/> Periodical		<input type="checkbox"/> Print (Other)		
			<input type="checkbox"/> Google		<input type="checkbox"/> Yahoo		<input type="checkbox"/> Pers. Referral		<input type="checkbox"/> Other		
EDUCATION											
		School / Location		Study / Major		Grade Completed		Graduate?		Degree/Diploma	
High School								Y N			
College								Y N			
Other								Y N			
Do you speak any foreign language(s)?			<input type="checkbox"/> Yes		<input type="checkbox"/> No		If yes, which one(s):				
PREVIOUS EMPLOYMENT											
Please list the past three employers beginning with the most recent even if you are submitting your resume in addition to this application.											
Employer 1:											
Address:						City, State & Zip:					
Phone:			Website:			Supervisor:					

Employed from (mo/yr):	To (mo/yr):	Salary (start):	Salary (end):
Duties:			
Reason for leaving:			
Employer 2:			
Address:		City, State & Zip:	
Phone:	Website:	Supervisor:	
Employed from (mo/yr):	To (mo/yr):	Salary (start):	Salary (end):
Duties:			
Reason for leaving:			
Employer 3:			
Address:		City, State & Zip:	
Phone:	Website:	Supervisor:	
Employed from (mo/yr):	To (mo/yr):	Salary (start):	Salary (end):
Duties:			
Reason for leaving:			
<b>PRIMARY EMERGENCY CONTACT</b>			
Last Name:		First Name:	Relationship
Street:		City/State:	Zip Code:
Home Phone:	Cell or Alt Phone:	Email:	
<b>SECONDARY EMERGENCY CONTACT</b>			
Last Name:		First Name:	Relationship
Street:		City/State:	Zip Code:
Home Phone:	Cell or Alt Phone:	Email:	
<b>PERSONAL REFERENCES</b>			
Reference 1:			
Address:		City, State & Zip:	
Phone:	Alt. Phone:	Relationship:	
Reference 2:			
Address:		City, State & Zip:	
Phone:	Alt. Phone:	Relationship:	
<b>ACKNOWLEDGMENT</b>			
<p>I hereby certify that all answers and/or statements made by me on this application and/or on my Personnel Profile and/or on my resume or other additional documents are true and correct without omissions and to the best of my knowledge. I acknowledge that any false or misleading statements or misrepresentations accompanying said materials would be cause for refusal to hire or for immediate dismissal from employment at any time during the period of my employment. I authorize Feature Enterprises Inc. to perform any investigative or background checks as deemed necessary for employment consideration. I understand that this employment application is not a guarantee of employment at any time and nor should it be interpreted as a promise of employment in the future. I further understand that my employment with Feature Enterprises Inc. does not constitute any type of contract, implied or expressed, and that such employment will be terminable at Feature Enterprises's will. My continued employment is dependent upon satisfactory performance, continued need for my services as determined solely by Feature Enterprises Inc. and upon periodic reviews. I also grant Feature Enterprises Inc. approval, after my termination of employment to release information that is deemed appropriate regarding my employment with or termination from Feature Enterprises Inc. to any company or any individual who has reasonable and/or legal basis for making such inquiry. As long as the information disclosed therein is not known by Feature Enterprises Inc. to be inaccurate, Feature Enterprises Inc. shall not incur any legal liability or any nature in connection with furnishing such information. Lastly, I understand that as part of my application for employment with Feature Enterprises Inc. or at any time during the course of my employment, Feature Enterprises Inc. may require that I be medically examined concerning my ability to perform my job in a manner that does not endanger my own health or safety of others. I authorize all providers of healthcare who examine me to disclose to Feature Enterprises Inc. all medical information revealed during such examination and further authorize Feature Enterprises to disclose such information to other government agencies, legal authorities, companies or individuals where such disclosure of information is deemed necessary, warranted and or appropriate.</p>			
Signature:		Date:	