



JagX Security & Investigations

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www.jagxsecurity.com

AN EQUAL OPPORTUNITY EMPLOYER

TODAY DATE _____

PERSONAL INFORMATION * ATTACH COPY OF VALID CPL**

NAME _____

ADDRESS _____

City State Zip Code _____

FULL SOCIAL SECURITY NUMBER _____ Are you 18 years or older? [] YES [] NO

DOB: _____ CPL#: _____

CELL PHONE # _____

Are you legally able to work in the U.S.A.? [] YES [] NO

I have a current VALID driver's license? [] YES [] NO

Have you ever been convicted of a misdemeanor or felony? [] YES [] NO. Convictions may not stop you from being eligible for hire. Please describe any convictions:

Are you employed now? [] YES [] NO. If yes, may we inquire of your current employer? [] YES [] NO

Do you plan to work another job? If yes, what hours?

TRANSPORTATION

I have reliable transportation to: (check all that apply)

Yes No

JOB REQUIREMENTS

Have you ever worked for a Security Company / Police work before? YES NO. If yes, when?

What Company? _____ What State?

EDUCATION NAME OF SCHOOL LOCATION # YEARS GRAD? DEGREE NAME

SCHOOL HIGH

COLLEGE

ACADEMY

MILITARY SERVICE

U.S. Military YES NO National Guard YES NO. Branch _____ Rank _____

Active Now? YES NO Position Title or Summary

EMPLOYMENT HISTORY

List your last two (2) employers, assignments or volunteer activities, starting with the most recent, including military experience. **Explain any gaps in employment in the comments section below.**

EMPLOYER DATES EMPLOYED Summarize the job performed

ADDRESS _____ From

To _____

JOB

TITLE _____

SUPERVISOR NAME PHONE # _____ Hourly Rate/Salary _____

REASON FOR LEAVING \$ Per

EMPLOYER DATES EMPLOYED Summarize the job performed

ADDRESS _____ From

To _____

JOB

TITLE _____

SUPERVISOR NAME PHONE # _____ Hourly Rate/Salary _____

REASON FOR LEAVING \$ Per

EMPLOYER DATES EMPLOYED Summarize the job performed

ADDRESS _____ From

To _____

JOB

TITLE _____

Additional:

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules, regulations and Supervisor's directions. I agree that my employment is at-will, and that my employment and compensation can be terminated, with or without cause, and with or without notice, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than the President, and then only in writing, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the forgoing. **I further authorize all work related verifications of employment, education, training or other work related information, as well as credit or criminal records checking. I authorize all of this information to be provided to the company or their agent and release them from any liability which might be claimed. If required, I agree to fully participate and complete the required pre-employment drug screening.**

Applicant's Signature DATE

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize JagX Security & Investigation Company and/or any of their managed properties and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report/investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal, state county jurisdictions, motor vehicle records to include traffic citations and registration and any other public records.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. This authorization and consent shall be valid in original, fax, or copy form.

I hereby release JagX Security & Investigation Company and/or any of their managed properties, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me because of compliance with this authorization. Information on this application and results of the background investigation will be maintained in confidence in accordance with company hiring practices.

PLEASE PRINT:

(First Name) (Middle Initial) (Maiden/Former Name) (Last Name)

(Current address, city, state, & zip)

(Social Security Number) (Date of Birth)*

(Driver License Number) (State of Issue)

(Signature) (Date)
