

# EMPLOYMENT APPLICATION



BLUE KNIGHT SECURITY, INC.  
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YORK, NE 68467 PH 402-362-1111

EQUAL ACCESS TO PROGRAMS, SERVICES, AND EMPLOYMENT IS AVAILABLE TO ALL PERSONS. THOSE APPLICANTS REQUIRING REASONABLE ACCOMMODATION TO THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY A REPRESENTATIVE OF THE HUMAN RESOURCES DEPARTMENT.

POSITION(S) APPLIED FOR: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_  
          LAST                                      FIRST                                      MIDDLE

ADDRESS: \_\_\_\_\_  
                          STREET                                      CITY                                      STATE                                      ZIP

PHONE: \_\_\_\_\_ HOME/MOBILE? ALTERNATE PHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

ARE YOU 18 YEARS OR OLDER? YES NO

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? YES NO

DATE AVAILABLE FOR WORK \_\_\_\_\_

ARE YOU ABLE TO MEET THE ATTENDANCE REQUIREMENTS OF THE POSITION? YES NO

EMPLOYMENT AVAILABILITY: FULL TIME PART TIME BOTH

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
(CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT, EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.)

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

**EMPLOYMENT HISTORY**

DATES EMPLOYED: _____	EMPLOYER: _____ PH# _____
JOB TITLE: _____	ADDRESS: _____
SUPERVISOR NAME: _____	JOB DUTIES: _____
RASON FOR LEAVING: _____	PAY RATE: _____ PER HR
DATES EMPLOYED: _____	EMPLOYER: _____ PH# _____
JOB TITLE: _____	ADDRESS: _____
SUPERVISOR NAME: _____	JOB DUTIES: _____
RASON FOR LEAVING: _____	PAY RATE: _____ PER HR
DATES EMPLOYED: _____	EMPLOYER: _____ PH# _____
JOB TITLE: _____	ADDRESS: _____
SUPERVISOR NAME: _____	JOB DUTIES: _____
RASON FOR LEAVING: _____	PAY RATE: _____ PER HR

**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.

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## EDUCATIONAL BACKGROUND

NAME OF HIGH SCHOOL: \_\_\_\_\_ YEARS COMPLETED \_\_\_\_\_ GRADUATE? Y N  
NAME OF COLLEGE: \_\_\_\_\_ YEARS COMPLETED \_\_\_\_\_ GRADUATE? Y N  
OTHER: \_\_\_\_\_

## REFERENCES

NAME: \_\_\_\_\_ PH # \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
NAME: \_\_\_\_\_ PH # \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
NAME: \_\_\_\_\_ PH # \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
NAME: \_\_\_\_\_ PH # \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

I UNDERSTAND THAT IF I AM EMPLOYED, AND MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE. WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING, AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL PROVIDE A PRE-EMPLOYMENT DRUG SCREENING AND AUTHORIZE A CRIMINAL HISTORY CHECK.

SIGNATURE OF APPLICANT

DATE