

Please Print Clearly

**APPLICATION FOR EMPLOYMENT**

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

**CMMC Security is an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.**

**THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR EMPLOYEE MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.**

Name \_\_\_\_\_ Position Applied For \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Alternate/Cell Phone Number ( ) \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long have you lived there? \_\_\_\_ Years \_\_\_\_ Months Email Address \_\_\_\_\_

Desired Hourly Pay Rate \_\_\_\_\_ Previous Security Experience \_\_\_\_\_

What type of employment is desired? Full Time \_\_\_\_ Part Time \_\_\_\_ (If PT, please specify hours)

Which shifts are you willing to work? \_\_\_\_ 6AM-2PM \_\_\_\_ 2PM-10PM \_\_\_\_ 10PM-6AM

Are you willing to work overtime? Yes \_\_\_\_ No \_\_\_\_ Date on which you can start work if hired \_\_\_\_\_

Have you previously applied for work with this Company? Yes \_\_\_\_ No \_\_\_\_ If yes, provide date(s) \_\_\_\_\_

Have you ever been employed by this Company? Yes \_\_\_\_ No \_\_\_\_ If yes, provide dates of employment, location, and reason for separation from employment \_\_\_\_\_

Education	School Name and Location (Address, City, State)	Course of Study	Graduate? Y or N	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech./Trade or Post College					

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

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**WORK EXPERIENCE**

Please list the names of your present and/or previous employers in order, starting with your present or most recent employer listed first. Provide information for at least the most recent three (3) year period. You may include any verifiable work performed or volunteer work.

**Employer Name** \_\_\_\_\_

Address \_\_\_\_\_ Type of Business \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Wages Start \_\_\_\_\_ Final \_\_\_\_\_

May we contact? Yes\_\_\_\_ No\_\_\_\_ If No, why not? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

How much notice did you give when resigning? If none, explain. \_\_\_\_\_

**Employer Name** \_\_\_\_\_

Address \_\_\_\_\_ Type of Business \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Wages Start \_\_\_\_\_ Final \_\_\_\_\_

May we contact? Yes\_\_\_\_ No\_\_\_\_ If No, why not? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

How much notice did you give when resigning? If none, explain. \_\_\_\_\_

Have you ever been injured on the job? Yes\_\_\_\_ No\_\_\_\_

Have you ever been terminated or asked to resign from a job? Yes\_\_\_\_ No\_\_\_\_

Has your employment ever been terminated by mutual agreement? Yes\_\_\_\_ No\_\_\_\_

Have you ever been given the choice to resign rather than be terminated? Yes\_\_\_\_ No\_\_\_\_

If you answered Yes to any of the previous four questions, please explain the circumstances of each occasion.

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## REFERENCES

Please list the names of **personal** references (**not previous employers or relatives**) we may contact.

Please list the names of additional **work-related** references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

WORK RELATED - NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e., supervisor, co-worker)	TELEPHONE
PERSONAL - NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN

## APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company has a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

**THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE AUTHORIZED COMPANY OFFICIAL.**

**IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL. I ALSO UNDERSTAND THAT THE EMPLOYER MAY OFFER CONDITIONAL OR TEMPORARY EMPLOYMENT CONTINGENT UPON MY SUCCESSFUL COMPLETION OF CRITICAL JOB ASPECTS, INCLUDING BUT NOT LIMITED TO: JOB ORIENTATION, SUCCESSFUL COMPLETION OF CLASSROOM AND PRACTICE TRAINING, ON THE JOB TRAINING, PASSING PRE-EMPLOYMENT DRUG SCREENING, SLED REGISTRATION REQUIREMENTS, AND MEETING THE PHYSICAL REQUIREMENTS OUTLINED IN THE JOB DESCRIPTION.**

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States, and that they are required to perform an EVerify to verify and receive approval for my application to work.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST**  
**I have read and understand the above statement.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_