



REEVES' SECURITY, INVESTIGATIONS & SERVICES

Mailing Address: P.O. Box 115, Sayre, PA 18840

Office: 413 S. Main Street, Athens, PA 18810

Phone/Fax: 57-888-2094

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION	DATE APPLIED _____
NAME: Last: _____ First _____ M.I. _____	
SOCIAL SECURITY # _____ MARITAL STATUS _____	
PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP _____	
HOME PHONE # _____ CELL PHONE # _____	
Are you over 18 years old? _____ Have you ever been convicted of a crime? _____	
If yes, give details _____	

EMPLOYMENT DESIRED

POSITION _____ FULL _____ PART-TIME _____ PER DIEM _____ SUMMER ONLY _____

DAYS _____ EVENINGS _____ NIGHTS _____ DOES NOT MATTER _____

(For part-time, per diem and summer) How many hours per week? _____ DATE YOU CAN START _____
What days and hours are you available?

SUN _____ MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____

Are you currently employed? _____ Current position/title? _____ How Long? _____

EMPLOYER'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ EXT _____ SUPERVISOR _____

May we contact your present employer? _____ Reason for seeking employment? _____

EDUCATION

Name of school/address	Years attended	Did you graduate?	Degree
------------------------	----------------	-------------------	--------

HIGH SCHOOL

_____	_____	_____	_____
_____	_____	_____	_____

COLLEGE/TECH SCHOOL

_____	_____	_____	_____
_____	_____	_____	_____

ANY SPECIAL TRAINING RECEIVED _____

Have you ever received CPR or First Aid training? _____ If yes, do you have a certificate? _____

FORMER EMPLOYERS (List the last three employers beginning with the last one first)

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE # _____ EXT _____
POSITION _____ FROM _____ TO _____
REASON FOR LEAVING _____

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE # _____ EXT _____
POSITION _____ FROM _____ TO _____
REASON FOR LEAVING _____

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE # _____ EXT _____
POSITION _____ FROM _____ TO _____
REASON FOR LEAVING _____

PERSONAL REFERENCES (give names of three persons not related to you)

NAME	ADDRESS	PHONE #	YEARS KNOWN
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

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 on this application shall be grounds for dismissal. I authorize investigation of all statements 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 the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into 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. I also understand and agree that if hired, or considered for employment, I will be subject to a full criminal investigation and may be required to submit to a drug/alcohol screening. I give permission to the company to obtain said information.”

“I have read the above and do understand and agree to all it’s conditions”

DATE _____ SIGNATURE _____