TBL Security Services

Application For Employment

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name

D.O.B:

SSN:

Address	City	State	Zip

Phone number	Email address

Driver's License number	State	If selected for employment are you willing to submit to a background check?
		Yes ☐ No ☐

Are you legally eligible to work in the US?	Are you a veteran?
Yes ☐ No ☐	Yes ☐ No ☐

Position

Position you are applying for	Available start date	Desired pay

Employment desired

Full time ☐ Part time ☐ Seasonal/Temporary ☐

Education

School name	Location	Years attended	Degree received	Major

Do you have a high school diploma or equivalent? Yes ☐ No ☐

References (business and professional only)

Name	Title	Company	Phone

Employment History

Employer (1)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (2)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (3)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (4)	Job Title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (5)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name (please print)	Signature
Date	



○ Check here if electronically signed by applicant.

PRE-EMPLOYMENT EMPLOYMENT QUESTIONNAIRE

Applicant Name: _____ **Date:**_____

1. Are you currently under a doctor's care? ☐ Yes ☐ No
2. Are you currently on workers 'compensation? ☐ Yes ☐ No
3. Are you currently on disability? ☐ Yes ☐ No
4. Do you have any disabilities that would prevent you from standing for long periods of time? ☐ Yes ☐ No
5. Do you have any disabilities that would prevent you from walking long distances? ☐ Yes ☐ No
6. Have you ever been convicted of a felony or have pending cases? ☐ Yes ☐ No
   If so, when, where, and for what?

   _____

   _____

   _____

7. Have you ever been convicted of any domestic violence crimes or pending Cases? ☐ Yes ☐ No
   If so, when, where?

   _____

   _____

   _____

8. Do you have any physical conditions that would prevent you from carrying a firearm? ☐ Yes ☐ No

9. Do you have a valid driver's license? ☐ Yes ☐ No
   If no, why?

   _____

   _____

   _____

10. Do you currently possess a legal marijuana card issued by a physician? ☐ Yes ☐ No
    If yes, a copy of the card will be placed into the employee folder.

11. Do you currently possess a valid MS Armed Guard card? ☐ Yes ☐ No
    If yes, when does it expire? _____

12. Can you lift and/or carry weight greater than 30 pounds? ☐ Yes ☐ No

13. Can you climb a ladder? ☐ Yes ☐ No

14. Can you traverse stairs? ☐ Yes ☐ No

15. Do you ingest over the counter products not prescribed by a licensed physician, that contain CBD or THC? ☐ Yes ☐ No

I, _____ affirm that all the questions above were truthfully answered to the best of my knowledge. I acknowledge that any question that were intentionally answered falsely will nullify any and all agreements made between the applicant and TBL Security Services.



Applicant Signature: _____ **Date:**_____

☐ Check here if electronically signed by applicant.

BACKGROUND CHECK CONSENT FORM

Applicant's Legal Name (printed)

(first) _____ (middle) _____ (last) _____

Social Security Number _____ Date of Birth _____

Applicant's Address _____

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above-named organization to obtain information regarding myself. This includes the following:

- Local Criminal background records/information
- National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above-named organization with my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my employment with this organization.

Print Name: _____ **Date:**_____

SIGN HERE

Signature: _____

☐ Check here if electronically signed by applicant.

Submit a copy of your Driver's License, Social Security Card, and any other credentials this form.
(Current Law Enforcement Credentials, Armed Guard Card, Concealed Carry Permit , DD-214, other Credentials)





Submit a copy of your Diploma or Degree