



TBL Security Services

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.

Application For Employment

Personal Information

Name D.O.B: SSN:

Address City State Zip

Phone number Email address

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

Are you a veteran?
Yes No

If selected for employment are you willing to submit to a background check?
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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

References (business and professional only)

Name	Title	Company	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment History

Employer (1) <input type="text"/>	Job title <input type="text"/>		Dates employed <input type="text"/>
Work phone <input type="text"/>	Starting pay rate <input type="text"/>		Ending pay rate <input type="text"/>
Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
Employer (2) <input type="text"/>	Job title <input type="text"/>		Dates employed <input type="text"/>
Work phone <input type="text"/>	Starting pay rate <input type="text"/>		Ending pay rate <input type="text"/>
Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
Employer (3) <input type="text"/>	Job title <input type="text"/>		Dates employed <input type="text"/>
Work phone <input type="text"/>	Starting pay rate <input type="text"/>		Ending pay rate <input type="text"/>
Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
Employer (4) <input type="text"/>	Job Title <input type="text"/>		Dates employed <input type="text"/>
Work phone <input type="text"/>	Starting pay rate <input type="text"/>		Ending pay rate <input type="text"/>
Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
Employer (5) <input type="text"/>	Job title <input type="text"/>		Dates employed <input type="text"/>
Work phone <input type="text"/>	Starting pay rate <input type="text"/>		Ending pay rate <input type="text"/>
Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>

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) <input type="text"/>	Signature <input type="text"/>
Date <input type="text"/>	

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? Yes No
If so, when, where, and for what?

7. Have you ever been convicted of any domestic violence crimes? 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 concealed carry permit? 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:** _____

Signature: _____

Check here if electronically signed by applicant.

Submit a copy of your Driver's License, Social Security Card, and Current Law Enforcement Credentials with this form.