



Sparks Protection Services

Employment Application

Date Received: _____

Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____		Are you a United States Citizen or legally eligible to work in the U. S.? _____ Yes _____ No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>	
Work Phone: (____) _____ - _____			
Cell: _____			
Email: _____			
Date of Birth _____		Social Security Number: _____	
Title of Position Applying For		Date Available to Work	
Years of experience -----Security, Law Enforcement ----- Military-----Investigation----- ----- Weapons / Certifications			
CPR/ AED/ First AID If Yes, list if current or expired			
Education			
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			

Employment History Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use “see attached resume”.)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: per hour Finish:		
Reason for Leaving:		
Employer:	Dates Employed: From: _____ To: _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start Finish:		
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Please list any convictions or charges

Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon, or act of sealed or expunged, or do you have such a case pending?

For your Guard Card Please Answer These Questions:

What is your Height? _____ What is your Weight? _____

Any Tattoos and where located _____

What is your Eye Color? _____

What is your Hair Color? _____

Driver's License Number: _____ State Issued: _____

References Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

Election of Veteran's Preference

Do you wish to claim a veteran's preference? _____Yes _____No

If so please check the preference you are claiming

____Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).

____Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).

Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.(DD214)

Signature_____

Date_____

Sparks Protection is an Equal Opportunity Employer. It is the policy of the Sparks Protection not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

Signature of Applicant

Date

Sparks Protection Services
552 Courtright Court
Pickerington, Ohio 43147

In accordance with the law SPS is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

The information collected from you or from other agencies or individuals authorized by you is used to determine your qualifications for the Sparks Protection.

You are not legally required to provide this information; however, providing it may be necessary to determine if you qualify for employment.

Unless otherwise authorized by state statutes or federal law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Ohio Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the data maintained on you.
2. The right to be told the contents and meaning of the data.
3. The right to contest the accuracy and completeness of the data.

To exercise these rights, contact Sparks Protection.

I have read and understand the above information regarding my rights.

Signature

Date

Print Name