

# JOB APPLICATION

**Peoples Security Inc.,**  
55 CR 54, Winona, Mississippi 38967  
(662) 858 - 0544

Peoples Security Inc., is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

*Please fill out all of the sections below:*

## **Applicant Information**

**Applicant Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State and Zip Code:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Date of Application:** \_\_\_\_\_

## **Employment Position**

**Position(s) applying for:** Security Guard - Armed

How did you hear about this position? \_\_\_\_\_  
What days are you available for work? \_\_\_\_\_  
On what date can you start working if you are hired? \_\_\_\_\_  
Do you have reliable transportation to and from work? \_\_\_\_\_  
Salary desired: \_\_\_\_\_

## **Personal Information**

Are you 21 years of age or older? Yes No  
Are you a U.S. citizen or approved to work in the United States? Yes No  
What document can you provide as proof of citizenship or legal status?  
\_\_\_\_\_  
Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No  
If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:  
\_\_\_\_\_  
\_\_\_\_\_

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

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*(Note: Peoples Security Inc., complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. )*

**Education and Training**

**High School**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

**Previous Employment**

**Employer Name:**

Job Title:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Reason for leaving:

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**Employer Name:**

Job Title:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Reason for leaving:

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**Employer Name:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_  
**City, State and Zip Code:** \_\_\_\_\_  
**Employer Telephone:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_

- Will you consent to a mandatory controlled substance test? Yes No

**References**

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

**AT-WILL EMPLOYMENT & AUTHORIZATION**

The relationship between you and the Peoples Security Inc., is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Peoples Security Inc. No representative of Peoples Security Inc., has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

I do hereby authorize a review of any full disclosure of all records concerning myself to Peoples Security Inc. I understand if employed, falsified statements on the application shall be grounds for dismissal. I understand that any information obtained in a personal history background investigation (directly or indirectly, in whole or part) upon release of this information, will be considered in determining suitability for employment with Peoples Security Inc. I also certify that any person (s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person (s) from any and all liability, which may be incurred as a result of furnishing such information.

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**\*\*A PHOTO COPY OF YOUR STATE ID CARD OR DRIVERS LICENSE IS REQUIRED\*\***