



Employment Application

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

Personal Information

First Name:

Middle Name:

Last Name:

Street Address:

City, State, Zip Code:

Phone Number: () -

Email:

Have you ever applied to / worked for Company before? Y or N

If yes, please explain (include date):

If hired, would you have transportation to/from work? Y or N

Are you over the age of 18? Y or N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Y or N

Have you been convicted of or pleaded no contest to a felony? Y or N

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

Position and Availability

Position Applied For:

Are you applying for:

- Regular part-time work? Y or N
- Regular full-time work? Y or N

Days/Hours Available

Monday <input type="checkbox"/>	Hours Available:
Tuesday <input type="checkbox"/>	Hours Available:
Wednesday <input type="checkbox"/>	Hours Available:
Thursday <input type="checkbox"/>	Hours Available:
Friday <input type="checkbox"/>	Hours Available:
Saturday <input type="checkbox"/>	Hours Available:
Sunday <input type="checkbox"/>	Hours Available:

If hired, on what date can you start working? [Click or tap to enter a date.](#)

Can you work on the weekends? Y or N

Can you work evenings? Y or N

Are you available to work Friday evenings? Y or N

Are you available to work any evenings? Y or N

If hired, are you willing to submit to and pass a controlled substance test? Y or N

Do you have a smartphone? Y or N

There are **3 required clearances** for employment with G-Force Security Solutions, do you have any of these clearances?

Child Abuse Clearance (CAC) Y or N

Pennsylvania Access to Criminal History Clearance (PATCH) Y or N

FBI Electronic Fingerprint Clearance Y or N

Education, Training and Experience

High School:

School name:

School address:

School city, state, zip:

Number of years completed:

Did you graduate? Y or N

Degree / diploma earned:

College / University:

School name:

School address:

School city, state, zip:

Number of years completed:

Did you graduate? Y or N

Degree / diploma earned:

Vocational School:

Name:

Address:

City, state, zip:

Number of years completed:

Did you graduate? Y or N

Degree / diploma?

Military:

Branch:

Rank in Military:

Total Years of Service:

Skills/duties:

Related details:

Skills and Qualifications: Licenses, Skills, Training, Awards:

Do you currently have a Valid **Act 235** (LWA) Certification? Yes No

Employment History

You should be prepared to detail each position for the past eight years, and account for any gaps in employment during that period.

Are you currently employed? Y or N

If you are currently employed, may we contact your current employer? Y or N

Name of Employer:

Name of Supervisor:

Telephone Number:

Business Type:

Address:

City, state, zip:

Length of Employment (Include Dates):

Position & Duties:

Reason for Leaving:

Previous Positions:

Name of Employer:

Name of Supervisor:

Telephone Number:

Business Type:

Address:

City, state, zip:

Length of Employment (Include Dates):

Position & Duties:

Reason for Leaving:

May we contact this employer for references? Y or N

Previous Positions cont.:

Name of Employer:

Name of Supervisor:

Telephone Number:

Business Type:

Address:

City, state, zip:

Length of Employment (Include Dates):

Position & Duties:

Reason for Leaving:

May we contact this employer for references? Y or N

Name of Employer:

Name of Supervisor:

Telephone Number:

Business Type:

Address:

City, state, zip:

Length of Employment (Include Dates):

Position & Duties:

Reason for Leaving:

May we contact this employer for references? Y or N

Name of Employer:

Name of Supervisor:

Telephone Number:

Business Type:

Address:

City, state, zip:

Length of Employment (Include Dates):

Position & Duties:

Reason for Leaving:

May we contact this employer for references? Y or N

References

List below three persons who have knowledge of your work performance within the last five years. Please include professional references only.

Name - First, Last:
Telephone Number: () -
Address:
City, state, zip:
Occupation:
Number of Years Acquainted:

Name - First, Last:
Telephone Number: () -
Address:
City, state, zip:
Occupation:
Number of Years Acquainted:

Name - First, Last:
Telephone Number: () -
Address:
City, state, zip:
Occupation:
Number of Years Acquainted:

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature:

Date: Click or tap to enter a date.



Name:

DOB/SSN:

Occupation:

Telephone # () -

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I respectfully request and authorize that all information concerning my work record, school record, military record, reputation, and financial and credit status be furnished to G-Force Investigations, LLC. This includes any and all medical, physical and mental records or reports including all information of a confidential or privileged nature, and Photostats of same if required. This information is to be used to assist G-Force Investigations, LLC in determining my qualifications and fitness for the position I am seeking.

I hereby release all organizations or others from any liability or damages which may result from the furnishing the information requested above.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Statements "under penalty," – A person commits a misdemeanor of the third degree if he makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.

Signature of Applicant:

Date:Click or tap to enter a date.

Printed Name of Applicant:

