



PUBLIC SAFETY SERVICES, INC.
 9501 W. Devon Ave. Suite #501
 Rosemont, Illinois 60018
 (847) 698-2888 - Office (847) 698-2894 - Fax

Date: _____

APPLICATION FOR EMPLOYMENT

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, handicap or disability or veteran status.

PERSONAL BACKGROUND

Name: _____ Social Security Number: _____
 Last First Middle

Present Address: _____
 Street City/Town State Zip Code

Phone No. (____) _____ Referred By: _____

Position Applying For: _____ Date you can start: _____ Salary Desired: _____

Are you employed? _____ If so, may we inquire of your present employer? _____

Ever applied to this company before? _____ Where? _____ When? _____

Are you willing to work overtime? YES No

If driving is a requirement of this job for which you are applying, do you have a current, valid Driver's License? Yes No
Continued employment is contingent on your maintaining a current driver's license.

Are you able, at the time of employment, to submit verification of your legal work in the U.S.? Yes No
Verification and completion of the I-9 form must be submitted no later than three business days after date of hire.

Have you ever been convicted of a felony or crime that is related to the functions or qualifications of the position for which you are applying? Yes No
(A conviction record will not necessarily be a bar to employment).

If so, please describe fully the criminal convictions(s) listing the nature of the offense(s) and your rehabilitation since the conviction(s): _____

EDUCATIONAL BACKGROUND

	Name and Location of Schools	Highest Grade Completed	Major Area of Study
HIGH SCHOOL		9 10 11 12/GED	
COLLEGE			
TRADE SCHOOL, ETC.			

Specialized technical skills (i.e. computer programmer/language, equipment operation, special tools or machines used)

WORK EXPERIENCE

(List below last four employers, starting with your present or last place of employment.)

Date From/To	Name and Address of Employer	Salary	Position	Name of Supervisor	Reason for Leaving

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name and Occupation	Address	Telephone Number	Years Known
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APPLICANT'S STATEMENT

By signing this application, I understand that if hired by the company, I will be an employee at will. This means my employment with the company may be terminated at any time at the option of the company or me. I also understand that neither this application nor any communication by a management representative is intended to create or does in fact create a contract of employment.

I agree to conform to the rules and regulations of the company, and I understand that the company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at will.

The above information is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on my part of the facts in this application may result in immediate dismissal.

I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

APPLICANTS SIGNATURE _____

DATE _____