



Application for Employment

Public Safety Solutions is an equal employment opportunity employer. The company adheres to a policy of making employment decisions without regard to race, religion, gender, national origin, citizenship, age, disability or any other protected class. Public Safety Solutions assures you that your opportunity for employment with this company depends solely on your qualifications and needs of the business.

Name: _____ Date: _____
Last First Middle

Address: _____
Number Street City State Zip Code

How long at present address? _____ E-mail: _____

Phone: (_____) _____ Cellphone: (_____) _____

Position applying for: _____ Salary desired: _____

Employment desired: Full-Time Only Part-Time Only Full or Part-Time

How many hours can you work weekly? _____ Can you work long hours, if necessary? _____

Date available to begin work? _____

Are you authorized to work in the United States Yes No

Have you ever been convicted of a crime? Yes No

If yes, please provide an explanation: _____

I understand that if this position requires a valid driver's license, I will have to provide proof of a valid driver's license when offered employment. Yes No

| Type of School | Name of School | Location | Number of Years Completed | Major & Degree |
|----------------------|----------------|----------------------------|---------------------------|----------------|
| | | (Complete mailing address) | | |
| High School | | | | |
| College | | | | |
| Bus. or Trade School | | | | |



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Please list two professional references. Previous or current supervisors, rather than co-workers, are preferred.

Name: _____

Name: _____

Position/Relationship: _____

Position/Relationship: _____

Company: _____

Company: _____

Address: _____

Address: _____

Phone: (_____) _____

Phone: (_____) _____

E-mail: _____

E-mail: _____

Please list two personal references other than relatives or previous employers.

Name: _____

Name: _____

Position/Relationship: _____

Position/Relationship: _____

Company: _____

Company: _____

Address: _____

Address: _____

Phone: (_____) _____

Phone: (_____) _____

E-mail: _____

E-mail: _____

Work Experience

Please list your work experience for the past five years or more beginning with your most recent job held. If you were self-employed, give company name. *Attach additional sheets if necessary.*

Name of Employer: _____ Phone: (_____) _____

Address: _____
Number Street City State Zip Code

Name of last supervisor: _____ Your job title: _____

Employment Dates: From _____ To _____

May we contact this employer? Yes No

Reason for leaving (be specific): _____

List the jobs you held, duties performed, skills used or learned, advancements or certifications obtained while you worked at this company.



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Address: _____
Number Street City State Zip Code

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Employment Dates: From _____ To _____

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List the jobs you held, duties performed, skills used or learned, advancements or certifications obtained while you worked at this company.

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Number Street City State Zip Code

Name of last supervisor: _____ Your job title: _____

Employment Dates: From _____ To _____

May we contact this employer? Yes No

Reason for leaving (be specific): _____

List the jobs you held, duties performed, skills used or learned, advancements or certifications obtained while you worked at this company.

Attached resume

Yes No



Employment Application Consent Release

I hereby certify that the Application for Employment was completed by myself and that the facts set forth therein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that if employed, falsified statements, misrepresentation or omission of facts called for may result in dismissal.

I hereby give Public Safety Solutions permission to contact, via e-mail or phone, schools, previous and current employers (unless otherwise indicated), and references listed on Application of Employment. In addition, I release and hold harmless any person, firm or entity that discloses matters in accordance with this authorization, as well as from liability that might otherwise result from the request for, use of, and/or disclosure of any or all of the foregoing information.

I hereby authorize Public Safety Solutions to perform a driving record and background check in accordance with company policies.

I understand that Public Safety Solutions has a no-tolerance drug policy for safety sensitive positions and reserves the right to pre-employment testing and that successful passing of such testing is a condition of my employment.

I further understand that my employment with Public Safety Solutions shall be for no pre-determined period and is terminable "at will" for any lawful reason, at any time, by either party.

Applicant's name (please print): _____

Signature of Applicant: _____ **Date:** _____

Thank you for completing this Application for Employment and your interest in Public Safety Solutions.