

InQuest Security
2233 NW 41st St. Suite 700-A
Gainesville, FL 32606

Employment Application

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Position Applied for: _____ Date of Review: _____

How were you referred to us: _____

Applicant Data:

Full name (Last, First, Middle): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile/Pager/Other: _____

Email: _____

Date Available to Start: _____

Social Security #: _____ Salary Requirement: _____

Are you a citizen of the United States? Yes: _____ No: _____

If not, are you legally allowed to work in the United States? Yes: _____ No: _____

Type of employment desired:

Full-Time: _____ Part-Time: _____ Temporary: _____ Seasonal: _____

Have you ever pled "guilty," "no contest," or been convicted of a crime? Yes: _____ No: _____

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's license number if applicable to position: _____ State: _____

Summarize Your Special Skills or Qualifications:

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Previous Employment (begin with most recent position):

Dates of Employment: From _____ to _____

Position(s) Held: _____

Firm: _____

Address: _____

Phone: _____

Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

Reason for leaving: _____

May we contact this employer as a reference? _____

Dates of Employment: From _____ to _____

Position(s) Held: _____

Firm: _____

Address: _____

Phone: _____

Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

Reason for leaving: _____

May we contact this employer as a reference? _____

Dates of Employment: From _____ to _____

Position(s) Held: _____

Firm: _____

Address: _____

Phone: _____

Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

Reason for leaving: _____

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Will you accept to work double shifts if it so requires to increase your hours?

Will you have any problems or objections to work nights?

If Yes, explain your reasons:

Do you have any physical or mental incapacity that will limit you to perform your duties?
(Answering yes will not exclude you from employment)

Please list the license that you currently hold from the State of Florida:

License type and number:

Expiration date:

License type and number:

Expiration date:

License type and number:

Expiration date:

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision.

I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

I do agree that I will be drug tested as to guarantee Drug Free Work Environment.

In the event I am unemployed, I understand that false or misleading information given in my application or interview(s) may result in discharge from unemployment compensation.

I understand that my employment is on a probation period of 6 months, in that time if I am discharged from duties that I will return **ALL** company property that is in my possession immediately upon termination as per of Florida Status 493.

If employed, I will agree to exhibit good moral behavior while wearing the company's uniform, I will respect the post orders and will follow the chain of command.

In house training for this company is unpaid training at no extra cost to you.

Signature of Applicant: _____ Date: _____