

Iris Protection Services, Inc.

10566 Knott Ave., Stanton, CA 90630

Phone: (310) 766-5927

Email: info@irisprotectionservices.com

Employment Application Form

PERSONAL INFORMATION

- **Full Name:** _____
 - **Address:** _____
 - **City/State/Zip Code:** _____
 - **Phone Number:** _____
 - **Email Address:** _____
 - **Date of Birth:** _____
 - **Social Security Number:** _____
 - **Are you legally eligible to work in the United States?**
 Yes No
 - **Have you ever been convicted of a felony?**
 Yes No
(If yes, please explain): _____
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POSITION APPLIED FOR

- **Position:** Security Guard Other: _____
 - **Preferred Shift:** Day Night Swing Any
 - **Available Start Date:** _____
 - **Desired Salary/Hourly Rate:** _____
 - **Are you available for overtime?** Yes No
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EDUCATION

- **High School Name and Location:** _____
- **Years Attended:** _____
- **Did you graduate?** Yes No

- College/University Name and Location: _____
 - Degree Earned: _____
 - Other Certifications (e.g., CPR, First Aid, Security License):

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EMPLOYMENT HISTORY (Start with the most recent)

1. Employer Name: _____
Position Held: _____
Dates of Employment: _____
Supervisor's Name: _____
Phone Number: _____
Reason for Leaving: _____
 2. Employer Name: _____
Position Held: _____
Dates of Employment: _____
Supervisor's Name: _____
Phone Number: _____
Reason for Leaving: _____
 3. Employer Name: _____
Position Held: _____
Dates of Employment: _____
Supervisor's Name: _____
Phone Number: _____
Reason for Leaving: _____
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MILITARY SERVICE (if applicable)

- Branch of Service: _____
 - Dates of Service: _____
 - Rank at Discharge: _____
 - Type of Discharge: _____
 - Duties/Special Training: _____
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REFERENCES

1. Name: _____
Relationship: _____

Phone Number: _____

Email Address: _____

2. **Name:** _____

Relationship: _____

Phone Number: _____

Email Address: _____

AVAILABILITY AND WORK PREFERENCES

- **Are you willing to travel for work?** Yes No
- **Are you comfortable working in various weather conditions?** Yes No
- **Do you have a valid California Driver's License?** Yes No
- **Do you own or have access to a vehicle?** Yes No
- **Do you have a valid Guard Card?** Yes No
- **Additional certifications (e.g., firearms, baton, pepper spray):**

EMERGENCY CONTACT INFORMATION

- **Name:** _____
- **Relationship:** _____
- **Phone Number:** _____
- **Alternate Phone:** _____

APPLICANT'S CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false information or omitting relevant information may result in disqualification from employment or dismissal if employed.

Applicant's Signature: _____

Date: _____
