



LAND & HOUSING SECURITY SERVICES
2601 DEL ROSA AVE. STE. 222F SAN BERNARDINO, CA
92404

STATE LICENSED PPO# 17167 Phone: 909-658-9227 E-mail: landhousingsecurity@gmail.com

Position applying for: _____

EMPLOYEE INFORMATION

Name: _____

Last First Middle

Telephone: _____ Email: _____ Alternate telephone: _____

Address: _____

Are you able to perform the essential functions of the position with or without accommodations?

Yes No

Are you over the age of 18?

Yes No

If necessary for the job, I am able to:

Work overtime? Yes No

Provide a valid California Driver's License? Yes No

If so, fill out the following: Issuing state: _____

Type: _____

I am legally eligible for employment in the U.S.?

Yes No

I am seeking a permanent position: Yes No

Work the following shifts: (check all that apply)

Any Day Night Swing Rotating

Split Graveyard Other: _____

I will be able to report to work
_____ days after being notified I am hired.

EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.

Employer name and address: _____ _____	Position title/duties, skills: _____ _____	Start date: _____	End date: _____
Pay: \$ Per: _____	Supervisor: _____ Telephone: _____	Reason for leaving: _____	
Employer name and address: _____ _____	Position title/duties, skills: _____ _____	Start date: _____	End date: _____
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TRANSPORTATION

PERMITS

Do You Have Reliable Transportaion?

Yes No

Guard Card# _____
Exposed FireArm # _____
Baton# _____
Pepper Spray Permit Yes No

EDUCATION

EDUCATION	NAME OF SCHOOL	LOCATION	# YEARS	GRAD?	DEGREE NAME
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE					
Trade, business or other school					

MILITARY

Are you a veteran? Yes No
Duty/specialized training: _____

SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered: _____

Types of computers, software, and other equipment you are qualified to operate or repair: _____

Professional licenses, certifications or registrations: _____

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention: _____

Typing speed: _____ per minute

REFERENCES

List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known

CONTACT

In case of accident or illness, please contact: Name: _____ Daytime phone: _____
Address: _____ Relationship: _____

INFORMATION TO THE APPLICANT

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all the information submitted by me on this application is true and complete. I understand that if any false 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, regulations and Supervisor's directions. I agree that my employment is at-will, and that my employment and compensation can be terminated, with or without cause, and with or without notice, 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 the President, and then only in writing, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the forgoing. **I further authorize all work related verifications of employment, education, training or other work related information, as well as credit or criminal records checking. I authorize all of this information to be provided to the company or their agent and release them from any liability which might be claimed. If required, I agree to fully participate and complete the required pre-employment drug screening.**

Applicant's Signature _____

DATE _____