



USA SECURITY
OF SOUTH FLORIDA INC.

USA Security of South Florida Inc.

Equal opportunity employer: It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age, sex, marital status, or physical handicap.

Employment Application

Applicant Information															
Full Name						Date:									
Last				First				M.I.							
Address:															
Street Address						Apartment/Unit #									
City						State		ZIP Code							
Phone: ()			E-mail Address:												
Date of Birth:			Social Security No.:			Desired Salary:		\$							
Position Applied for:						Date Available:									
Are you a citizen of the United States?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever worked for this company?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?									
Have you ever been arrested?				YES <input type="checkbox"/>	NO <input type="checkbox"/>										
If yes, explain:															
Do you have any relative working for our company															
YES <input type="checkbox"/> NO <input type="checkbox"/>						If yes who were you referred by?									
Education Background															
High School:				Address:											
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:							
College:				Address:											
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:							
Other:				Address:											
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:							
Languages:(including sign Language)				Speak			Read			Write			Sign		
_____				Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
Employment Records: Please indicate previous employment. Start with present or most recent position, including military service.															
Company:						Phone: ()									
Address:						Supervisor:									
Job Title:				Starting Salary: \$		Ending Salary: \$									
Responsibilities:															



USA SECURITY
OF SOUTH FLORIDA, INC.

From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:				Phone:	()
Address:				Supervisor:	
Job Title:			Starting Salary:	\$	Ending Salary: \$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:				Phone:	()
Address:				Supervisor:	
Job Title:			Starting Salary:	\$	Ending Salary: \$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Military Service					
Branch:				From:	To:
Rank at Discharge:			Type of Discharge:		
If other than honorable, explain:					
Disclaimer and Signature					
Please Read Carefully before signing. If you have any questions regarding the following statements, Please ask for assistance.					
I hereby certify that the following statements, as well as those on any attachment(s) to this form, to the best of my knowledge are true and correct and that they are all given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from employment.					
I acknowledge and agree that my employment is at-will, and therefore, my employment and compensation can terminate, with or without cause, and with or without notice, at any time at my option or the Company's option. I further understand and agree that this at-will employment relationship as defined above will remain in effect throughout my employment with the Company, or any of its parent or affiliated companies, unless it is modified by a specific express written employment contract which is signed by the CFO and that I understand and agree that nothing in this application for employment in any way creates an expressed or implied contract of employment.					
I further understand that I will be refused hire or discharged at any time after hire if I have failed to answer all the questions or made any misrepresentation by omission or concealment or by giving misleading, false or partial answers to any of the above questions.					
I hereby authorize USA Security of S. Fl., Inc and/or any of its affiliates. To conduct a thorough investigation of my past employment and credit activities and agree to cooperate in such an investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information. I understand that if any information discovered conflicts with the information I provided on this employment application or if I purposely concealed information to USA Security of S. Fl. and/or any its affiliates, my employment could be terminated.					
Signature:					Date: