



PRIVATE SECURITY GROUP, INC.

P.O. Box 25626
Honolulu, HI. 96825
(Equal Opportunity Employer)

EMPLOYMENT APPLICATION

Please Print

Last Name: _____ First Name: _____ Middle Initial: _____

Current Address: _____ City: _____ State: _____ Zip Code: _____

Mobile Phone #: _____ Home Phone #: _____

Emergency Contact: _____ Relation: _____

Emergency Contacts #: _____

-Security Guard Employment-

Which State Permits do you currently possess? _____ Unarmed _____ Armed _____ None

Do you have a current Guard Card: Yes _____ No _____

If yes, what is your Guard Card License #: _____

How many years of experience do you have as a Security Guard: _____

Apply for:	Regular Full-Time work	Yes _____	No _____
	Regular Part-Time work	Yes _____	No _____
	On-Call work	Yes _____	No _____

What hours are you available to work? _____

Are you available to work weekends? Yes _____ No _____

If hired, on what date can you start work? _____

Have you ever applied to or worked for Private Security Group, Inc.? Yes _____ No _____

If yes, when? _____

Do you have friends or relatives working for Private Security Group, Inc.? Yes _____ No _____

If yes, state name(s) & relationship: _____

If hired, would you have reliable means of transportation to and from work? Yes _____ No _____

Are you at least 18 years of age and legally eligible for work in the United States? Yes _____ No _____

Are you able to perform the functions of the job for which you are applying for? 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 skills and agility tests.)



-Background History-

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes _____ No _____

If yes, state nature of the crime(s), when and where convicted and disposition of the case:

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

Are you currently employed? Yes _____ No _____

If yes, may we contact your present employer? Yes _____ No _____

Please list below your last 3 employers, beginning with the current or most recent past employer:

Employer: _____

Address: _____

Phone: _____ Position Held: _____

Start Date: _____ End Date: _____ Pay Rate: _____ Supervisor: _____

Reason for leaving: _____

Employer: _____

Address: _____

Phone: _____ Position Held: _____

Start Date: _____ End Date: _____ Pay Rate: _____ Supervisor: _____

Reason for leaving: _____

Employer: _____

Address: _____

Phone: _____ Position Held: _____

Start Date: _____ End Date: _____ Pay Rate: _____ Supervisor: _____

Reason for leaving: _____

Please list any professional licenses, designations, certifications, etc., that may relate to the position applied for.



-Education-

High School Attended: _____ Diploma: Yes _____ No _____

College/University Attended: _____ Diploma: Yes _____ No _____

-Military Service-

Are you currently in the military? Yes _____ No _____

If yes, which branch: _____ Years of Service? _____

Have you ever served in the military? Yes _____ No _____

If yes, which branch: _____ Years of Service? _____

Have you obtained any special skills or abilities as the result of service in the military? Yes _____ No _____

If yes, please describe: _____

-References-

List below, 3 persons (Not related to you), whom you have known for at least 3 years

1. Name: _____ Phone: _____

Address: _____ Business: _____

Years Known: _____ Relationship: _____

2. Name: _____ Phone: _____

Address: _____ Business: _____

Years Known: _____ Relationship: _____

3. Name: _____ Phone: _____

Address: _____ Business: _____

Years Known: _____ Relationship: _____

The information contained in the employment application is vital to your employment with Private Security Group, Inc. (PSG). All documents must be filled out completely and signed by you BEFORE employment can be considered.

By signed below I authorize full access to copies of medical reports, drug/alcohol screenings and documents of any kind relating to my past or present injury/ illness to PSG. I hereby agree to release this information and hold harmless all such medical providers from the release of this information as set forth in this authorization.

In signing below I acknowledge the above listed policies and conditions of employment with PSG.

Applicant Signature

Date of Application

(_____)_____
Applicant's Phone Number



Private Security Group, Inc.

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 in 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 the company 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 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.

_____ 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 the company and I. 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 either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Date: _____

Applicant's Signature: _____

Print Name: _____