

S & S Security Services LLC Application

First Name	Middle Name La		ast Name	
Phone #	 Email Address	 Email Address		_
Date of Birth	Social Security #	Social Security #		_
Drivers License #	State			
Address				
City	State		Zip	
Preferred Work Arrangements	3			
Full-time Part-time	Weekend Weekday Days Nights			

Have you ever been charged, arrested and/or convicted of a crime? Yes No				
If you answered yes, list all charge juvenile) and the outcome, regard pages as needed.	•	•		j
Security License Level II Level III	Level IV	Willing to obta	ain	
License Number		Expiration Date		_

Education and Professional Qualifications

	School	From	То	Diploma
1				
2				
3				
4				

Profe	essional Qualificati	ons		
			_	_
Othe	r Relevant Abilities	s, Skills, Knowledg	je, and Expe	rience
Pofor	ences			
IXCICI				
	Name of reference	How do you know this person?	How long have you	Phone #
		una person:	known this	
			person?	
1				

Work Experience

	Name of company	From	То	Manager	Phone #	Ok to contact? (Y/N)
1						
2						
3						
4						
5						

I understand that a criminal records check, which may include a national criminal records check requiring fingerprints, will be completed on me. I understand that an abuse check will be completed on me. S & S Security Services LLC may share information with a designee at the facility associated with this request. My submission of this signature authorizes S & S Security Services LLC to request and receive any juvenile, police, court, or investigation reports needed to complete this background check. In the event potentially disqualifying abuse is discovered, I will be notified at the address or email I have given and asked to provide additional information.

I authorize S & S Security Services LLC to process this background check request. I understand the background check may be repeated during the time I hold this position.

I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for termination of my employment.

Print Legal Name	
 Date	
	Signature