

GRIFFITH'S, INC.

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION

Date _____ Social Security Number _____

Name _____
Last First Middle

Residence Address _____
Street City State Zip

Mailing Address _____
(if different from above)

Phone (____) _____ HOME OTHER: _____ Best Time to Call _____

If at above address less than 48 months, indicate previous: _____

How did you hear about us? Newspaper ESC Other _____

Are you 18 years of age or older? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, explain: _____

If hired, can you provide documentation that you are legally authorized to work in the U.S.? Yes No

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary Desired _____

Are you employed now? Yes No If so may we inquire of your present employer? Yes No

What type of employment are you interested in? Full-time Part-time
Shift Preference: First Second Third Any

If part-time, when would you be available for work? _____

Ever applied to this company before? Yes No If yes, when? _____

Ever employed by this or any other company as a Security Officer? Yes No If yes, when & Where? _____

Are you currently registered as a Security Officer with any State? Yes No If yes, State: _____ armed unarmed

Have you ever had registration as a Security Officer denied or revoked by any State? Yes No

If yes, what State? _____ Reason: _____

EMPLOYMENT HISTORY (starting with your present or most recent employer)

Company Name	Phone	
	()	
Address	City	State
Supervisor's Name	Department	
Employed from (month & year) until (month & year)	Starting Pay	Ending Pay
Job Title & Duties		
Reason For Leaving		
Company Name	Phone	
	()	
Address	City	State
Supervisor's Name	Department	
Employed from (month & year) until (month & year)	Starting Pay	Ending Pay
Job Title & Duties		
Reason For Leaving		
Company Name	Phone	
	()	
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Job Title & Duties		
Reason For Leaving		

REFERENCES List below three persons, not related to you, whom you have known for at least one year.

	NAME	ADDRESS	PHONE	POSITION HELD
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 G.E.D. 13 14 15 16 17

List name and location of schools

Elementary: _____

High School: _____

College: _____

Trade, Business or Correspondence School: _____

GENERAL

List any subjects of special study or skills you think might be of benefit in the position you are applying for; as well as any comments you wish to make.

- DO NOT WRITE BELOW THIS LINE - TURN TO BACK PAGE TO COMPLETE APPLICATION -

OFFICE USE ONLY:

Griffith's, Inc. is an equal opportunity employer and selects the best matched individual for the job based upon job related qualifications regardless of race, color, creed, sex, national origin, age, handicap or other protected groups under state, federal, or local Equal Opportunity Laws.

Applicant understands and agrees that:

Material misrepresentation or deliberate omission of any fact in my application for employment shall be grounds for refusal of, or termination from employment.

Griffith's, Inc. may make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize any such investigation and the giving and receiving of information requested by Griffith's, Inc. I release from liability any person giving or receiving such information.

The licensing authority in the state of my application may make additional investigations with any employment contingent on said authority's authorization.

Any employment with Griffith's, Inc. may be terminated at any time without liability for wages and salary except such as may have been earned at the date of such termination. If requested by the management, at any time, I agree to submit to: search of my person or of any locker that may be assigned me, any of various forms of personal testing, including biological, as may be requested to determine performance impairment or ability. I hereby waive all claims for damages on account of any such examination(s). Further, I authorize any physician or hospital to release any information which may be deemed necessary to determine my ability to perform/continue to perform the duties of any job I may be offered/assigned, prior to or during any employment with Griffith's, Inc.

While management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, rotating work schedules, or work schedules other than Monday through Friday. I understand and accept these as conditions of any employment or continuing employment that may be offered.

I further understand that this is an application for employment and that no employment contract is being offered or implied.

I understand that if I am employed, such employment is an indefinite period of time and that Griffith's, Inc. can change wages, benefits, and conditions at any time.

I certify that I have read and understand the above.

Date: _____ Signature: _____