

A.D.A. SECURITY, INC.

P.O. BOX 1300
ADRIAN, MI 49221-7300
OFFICE: (517)265-7488
FAX: (517)263-1246



Employment Application

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City	Reside in [] City Limits	State	ZIP
Phone		E-mail/Cell Phone	
Date of Birth	Social Security No.	Drivers License #	
Position Applied for:		Desired Salary	
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you 18 years old or older? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever been convicted of a crime? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain	
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain	

Date Available:

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three personal references NOT FAMILY MEMBERS</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company				Phone ()	
Address				Supervisor	
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone ()	
Address				Supervisor	
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone ()	
Address				Supervisor	
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

MILITARY SERVICE

Branch		From		To	
Rank at Discharge				Type of Discharge	
If other than honorable, explain					

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

My typed name below shall have the same force and effect as my written signature.

Signature	Date
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PLEASE INCLUDE RESUME