



# Employment Application

**YOUR NAME:**

\_\_\_\_\_  
*Last* *First* *Middle*

**YOUR PHONE:**

\_\_\_\_\_

**SOCIAL SECURITY NUMBER:**

\_\_\_\_\_

**EMERGENCY PHONE:**

\_\_\_\_\_

**DATE OF BIRTH:**

\_\_\_\_\_

**ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.?**

Yes  No

**E-MAIL:**

\_\_\_\_\_

**Are you able to perform the essential functions of the position with or without accommodations?**

Yes  No

**Have you ever applied here before?**

Yes  No

**CURRENT ADDRESS:**

**When?** \_\_\_\_/\_\_\_\_/\_\_\_\_

**GENDER:** \_\_\_\_ FEMALE \_\_\_\_ MALE

**MILITARY SERVICE:**

Yes  No

**Duty/Specialized Training:**

\_\_\_\_\_

**Tennessee Security License Number and Expiration:**

\_\_\_\_\_

**EMPLOYMENT:** List the last employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary (following this section), or use an extra sheet of paper if necessary.

Employer Name and Address	Position Title/Duties Skills	Dates Employed
		From _____ To _____
		Reason for leaving _____
	Supervisor's Name: _____ Telephone: _____	

Employer Name and Address	Position Title/Duties Skills	Dates Employed
		From _____ To _____
		Reason for leaving _____
	Supervisor's Name: _____ Telephone: _____	

\_\_\_\_\_ I understand that as a Part-Time employee for IGC Protection Inc. Health Insurance, Vacation, Sick Time, and Retirement benefits are not provided.

\_\_\_\_\_ I certify that all answers given herein are true and complete to the best of my knowledge.

\_\_\_\_\_ I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

\_\_\_\_\_ In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach the following information with this form (Photocopy of Driver's License and Hand Gun Permit, Department ID, Security License)**

**For Office Use Only**

**Name:** \_\_\_\_\_

**Application received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

• **Checked References:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** **Dated Checked:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• **Checked References :** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** **Dated Checked** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Completed by:** \_\_\_\_\_

**Employee Start Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Employee ID:** \_\_\_\_\_

**Job title:** \_\_\_\_\_

**Salary:** **Hourly \$** \_\_\_\_\_ **/ hour**

**Drive Time \$** \_\_\_\_\_ **/hour**