

APPLICATION FOR EMPLOYMENT

Today's Date: _____

Position Applying For: _____

FULL NAME:	Social Security Number:	Home Telephone: () ALT Telephone: ()
Street Address:	City, State:	Zip Code:
Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you over 18 years of Age? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, what is your age:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married

EDUCATION

Name and Location Of School	Course of Study	Years Completed	Did You Graduate?	Degree or Diploma
COLLEGE:				
HIGH SCHOOL:				
ELEMENTARY:				
OTHER:				

MEMBERSHIP IN PROFESSIONAL/CIVIC ORGANIZATIONS (Exclude those which may disclose your race, color, religion or national origin)

MILITARY - Complete this section only if you have served in the United States Armed Forces

Describe your duties and any special training.	Branch of Service:
	Period of Activity (Mo/Yr): From: To:
	Rank at Discharge:
	Date of Discharge:

EMPLOYMENT HISTORY (Attach a current resume if available)

1. Company Name:	Phone:
	Fax:
Address:	Dates of Employment (Mo/Yr): From: To:
Position Held:	Name of Supervisor:
	Reason for Leaving:
Describe your job responsibilities:	Weekly Pay: Start: Finish:
2. Company Name:	Phone:
	Fax:
Address:	Dates of Employment (Mo/Yr): From: To:

Position Held:	Name of Supervisor:	Reason for Leaving:
Describe your job responsibilities:		Weekly Pay: Start: Finish:
3. Company Name:		Phone:
Address:		Fax:
		Dates of Employment (Mo/Yr): From: To:
Position Held:	Name of Supervisor:	Reason for Leaving:
Describe your job responsibilities:		Weekly Pay: Start: Finish:
4. Company Name:		Phone:
Address:		Fax:
		Dates of Employment (Mo/Yr): From: To:
Position Held:	Name of Supervisor:	Reason for Leaving:
Describe your job responsibilities:		Weekly Pay: Start: Finish:

REFERENCES

Please provide 2 employment references:	Name of Company, Address	Telephone Number
1. Name:		
2. Name:		
Please provide 2 personal references (other than relatives):	Address, Relationship to Applicant	Telephone Number
1. Name:		
2. Name:		

ADDITIONAL INFORMATION

1. Have you ever been bonded? If YES, with what employer?	Yes No
2. Have you ever been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been dismissed, expunged or sealed by a court? If YES, describe in details in full:	Yes No
3. Have you ever received Workman's Compensation or Disability Income Payments? If YES, describe details in full:	Yes No
4. Do you have any physical limitations which preclude you from performing certain jobs? If YES, please describe in full:	Yes No

APPLICANT'S SIGNATURE

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of facts on this Application shall be considered cause for termination of employment. I authorize United States Bullet Proofing, Inc., and its agents, to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends and acquaintances. I understand I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any such investigation.

APPLICANT'S SIGNATURE: _____ DATE: _____