# GRITZILY SECURITY

#### ARMORED EXPRESS, INC.

#### APPLICATION FOR EMPLOYMENT

Name	urity No  hours available to work  ef Thur Fri Sat Sun	Maiden
Present address    Number   Street   City	urity No  hours available to work  ef Thur Fri Sat Sun	
Present address	urity No  hours available to work  ef Thur Fri Sat Sun	
Number Street City  How long Social Sec  Telephone ()  If under 18, please list age  Position applied for (1) No P and salary desired (2) Mon (Be specific)  How many hours can you work weekly? Can  Employment desired FULL-TIME ONLY PART-TIME ONLY  When available for work?  TYPE OF SCHOOL NAME OF SCHOOL LOCATION	urity No  hours available to work  ef Thur  Fri Sat Sun	_
How long Social Sec Telephone ()  If under 18, please list age  Position applied for (1) No P and salary desired (2) Mon Tue Wed  How many hours can you work weekly? Can  Employment desired FULL-TIME ONLY PART-TIME ONLY  When available for work?	urity No  hours available to work  ef Thur  Fri Sat Sun	_
Telephone ()  If under 18, please list age  Position applied for (1) No P and salary desired (2) Mon (Be specific)  How many hours can you work weekly? Can Employment desired FULL-TIME ONLY PART-TIME ONLY  When available for work?	hours available to work ef Thur Fri Sat Sun	_
Days Position applied for (1)	ef Thur Fri Sat Sun	
Position applied for (1) No P and salary desired (2) Mon Tue (Be specific) Tue Wed  How many hours can you work weekly? Can Employment desired FULL-TIME ONLY PART-TIME ONLY When available for work?	ef Thur Fri Sat Sun	
Employment desired FULL-TIME ONLY PART-TIME ONLY  When available for work?  TYPE OF SCHOOL NAME OF SCHOOL LOCATION		
Employment desired FULL-TIME ONLY PART-TIME ONLY When available for work?  TYPE OF SCHOOL NAME OF SCHOOL LOCATION	you work nights?	
TYPE OF SCHOOL   NAME OF SCHOOL   LOCATION		
(Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School		
College		
Bus. or Trade School		
Professional School		
HAVE YOU EVER BEEN CONVICTED OF A CRIME? No	Yes	
If yes, explain number of conviction(s), nature of offense(s) leading to convicti committed, sentence(s) imposed, and type(s) of rehabilitation.	on(s), how recently such off	ense(s) was/were

### PLEASE PRINT ALL

1	
l l	
1	
1	
l l	
i	

EXCEPT SIGNATURE				
APPLICATION FOR EMPLOYMENT				
MILITARY				
HAVE YOU EVER BEEN IN THE A	ADMED CODOCCO	Yes No		
ARE YOU NOW A MEMBER OF T		YesNo	No	
		Yes		_
Specialty Date Entered Discharge Date				
	ork experience for the <b>past</b> mployed, give firm name. At			job held.
Name of employer Address	<del>-</del> ,	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number			From	Start
			То	Final
		Your last job title		
Reason for leaving (be specific)				
List the jobs you held, duties perfor company.	moo, omio good or lournoo,			
Name of employer Address		Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number			From	Start
Thone named			То	Final
		Your Last Job Title		
Reason for leaving (be specific)				
List the jobs you held, duties perfor company.	med, skills used or learned,	advancements or pro	motions while you wo	rked at this
				:

# PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Did you complete this application yourself \_\_\_ Yes \_\_\_ No

If not, who did?

· · · · · · · · · · · · · · · · · · ·	
l l	
i	
1	
APPLICATION FOR EMPLOYMENT	

	<del></del>				
Work Please list your work experience for the past five years beginning with your most recent job held.  experience If you were self-employed, give firm name. Attach additional sheets if necessary.					
Name of employ Address	yer	Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code Phone number			From	Start	
			То	Final	
		Your last job title			
Reason for leav	ing (be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					
		· · · · · · · · · · · · · · · · · · ·			
Name of employ Address	ver er	Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip ( Phone number	Code		From	Start	
			То	Final	
		Your last job title			
Reason for leavi	ing (be specific)				
List the jobs you company.	held, duties performed, skills used or learned,	advancements or pro	motions while you wo	rked at this	
	your present employer? Yes No				

## PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

DDI IOATION FOD ENDI OVINENT		_
	1	
	•	
	1	
	1	
	1	

	APPLICATION FOR EMPLO	TIMENT	<del></del>
DO YOU HAVE A DRIVER'S LICENSE?			
What is your means of transportation to work	<: <u></u>		
Driver's license number	State of issue	Operator Commercia	al (CDL) Chauffeur
Expiration date			
Have you had any accidents during the past Have you had any moving violations during t		How many? How Many?	
	OFFICE ONLY		
Yes Typing No WPM	Yes 10-key No	_	Yes No WPM
Personal Yes PC			
Computer No Mac			
Please list two references other than relatives	s or previous employers.		
Name	Name		
Position			
Company			
Address			
Telephone ()	Telephon	e ()	
An application form sometimes makes it diffices space below to summarize any additional information which you are applying.	cult for an individual to adequatormation necessary to describ	ately summarize a complete to be your full qualifications for the	packground. Use the ne specific position for
			q
			ł