



SecuriTrust

Security Services, LLC

"Security You Can Believe In!"

1741 Dakota Avenue South, #172
 Huron, SD 57350-2247
 Office: 605-499-2148
 Toll Free: 1-888-206-3587
 Fax: 605-204-5776

APPLICATION FOR EMPLOYMENT

Welcome To SecuriTrust Security Services, LLC

PLEASE READ THE FOLLOWING CAREFULLY:

Thank you for your interest in joining our team. Our officers make us successful and the employment process is an important aspect of building our team. Please complete this form as follows:

1. Application for Employment Form
2. Release of Employment Records Form
3. Please PRINT all information, so it may be read easily. Be certain that each section is completely filled out. Incomplete applications will not be considered. Only one application per property/work site location, will be accepted and you may select one or more positions within the same application.
4. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you.
5. As part of this application, a job description containing the essential functions of the job is available for review. If it has not been supplied to you, it is your responsibility to ask for one.
6. We will keep your application on file for ninety (90) days. Should an appropriate opening occur, your application will be reviewed along with others. If you are among the most qualified applicants for the position, an interview will be arranged. It is not necessary for you to contact this office regarding any job openings after you have completed your application. Please notify us in writing if your address or telephone number should change.
7. Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, work experience and other factors which are relevant in determining job performance. Credentials and experience will be verified through schools, former associates and licensing/certification agencies, if applicable. As an Equal Opportunity Employer, decisions to hire and promote are made without regard to race, religion, national origin, age, disability, sex, sexual orientation, or any other classification as proscribed by federal, state, and local laws.

PERSONAL INFORMATION			
Full Name: (Last, First, Middle, Suffix)			
Address Street	City	State	Zip
Telephone Number: (Including Area Code)		Cellular Phone Number: (Including Area Code)	
Social Security Number:		Email Address:	

ADDITIONAL INFORMATION

Position Desired:	How were you referred to us?
Salary/Wage Desired:	Site Location Desired:
Have you previously filed an application with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give date:	Have you previously been employed by this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give date:
Do you have the legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give date: (Note: If no, you may be required to provide appropriate document(s) for completion of the I-9 Form at the time of employment.)	
Are you 18 years old, or older? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give date: (Note: If no, you may be required to furnish proof of exemption of partial waiver as detailed by your State Child Labor Laws.)	
Please list any relatives or friends who are employed at this work site and their relationship to you:	
Please describe your reasons for seeking this position:	
Have you ever been terminated or forced to resign from an employment? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please explain the circumstances surrounding your termination.	
Date available to work:	Will you work overtime if asked? <input type="checkbox"/> YES <input type="checkbox"/> NO
Type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	Shift desired: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night
Days you are available to work: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
Have you ever been convicted of a felony/misdemeanor or pleaded no contest to a felony/misdemeanor, or pleaded guilty to a felony/misdemeanor, or been found guilty of a felony/misdemeanor? (Include any and all instances of these foregoing even if adjudication was withheld.) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please briefly describe the circumstances of your conviction, indicating the date, nature and place of offense and description of the case. <i>A felony conviction record will not necessarily bar you from employment.</i>	

EDUCATION / SKILLS				
TYPE OF SCHOOL	NAME, STREET, CITY, STATE, ZIP FOR EACH SCHOOL	NO. of YEARS ATTENDED:	DID YOU GRADUATE? DEGREE OBTAINED:	MAJOR COURSE OF STUDY:
High School				
College				
Graduate School				
Trade, Business or Correspondence				

Additional Skills and Qualifications: Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

Other Languages: (read, written, and spoken) _____

MILITARY SERVICE		
Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service:	Years Served (From/To)
Overseas Service (Location{s})	Type of Discharge	

EMPLOYMENT EXPERIENCE:

Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	May we contact your current employer for a reference check? <input type="checkbox"/> YES <input type="checkbox"/> NO
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LIST YOUR LAST FOUR PREVIOUS EMPLOYERS (most recent first): Account for all time periods including unemployment, and military service. This section must be completed in full in addition to any attached resume.

EMPLOYER:	DATE EMPLOYED: FROM: TO:	SUPERVISOR:
ADDRESS: (street, city, state, zip)		
TELEPHONE:	WAGES/SALARY STARTING: \$ FINAL: \$	POSITION:
REASON FOR LEAVING:		

EMPLOYER:	DATE EMPLOYED: FROM: TO:	SUPERVISOR:
ADDRESS: (street, city, state, zip)		
TELEPHONE:	WAGES/SALARY STARTING: \$ FINAL: \$	POSITION:
REASON FOR LEAVING:		

EMPLOYER:	DATE EMPLOYED: FROM: TO:	SUPERVISOR:
ADDRESS: (street, city, state, zip)		
TELEPHONE:	WAGES/SALARY STARTING: \$ FINAL: \$	POSITION:
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EMPLOYER:	DATE EMPLOYED: FROM: TO:	SUPERVISOR:
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TELEPHONE:	WAGES/SALARY STARTING: \$ FINAL: \$	POSITION:
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Please provide an explanation for any lapse of employment: _____

