



## EMPLOYMENT/JOB APPLICATION

### INSTRUCTIONS

**This application is a fillable PDF that can be completed on your computer. To submit it electronically:**

- 1. Save it to your computer.**
- 2. Open the file and fill it out.**
- 3. Save the completed file in the following format: yourlastname-yourfirstname-application.pdf**
- 4. Return to our web page: <https://gatecitysecurity.com/employment/> and click the "upload application" button. This will open an e-mail link that will allow you to attach your completed application. You may also include other points of consideration in your e-mail and attach a cover letter and/or resume.**

**Alternatively, this application can be printed and mailed or hand delivered to our office at 4103 Jamison Pl, Greensboro, NC 27407.**

**Please complete each area as thoroughly and truthfully as possible. Any job offer is contingent upon a successful background check.**

### ALL APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

Application Date:  Desired Hourly Pay:  Are you at least 18? Yes:  No:

#### PERSONAL INFORMATION

First Name:  Middle Name:  Last Name:

Social Security Number:  -  -  E-mail:  Telephone:

#### EMPLOYMENT ELIGIBILITY

Are you legally eligible to work in the United States? Yes:  No:

Have you ever worked for this employer? Yes:  No:

If so, on what date did you start?  When was your ending date?

Have you ever been convicted of a felony? Yes:  No:

If you have been convicted of a felony, briefly explain the circumstances below:

**EDUCATION**

**What is the highest level of education that you have completed?**

- |   |  |
|---|--|
| <input type="checkbox"/> No High School Diploma or GED            | <input type="checkbox"/> Associates Degree |
| <input type="checkbox"/> High School Diploma or GED               | <input type="checkbox"/> Bachelors Degree  |
| <input type="checkbox"/> Vocational School Certificate or Diploma | <input type="checkbox"/> Graduate Degree   |

**EMPLOYMENT HISTORY**  
(Please enter the complete record of your occupation during the last FIVE YEARS)

**Employer 1:**

Company:  Employment Status:  Telephone:

Address:

Supervisor:  Employed From:  To:

Position:  Duties:  Hours per Week:

**Employer 2:**

Company:  Employment Status:  Telephone:

Address:

Supervisor:  Employed From:  To:

Position:  Duties:  Hours per Week:

**Employer 3:**

Company:  Employment Status:  Telephone:

Address:

Supervisor:  Employed From:  To:

Position:  Duties:  Hours per Week:

**Employer 4:**

Company:  Employment Status:  Telephone:

Address:

Supervisor:  Employed From:  To:

Position:  Duties:  Hours per Week:

**Employer 5:**

Company:  Employment Status:  Telephone:

Address:

Supervisor:  Employed From:  To:

Position:  Duties:  Hours per Week:

**RESIDENTIAL HISTORY FOR THE PAST FIVE YEARS**

(Must list to eligible for hire: required by NCPPS)

Present Address:

Previous Address 1:

Previous Address 2:

Previous Address 3:

Previous Address 4:

Previous Address 5:

**MILITARY EXPERIENCE**

Are You a Veteran? Yes:  No:  Branch:  Rank at Discharge:

Served From:  To:  Type of Discharge:

If not Honorable, Explain:

**AVAILABILITY**  
(Required for Consideration of Employment)

Type of Employment Desired:  Full-time  Part-time:  Either:

Preferred shift:  First Second:  Third:  Any:

Will you work weekends? Yes:  No:  Holidays? Yes:  No:  Overtime? Yes:  No:

Do you have reliable transportation? Yes:  No:

Can you get to work in inclement weather? Yes:  No:

**LICENSES AND CERTIFICATIONS**

Valid Drivers License

Number:  State Issued:

Valid Unarmed Guard Registration  Valid Armed Guard Registration

Previous NCPSS Registration or Equivalent from Another State

Specify Type, Registering Authority, and State:

Other Professional License or Certification:

Have you ever had a registration or license denied or revoked by NCPSS? Yes:  No:

If so, Please explain the circumstances:

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**PLEASE INDICATE YOUR SECURITY RELATED SECURITY EXPERIENCE BELOW**

No Experience  Contract Security  Proprietary Security  Loss Prevention  Corrections

Law Enforcement  Military  Other (Specify):

DISCLAIMER

Applicant understands that this is an equal opportunity employer and is committed to excellence through diversity. Yes:  No:

Applicant certifies that all information provided is true and accurate to the best of reasonable knowledge. Yes:  No:

Applicant understands that if this application leads to employment, false or misleading information provided herein or in any subsequent interview(s) may result in termination of employment.

Yes:  No:

Applicant's digital signature:

Applicant's physical signature: \_\_\_\_\_

Date of physical signature: \_\_\_\_\_