

Security Operations & Solutions, Inc.

EMPLOYMENT APPLICATION

It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national or ethnic origin, disability, veteran status, age, sex, marital status or any other protected characteristic.

POSITION APPLIED FOR _____ DATE: _____

PERSONAL:

NAME _____

(PRINT LAST)

(FIRST)

(MIDDLE)

PRESENT ADDRESS _____

(STREET)

(CITY)

(STATE)

(ZIP)

DR. LIC. # _____

PHONE #: _____ CELL PHONE #: _____

HAVE YOU EVER BEEN CHARGED, CONVICTED or ADJUDICATED OF ANY CRIMINAL OFFENSE? _____ NO _____ YES (EXPLAIN) _____

ARE YOU CURRENTLY LICENSED BY THE STATE OF FLORIDA? _____ YES _____ NO

IF YES LIST BELOW:

CLASS D TEMPORARY CARD _____ CERTIFIED MAIL RECEIPT _____

CLASS D # _____ EXPIRATION DATE _____

CLASS G TEMPORARY CARD _____

CLASS G # _____ EXPIRATION DATE _____

DO YOU CURRENTLY HAVE RELIABLE TRANSPORTATION? _____ YES _____ NO

HAVE YOU SERVED IN THE ARMED FORCES OR FOR A LAW ENFORCEMENT AGENCY?

_____ NO _____ YES (EXPLAIN) _____

WOULD YOU ACCEPT FULL TIME WORK? _____ NO _____ YES

WOULD YOU ACCEPT PART TIME WORK? _____ NO _____ YES

ORDER OF SHIFT PREFERENCE: _____ 7a-3p _____ 3p-11p _____ 11p-7a _____ Any

EDUCATIONAL BACKGROUND

SCHOOL – NAME & ADDRESS	FROM/TO	GRADUATED/MAJOR
High School -		
College -		
Other -		

PRIOR WORK HISTORY

Dates From/To	Name & Address Of Employer	Supervisor's Name & Title	Reason for Leaving

Describe your job title & duties performed:

Rate of Pay: Start \$ _____ Final \$ _____ Telephone No.: _____

Dates From/To	Name & Address Of Employer	Supervisor's Name & Title	Reason for Leaving
Describe your job title & duties performed: Rate of Pay: Start \$ _____ Final \$ _____ Telephone No: _____			

List any additional Employers on a blank piece of paper.

May we contact your previous employers listed? _____ Yes _____ No

Please list the one(s) you do **NOT** wish us to contact: _____

PERSONAL REFERENCES

Name & Organization	Address	Telephone Number

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I understand that these rules and or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than it's president/treasurer, and then only when in writing and signed by the president/treasurer, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature of Applicant

Date

(This application will remain on file for a minimum of three months)

FOR MANAGEMENT USE ONLY

Date & Time of Interview: _____

Notes: _____

**PRE-EMPLOYMENT BACKGROUND INVESTIGATION DISLCOSURE AND CONSENT PURSUANT TO
THE FAIR CREDIT REPORTING ACT (FCRA) AND THE FLORIDA STATUTES**

I, _____ (applicant printed name), in conjunction with my application for employment and work to be performed for Security Operations and Solutions, Inc. ("SOS"), hereby acknowledge and consent that SOS will and/or may use the services of an outside agency or will and/or may conduct the investigation itself, to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. SOS and/or an outside agency will provide a written report of its findings to SOS.

I understand that SOS and/or the outside agency will obtain one or more consumer reports including, but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, education records, professional and personal references, and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including, but not limited to, the above to SOS and the outside agency.

I understand that the information gathered during the investigation process identified above will be used only for pre-employment purposes and will not be released to any other person without proper written authorization from my legal representative or myself.

I further agree to fully cooperate in SOS' background investigation, and to sign any waivers or releases and/or provide additional information that may be required in order for the SOS' investigation to be completed in the most efficient manner possible.

I have read and fully understand the above consent and disclosure.

Signature of Applicant

Date