



"MASTER LIGHTNING SECURITY SOLUTIONS" Application for Employment
(An Equal Opportunity Employer)

Date: _____

Name: _____
Last First Middle

Email Address: _____

SS Number: _____ Male Female

Driver's License: _____ Expiration Date: _____

Date of birth: ____/____/____ Place of birth _____

Height: _____ Weight: _____ Color Hair: _____ Color Eyes: _____

Present Address: _____
Street City State Zip

Phone: _____ Cellular: _____ Own Transportation Yes No

Can you legally work in the United States Yes No / Uniform Size: Pants _____ Shirt _____

Are you 18 years or older? Yes No / Languages: English Spanish Others

EMPLOYMENT INFORMATION

Are you interested in: Full Time Part Time Temporary Temporary On call others

Date available for work _____ what hours are you available to work? _____

Days you would be available to work

Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday

LICENSES

G – Unarmed # _____ Expiration Date: _____



Have you ever been dismissed or requested to resign from a position? Yes No

If so, explain: _____

Can you lift 55lbs? _____

Have you ever been hurt in a previous employment, if so please explain?

EMPLOYMENT HISTORY:

****Please fill out all employment history do not leave blank****

Present / Last Employer (Company's name) _____

Telephone _____ Supervisor's Name _____

Address: _____

Dates Employed: From _____ To: _____ Position Title _____

Base Salary or Wage: _____ Date of last increase _____
Start Current

Summary of duties: _____

Reason for leaving: _____

First Previous Employer (Company's name) _____

Telephone _____ Supervisor's Name _____

Address: _____

Dates Employed: From _____ To: _____ Position Title _____

Base Salary or Wage: _____ Date of last increase _____
Start Current

Summary of duties: _____

Reason for leaving: _____



Second Previous Employer (Company's name) _____

Telephone _____ Supervisor's Name _____

Address: _____

Dates Employed: From _____ To: _____ Position Title _____

Base Salary or Wage: _____ Date of last increase _____
Start Current

Summary of duties: _____

Reason for leaving: _____

Please Make Sure to Give Management a Copy of Social Security Card,
Driver License, Guard Card, and Passport or Birth Certificate.

For Office Use Only

Badge Number: _____

Expiration Date: _____

Shield Number: _____