



**AMERICAN SECURITY &
COMMUNICATIONS**
SECURITY SPECIALISTS
Since 1985 • Licensed in DC MD & VA

EMPLOYMENT PROFILE

Please print clearly using a pen. Attach Driver's License, Vehicle Registration, Any other relevant Certifications/Licenses

Last Name (Print)		First Name		Middle Initial.
Street Address		City	State	Zip
Home Phone Number () -	Mobile Phone Number () -	Date of Birth	Place of Birth	
US Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have the legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number - -		
In Case of Emergency, Contact	Emergency Contact Address	Emergency Contact Phone Number () -		
Valid Driver's License Yes <input type="checkbox"/> No <input type="checkbox"/>	Registered Vehicle Yes <input type="checkbox"/> No <input type="checkbox"/>	Make	Are you On Probation? Yes <input type="checkbox"/> No <input type="checkbox"/> Date Probation Ends: _____	
Weekday Availability: Full-Time <input type="checkbox"/> Part- Time <input type="checkbox"/>	Weekends & Eve Availability Sat/Sun <input type="checkbox"/> Eve's Only <input type="checkbox"/>	Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____		
Any chronic health problems? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify:	Any Disability or Illness? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify:	Have you ever been treated for mental illness? Yes <input type="checkbox"/> No <input type="checkbox"/> Give Date [s]:		
Military Service: Yes <input type="checkbox"/> No <input type="checkbox"/> Branch of Service:	Discharge Date: _____ Discharge Type: <input type="checkbox"/> honorable <input type="checkbox"/> dishonorable	Do you use illegal drugs? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Drug test is required before hiring.</i>		
<input type="checkbox"/> Married <input type="checkbox"/> Single Name of Spouse: _____ Address: _____ <input type="checkbox"/> Dependents: _____ Do dependents live with you? Yes <input type="checkbox"/> No <input type="checkbox"/> How many? _____ Number				

EDUCATION

Name of High School: _____ State: _____ Graduation Date: _____
Name of College or Professional School: _____ Graduation Date: _____ Years in attendance: _____ Course of Study: _____
Honors and Awards:

Sales Training – In service, In-School:
Computer Skills, Experience and Courses:
Team Sports Participation: Position [s] Played:
Hobbies or Interests/ Other Extracurricular Activities:
Where would you like to be, professionally in 5 years?:

SALES OR TECHNICIAN EMPLOYMENT HISTORY

Employer's Name [most recent]		
Employer's Address		
Supervisor	Telephone Number	Your Job Title
Employment dates	Wages	No. Hrs. Per Week
Employer's Name		
Employer's Address		
Supervisor	Telephone Number	Your Job Title
Employment dates	Wages	No. Hrs. Per Week
Employer's Name		
Employer's Address		
Supervisor	Telephone Number	Your Job Title
Employment dates	Wages	No. Hrs. Per Week

REFERENCES

Reference 1 Name, Organization		
Address		
Email (if available)	Telephone Number	Referent's Relationship to You
Reference 2 Name, Organization		
Address		
Email (if available)	Telephone Number	Referent's Relationship to You
Reference 3 Name, Organization		
Address		
Email (if available)	Telephone Number	Referent's Relationship to You