



Employment Application

FAX: 954.571.9480

Personal Information

D.O.B. _____

Date _____

Name (Last Name First):		SSN:	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No.	Referred By		
Driver's Lic. #	Exp. Date		
Class D Lic. Yes No	If Yes, Lic. #	Exp. Date	

Employment Desired

Position	Date Available	Salary Desired
Are You Employed? Yes No	If so, May we contact present employer? Yes No	
Ever applied here before? Yes No	If Yes, When?	

Employment History (List below last three employers, starting with last one first)

Date (month & year)	Name & Address	Salary	Position	Reason For Leaving
From: To:				
From: To:				
From: To:				



Education History

Name & Location of School		Years Attended	Did You Graduate?	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				

General Information

Subjects of special study/research work or special training/skills	
U.S. Armed Forces	Rank

References

Name	Address	Business	Years Known



Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements shall be grounds for dismissal.

I authorize investigation of all statements, by Platinum Group Security Inc., contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Platinum Group Security Inc. from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Platinum Group Security Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability- related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature _____ Date _____

-----Do Not Write Below This Line-----

Comments

Neatness	Character
Personality	Ability