



Application for Employment

Pre-Employment Questionnaire | An Equal Opportunity Employer

700 E. Redlands Blvd. #222, Redlands, CA 92373 | PPO #15867

smssecurityinc.com HQ **909.307.1007**

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.		DATE OF BIRTH	
PRESENT ADDRESS		APT NO.	CITY, STATE		ZIP CODE
PERMANENT ADDRESS		APT NO.	CITY, STATE		ZIP CODE
PREVIOUS ADDRESS IF LESS THAN 3 YEARS		APT NO.	CITY, STATE		ZIP CODE
PHONE #	CELL #		ARE YOU 18 YEARS OR OLDER <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMAIL		EMERGENCY CONTACT NAME		PHONE #	

DESIRED EMPLOYMENT

POSITION		DATE YOU CAN START	DESIRED SALARY
ARE YOU CURRENTLY EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHERE	IF YES, MAY CONTACT YOUR PRESENT EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO PHONE _____	
EVER APPLIED TO SMS SECURITY, INC. BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
EVER WORKED FOR SMS SECURITY INC. BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
REASONS FOR LEAVING?			
NAME OF LAST SUPERVISOR AT SMS SECURITY, INC.			
HOW DID YOU FIND OUT ABOUT THIS POSITION? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> FRIEND <input type="checkbox"/> SMS SECURITY EMPLOYEE <input type="checkbox"/> ONLINE AD <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> OTHER _____			

EDUCATION

HIGH SCHOOL DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO	COLLEGE GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHERE?	APPROXIMATE UNITS / CREDITS
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL		IF YES, WHERE?	APPROXIMATE UNITS / CREDITS

HEALTH - Security positions may require vigorous exercise. Failure to report any health conditions may be grounds for termination.

ANY MAJOR HEALTH CONDITIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN
ARE YOU TAKING MEDICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN
HAVE YOU HAD ANY MAJOR SURGURIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN
ARE YOU ABLE TO BE ON YOUR FEET 8-12 HRS A DAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, PLEASE EXPLAIN

Last

First

MI

FORMER EMPLOYER 1

NAME OF EMPLOYER			
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING PAY	ENDING STARTING PAY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE #
DESCRIPTION OF WORK			
REASONS FOR LEAVING			

FORMER EMPLOYER 2

NAME OF EMPLOYER			
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING PAY	ENDING STARTING PAY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE #
DESCRIPTION OF WORK			
REASONS FOR LEAVING			

FORMER EMPLOYER 3

NAME OF EMPLOYER			
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING PAY	ENDING STARTING PAY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE #
DESCRIPTION OF WORK			
REASONS FOR LEAVING			

GENERAL INFORMATION

SPECIAL INTERESTS, STUDY, OR RESEARCH WORK

SPECIAL TRAINING, LICENCES, OR CERTIFICATIONS

SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

REFERENCES - list 4 professional references we may contact

NAME	PROFESSION	YEARS KNOWN	PHONE # OR ADDRESS
NAME	PROFESSION	YEARS KNOWN	PHONE # OR ADDRESS
NAME	PROFESSION	YEARS KNOWN	PHONE # OR ADDRESS
NAME	PROFESSION	YEARS KNOWN	PHONE # OR ADDRESS

SERVICE RECORD

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHICH BRANCH?
DISCHARGE DATE	RANK
IF DISHONORABLY DISCHARGED, PLEASE EXPLAIN	

CONVICTIONAL RECORD

HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY / NO-CONTEST TO, OR HAD A SUSPENDED IMPOSITION OF SENTENCE FOR ANY OFFENCE (OTHER THAN A MINOR TRAFFIC VIOLATION)? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN
A CONVICTIONAL RECORD WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION. THIS INFORMATION WILL BE USED FOR JOB-RELATED PURPOSES ONLY AND TO THE EXTENT PERMITTED BY LAW.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR DISMISSAL.

"I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE SMS SECURITY, INC. FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT IN UTILIZATION OF SUCH INFORMATION.

"I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF SMS SECURITY, INC. HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT TO THE FORGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED SMS SECURITY, INC. REPRESENTATIVE.

"THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS."

SIGNED

DATE

DO NOT WRITE - FOR SMS SECURITY, INC. ONLY

INTERVIEWED BY	DATE
COMMENTS	

DO NOT WRITE - FOR SMS SECURITY, INC. ONLY

INTERVIEWED BY	DATE
COMMENTS	

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COMMENTS	

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HIRED (DATE) FOR DEPARTMENT	FOR POSITION			
SALARY WAGES	WILL REPORT			
APPROVED BY	DATE			
APPROVED BY	DATE			
APPROVED BY	DATE			
DRIVER LICENSE COPIED? <input type="checkbox"/> YES	GUARD CARD COPIED? <input type="checkbox"/> YES	SS CARD COPIED? <input type="checkbox"/> YES	EMPLOYEE HANDBOOK AND PACKET DELIVERED? <input type="checkbox"/> YES	BACKGROUND CHECK COMPLETED? <input type="checkbox"/> YES