



GRANCO SECURITY

SERVICES

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY. PLEASE FILL OUT ENTIRE APPLICATION.

Dear Applicant, We certainly appreciate your interest in Granco Security Services L.L.C., and we assure you that we are interested in getting to know you. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications. We are an Equal Opportunity Employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, or the presence of a medical condition or handicap.

PERSONAL:

Name: _____ Social Security Number: _____
(Last) (First) (Middle)

E-Mail Address: _____ Facebook Page Address: _____

Telephone Number: Home: _____ Cell: _____ Other: _____

List any other name(s) you use or have used: _____ Are you over 18 years of age? YES NO

Current Address: _____
(Number) (Street) (City) (State) (Zip)

How long lived here? _____ Yrs. _____ Mos. Circle One: Own Rent Board Live with Parents

If other than own, what is your Landlord, or Property Owner's Name and Telephone Number:

List your last 3 previous addresses in descending order starting from most recent to least recent:

1. _____
2. _____
3. _____

Are you a U.S. citizen? YES NO If no, are you authorized to work in the United States? YES NO

Have you been previously employed by us? YES NO If yes, date(s) _____ Supervisor(s) _____

Have you filed an application with us before? If so, date(s): YES NO _____

List any friends or relatives working here: _____

Transportation you will use to come to work? Bus Taxi Private Auto: Year _____ Make _____ Other _____

Do you have a Valid Driver's License? YES NO State _____ License Number: _____

Has your driver's license ever been revoked or suspended? YES NO If yes, when? _____

List all traffic violations for the past 5 years:

- | | | | | |
|----|-------------------------|----------------|-------------|----------------|
| 1. | Date: _____/_____/_____ | Offense: _____ | City: _____ | Penalty: _____ |
| 2. | Date: _____/_____/_____ | Offense: _____ | City: _____ | Penalty: _____ |
| 3. | Date: _____/_____/_____ | Offense: _____ | City: _____ | Penalty: _____ |
| 4. | Date: _____/_____/_____ | Offense: _____ | City: _____ | Penalty: _____ |
| 5. | Date: _____/_____/_____ | Offense: _____ | City: _____ | Penalty: _____ |

MICHIGAN STATE LAW REQUIRES ALL SECURITY GUARDS TO BE FINGERPRINTED

Have you ever been convicted of a Felony or Misdemeanor?

YES NO If yes, list what, where, when and details of offenses: _____

EMPLOYMENT DESIRED:

Position(s) applying for: _____

Full Time or Part Time Number of hours per week you desire to work _____

Day(s) of the Week you can work? S M Tu W Th F S

Shifts you can work? Days Afternoons Midnights

Granco Security Services L.L.C. is a Drug Free Workplace. Are you willing to take a physical examination and/or drug screen? YES NO

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applying for?

List professional, trade, business, or civic activities and offices held, excluding groups that the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veterans status

State any additional information that you feel may be helpful to us in considering your Application:

Wage Desired: \$ _____

Name, address, telephone number and relation of person to be notified in the event of an accident or emergency:

PERSONAL CHARACTER REFERENCES (DO NOT include relatives or former employers):

Name	Relationship	Years Known	Address & Phone #	Best time to Call

EDUCATION:

Name & Location	Years Completed	Degree/Diploma	Courses of Study
Elementary_____			
High School_____			
College_____			
Graduate_____			
Vocational/Training_____			

EMPLOYMENT: List below all present and past employment, beginning with the MOST recent through last 5 years. (Use extra page if necessary):

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
1.	From ____/____/____		Starting:(hr/wk/yr) \$	Quit Discharge	
	To ____/____/____			Layoff Comments:	
()					

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
2.	From ____/____/____		Starting:(hr/wk/yr) \$	Quit Discharge	
	To ____/____/____			Layoff Comments:	
()					

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
3.	From ____/____/____		Starting:(hr/wk/yr) \$	Quit Discharge	
	To ____/____/____			Layoff Comments:	
()					

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
4.	From ____/____/____		Starting:(hr/wk/yr) \$	Quit Discharge	
	To ____/____/____			Layoff Comments:	
()					

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
5.	From ____/____/____		Starting:(hr/wk/yr) \$	Quit Discharge	
	To ____/____/____			Layoff Comments:	
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ADDITIONAL PERSONAL INFORMATION:

Have you ever worked or applied to a law enforcement or security agency? YES NO If yes, whom? _____

Have you ever been bonded, and if so, by whom? _____

Have you ever been refused for bonding, and if so, why? _____

Do you own a handgun? YES NO

Do you have a current, valid Michigan Concealed Pistol License? If yes, License Number: _____

MILITARY SERVICE RECORD:

Have you had any experience in the Armed Forces of the United States or in a State National Guard? YES NO

If yes, what dates of active duty: From: _____ To: _____

What Branch: _____ Rank at discharge: _____

Discharge: Honorable Dishonorable Medical General

RELEASE, AUTHORIZATION AND UNDERSTANDING:

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify all of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information and copies of any and all employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that I will not divulge to anyone other than as I may be directed by Granco Security, any information acquired by me during any employment with Granco Security.

I agree, understand and acknowledge that my employment with Granco Security is for an indefinite term and "At will" and may be terminated by Granco Security or myself at any time for any reason, with or without cause and without prior notice.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the President or Vice President of the company. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the Company as they are from time to time changed, and no representatives.

I hereby authorize the Company to deduct from each and every period of my pay; the cost of uniforms, equipment or supplies issued and entrusted to me for my use during the execution of my duties, and furthermore any amounts necessary to offset any damages caused by me for the value of the property or money entrusted to me by, or owed by me to the company during the course of my employment.

I agree that any action or suit against the Company arising out of my employment or termination of employment, including but not forever barred. I waive any limitation period to the contrary.

I further agree that if I should bring any action or claim arising out of my employment against the Company in which the Company prevails, I will pay to the Company any and all costs incurred by the firm in defense of said claims or actions, including attorney fees.

I further agree that my employment is conditional until such time as the results of my entire background investigation is completed and my pre-employment drug screen and physical (if such physical) are known.

I hereby release every person or entity which shall comply with the authorization and request made herein from any and all liability of every nature and kind.

_____/_____/_____
Print Name Signature Date

