

MCCALL PREMIER SERVICES EMPLOYMENT APPLICATION

DbA MAY SECURITY

321 N 3RD STREET

MCCALL, ID 83638

Phone: 208.634-8200 – Fax: 208.634.4031

In considering your application for employment, May Security may conduct a detailed and thorough investigation which may include, but is not limited to, a criminal record check, interviews or inquires of prior employees, coworkers, acquaintances, relative or friends.

PERSONAL INFORMATION

Name (Last, First, Middle):	Social Security Number:
Mailing Address:	Home Phone Number:
Physical Address:	Cell Phone Number:
City/State/Zip:	Email Address:

Position Applied For:	Salary Desired:
How were you referred to this company?	When can you start?
Have you ever been convicted of, or plead guilty to a crime including traffic violations? If yes, explain: Yes ___ No ___	Are you applying For: Fulltime _____ Part-time _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

EDUCATION/TRAINING – Include Technical/Academic Achievements/Courses

School	Name of School	Location	Dates From	Dates To	Did you graduate?
High					
College					
Trade School					

OTHER SPECIAL SKILLS – List other specific skills you have to offer for this job opening:
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PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT – Begin with Most Recent Employer

Dates: From _____ To _____	Employer's Name:	City, State:
Duties:		
Reason For Leaving:		Supervisor's Name: Salary: _____
Dates: From _____ To _____	Employer's Name:	City, State:
Duties:		
Reason For Leaving:		Supervisor's Name: Salary: _____
Dates: From _____ To _____	Employer's Name:	City, State:
Duties:		
Reason For Leaving:		Supervisor's Name: Salary: _____

LIST AT LEAST THREE (3) REFERENCES WHO ARE NOT RELATIVE OR EMPLOYEES

Name and Relationship	Title	Company Name & Address	Telephone

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a consideration of employment.

I hereby authorize persons, schools, current employer (if applicable) and previous employers and other organizations to provide this company and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing of use of such information.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the company has the same right. I understand that no one has the authority to enter into any agreement to the preceding sentence, expect for a written agreement signed by an administrative representative of this company and notarized.

Date: _____ Signature: _____