



*Serving and Protecting YOU and YOUR Community*

**APPLICATION FOR EMPLOYMENT**

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Type or Use Black Ink (Incomplete applications will NOT be considered).

DATE: \_\_\_\_\_

**PERSONAL INFORMATION**

**FULL LEGAL NAME:**

(First) (Middle) (Last)

**PRESENT ADDRESS:**

(Street) (City) (State) (Zip Code)

**CONTACT INFORMATION:**

(Home Phone) (Cell Phone) (Email Address)

**POSITION DESIRED:**

- Security Guard (Unarmed)    
  Supervisor (Unarmed)    
  Private Investigation  
 Security Guard (Armed)    
  Supervisor (Armed)    
  Corporate Staff

**WORK LOCATION (AREA)**

\_\_\_\_\_

**DATE YOU CAN START WORK**

\_\_\_\_\_

**STARTING SALARY \$** \_\_\_\_\_ **/HR**

HOURS YOU ARE AVAILABLE TO WORK						
SAT	SUN	MON	TUE	WED	THU	FRI

EDUCATION				
NAME OF SCHOOL	NAME, ADDRESS, CITY, STATE	DATES	GRADUATE	MAJOR / DEGREE
HIGH SCHOOL			YES / NO	
COLLEGE			YES / NO	
TRADE SCHOOL			YES / NO	
OTHER			YES / NO	

**TRAINING / EXPERIENCE**

**LICENSES**

**CERTIFICATIONS:**

MILITARY	BRANCH	RANK	DATES	DISCHARGE

2030 N. Pacific Ave, Ste A, Santa Cruz, CA 95060-7602 • (831) 454-8330



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**CONTINUATION (PAGE 2)**

**EMPLOYMENT HISTORY**

DATES (MO / YR)		COMPANY NAME ADDRESS & PHONE #	JOB TITLE	ENDING SALARY	REASON FOR SEPERATION
START	END				
* ARE YOU CURRENTLY EMPLOYED? YES / NO			* IF YES, MAY WE CONTACT YOUR EMPLOYER? YES / NO		

DATES (MO / YR)		COMPANY NAME ADDRESS & PHONE #	JOB TITLE	ENDING SALARY	REASON FOR SEPERATION
START	END				
* ARE YOU CURRENTLY EMPLOYED? YES / NO			* IF YES, MAY WE CONTACT YOUR EMPLOYER? YES / NO		

DATES (MO / YR)		COMPANY NAME ADDRESS & PHONE #	JOB TITLE	ENDING SALARY	REASON FOR SEPERATION
START	END				
* ARE YOU CURRENTLY EMPLOYED? YES / NO			* IF YES, MAY WE CONTACT YOUR EMPLOYER? YES / NO		

**BACKGROUND HISTORY**

**PREVIOUS ADDRESS**

(Street) (City) (State) (Zip Code)

HAVE YOU EVER BEEN CONVICTED, OR PLEADED GUILTY OR NO CONTEST, TO ANY OFFENSE? YES / NO

\* IF YES, EXPLAIN WITH DATE, OFFENSE, AND DISPOSITION: \_\_\_\_\_

**SIGNATURE**

I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate termination. I understand that all such information is subject to verification by Abbott SPI, Inc., and I hereby give my consent to Abbott SPI, Inc. to investigate my background and qualifications using any means. I agree to undergo any type of drug and/or alcohol testing that Abbott SPI, Inc. may require at any time. I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or Abbott SPI, Inc. may terminate my employment at any time.

Signature

Date

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