

PRE-EMPLOYMENT APPLICATION / MINUTEMAN SECURITY AGENCY  
The civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion or national origin,  
Public Law 90-202 prohibits discrimination because of age.

PERSONAL INFORMATION  
NAME

Date \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_

Last First Middle Age Sex

PRESENT ADDRESS

Street City State Zip

HOME PHONE NO. ( ) --- CELL PHONE NO. ( ) --

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair color \_\_\_\_\_ Eye color \_\_\_\_\_

Married  Single  Widowed  Divorce  Separated

NUMBER OF CHILDREN \_\_\_\_\_ Dependents other than CHILDREN \_\_\_\_\_ U.S. Citizen  Yes  No

REFERRED BY: \_\_\_\_\_ If related to anyone in our employ, state name and department : \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

\*\*\*\*\*  
EMPLOYMENT DESIRED

POSITION Date Can Start Salary Desired

ARE YOU EMPLOYED NOW? If So May We Inquire of Your Present Employer

EVER APPLIED TO THIS COMPANY BEFORE?  Yes  No Where \_\_\_\_\_ When \_\_\_\_\_

EDUCATION Name and Location of School Years Attended Date Graduated Subject

GRAMMAR SCHOOL

HIGH SCHOOL

COLLEGE

TRADE, BUSINESS OR  
CORRESPONDENCE SCHOOL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? Read Write

MILITARY SERVICE / Rank \_\_\_\_\_ Retired? ?  Yes  No Present Membership in National Guard or Reserves?  Yes  No

Class "D" Security License No: \_\_\_\_\_ Yes: \_\_\_\_\_ (if yes) license # \_\_\_\_\_ Date of expiration : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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**List last four employers starting with the most recent**

Month & Year	Name & Adress of Employer	Salary	Position	Reason for leaving
From /				
To /				
From /				
To /				
From /				
To /				
From /				
To /				

**References: Give the names of three persons not related to you, whom you have known at least one year.**

	Name	Address	Business	years aquainted
1				
2				
3				

**Additional Information:** \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*\*\*  
 I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment or my wages and salary, be terminated at any time without prior notice. Furthermore, I understand that if I resign or quit without a minimum of 1-week notice, my rate of pay will be minimum wage.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Remarks: \_\_\_\_\_

Neatness                      Character                      Personality                      Ability

Approved                      Position                      Salary/Wages                      Department Head

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