



PERSONAL INFORMATION:

Name (Last, First, MI)			Social Security Number (Optional)	
Present Address	APT. #	City	State	ZIP
Email	Driver's License		Date of Birth	
Are you 18 years or older?	Cell Phone Number			
Are you 21 years or older?	Emergency Contact Number	Name		

DESIRED EMPLOYMENT:

Position applying for	Date you can start	Salary Desired
Are you employed now?	If needed, may we contact your present employer?	
Who referred you to this company? (Please circle all that apply)		
Employment Agency	Newspaper Advertising	Friend
State Employment Office	Walk-In	
College Placement Service	Craigslist / Indeed	Other
		If you were referred by a current Orion Employee, what is their name?
Ever applied for this company before? (Y/N)	Where?	When?
Ever worked for this company before? (Y/N)	Where?	When?
Reason for Leaving:		
Name of last Supervisor at this company:		

EDUCATION:

SCHOOL LEVEL	Name and Location of School	Years Attended	Did you Graduate?	Subjects Studied
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				



FORMER EMPLOYERS:

Please list below three employers, starting with the most recent first

Name of Present or Last Employer			
Address		City	State ZIP
Starting Date	Leaving Date	Job Title	
May we contact your supervisor? (Y/N)	Name of Supervisor	Title	Phone #
Description of Work			
Reason for Leaving			

Name of Present or Last Employer			
Address		City	State ZIP
Starting Date	Leaving Date	Job Title	
May we contact your supervisor? (Y/N)	Name of Supervisor	Title	Phone #
Description of Work			
Reason for Leaving			

Name of Present or Last Employer			
Address		City	State ZIP
Starting Date	Leaving Date	Job Title	
May we contact your supervisor? (Y/N)	Name of Supervisor	Title	Phone #
Description of Work			
Reason for Leaving			



REFERENCES

Below, please list the names of three persons you are not related to whom you have known at least 1 year.

NAME	BUSINESS	PHONE NUMBER	YEARS ACQUAINTED
1)			
2)			
3)			

STATE REQUIRED LICENSES AND PERMITS

California State Guard Card ___ Yes ___ No If Yes, print Registration (G) Number:	California Exposed Firearm Permit ___ Yes ___ No If Yes, print Registration Number:	California State Baton Permit ___ Yes ___ No If Yes, print Registration Number:	California State Handcuff Certificate ___ Yes ___ No If Yes, print Registration Number:
California State Chemical Agent ___ Yes ___ No If Yes, print Registration Number:	Red Cross (Or other agency) First Aid ___ Yes ___ No If Yes, print Registration Number:	Red Cross (Or other agency) CPR ___ Yes ___ No If Yes, print Registration Number:	Other relevant license or registration:

SERVICE RECORD

Branch of Service	Discharge Date and Rank

SPECIAL TRAINING AND/OR LANGUAGES SPOKEN

Please list any special training or skills you may have to assist you if employed by Orion Security

Do you have experience using a Smartphone?

Yes _____



Schedule Availability Form

In the boxes below, please indicate when you are available to work. If you can work partial hours, please indicate as such. If you can work Any Day/Any Hours, check the box below. Please understand, most security work is nights and weekends.

TIME	SUN	MON	TUES	WED	THURS	FRI	SAT
0000-0200							
0200-0400							
0400-0600							
0600-0800							
0800-1000							
1000-1200							
1200-1400							
1400-1600							
1600-1800							
1800-2000							
2000-2200							
2200-0000							

Any Day / Any Shift Yes No

Are you looking for Full Time or Part Time Work?

Full Time: Part Time:

If a Full Time position is not available, would you be prepared to accept Part Time?

No Yes How many hours do you hope to work each week?

Please read carefully before signing.

Orion Security is an equal opportunity employer. Orion Security does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service (For any applicable states, or based upon sexual orientation, gender identity and or gender expression).

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Orion Security to hire me. If I am hired, I understand that either Orion Security or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Orion Security has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Orion Security true and complete information on this application. No requested information has been concealed. I authorize Orion Security to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature

Date