

Security Job Application

An Equal Opportunity Employer

L Lance and Associates is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Please print, fill out all sections and fax to 850-588-8715

Applicant Information

Applicant Name _____ Home Phone _____

Email Address _____ Cell Phone _____

Address: _____

City _____ State & Zip _____

Do you have a "D" security license? Y or N Social Security # _____

If hired, on what date can you start working? ____ / ____ / ____

Can you work on the weekends? Y or N Are you over the age of 18? Y or N

Can you work evenings? Y or N Are you available to work overtime? Y or N

Have you ever applied to / worked for L Lance and Associates before? Y or N

If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for L Lance and Associates
 Y or N If yes, state name & relationship: _____

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

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

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? Y or N

If no, describe the functions that cannot be performed

(Note: L Lance and Associates complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Y or N

If yes, please describe the crime - 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 date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

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:

School name: _____

School address: _____

School 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: _____

Additional Information

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? Y or N

If yes, please explain _____

Employment History

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

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

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 four years. Please include professional references only.

Name - First, Last: _____ Phone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Name - First, Last: _____ Phone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Name - First, Last: _____ Phone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by L Lance and Associates , terms for my immediate expulsion from L Lance and Associates. _____

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or L Lance and Associates. _____.

I permit L Lance and Associates to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release L Lance and Associates, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation. _____

Applicant's Signature: _____ **Date:** _____

When complete, please fax to 850-588-8715