

**BLACKOUT INVESTIGATIONS AND SECURITY SERVICES, INC.**

**Application for Employment**



**Personal Information**

Name: (Last, First)	Home: Cell:	Email:
Address:	City:	State, Zip:

Are you 18 years or older? \_\_\_\_\_ Are you legally authorized to work in the U.S.? \_\_\_\_\_

**Position Applying for**

Position:	Date you can start:	Salary Desired:
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**Service Record**

Have you ever served in the Armed Services?	Branch of Service:	Discharge Date and Rank:
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**Education**

School level	Name and Location	No. of yrs attended	Did you graduate?
High School			
College			
Trade or Business			

***Office Use Only:***

Date Received: \_\_\_\_\_ License Type: \_\_\_\_\_ Date Emailed: \_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Employment History (start with most recent)



**Recent/Current Employer**

Address:

Start Date:

Leaving Date:

Starting Hourly Rate:

Ending Hourly Rate:

Name of Supervisor:

Number:

May we contact present employer?

Description of work:

Reason for leaving:

**Previous Employer**

Address:

Start Date:

Leaving Date:

Starting Hourly Rate:

Ending Hourly Rate:

Name of Supervisor:

Number:

Description of work:

Reason for leaving:

**Previous Employer**

Address:

Start Date:

Leaving Date:

Starting Hourly Rate:

Ending Hourly Rate:

Name of Supervisor:

Number:

Description of work:

Reason for leaving:

**References**

(Please list 3 references of no relation to you)

Name	Number	Years acquainted

**A smartphone is required for this position.**

**Do you own a smartphone? \_\_\_\_\_**

**Do you have a valid driver's license? \_\_\_\_\_**

<b>License No.</b>	<b>State Issue:</b>	<b>Expiration Date:</b>
<b>Personal Vehicle or Public Transportation:</b>		

**What type of Security License do you currently have?**

**SPO (armed)\_\_\_\_\_ SPO (unarmed)\_\_\_\_\_ SO \_\_\_\_\_**

**MD Security \_\_\_\_\_ MD Handgun \_\_\_\_\_**

**Do you own a firearm? \_\_\_\_\_ if yes, type? \_\_\_\_\_**

**Which License will you be using with B.I.S.S? (EX. DC armed/unarmed SO/SPO)**

\_\_\_\_\_

**Have you ever been convicted of, plead guilty to/no contest to, or had a suspended imposition or sentence for any offenses. (Other than a minor traffic violation)?**

**If yes, state reason and disposition:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(A Convictional Record will not necessarily exclude you from consideration. This information will be used only for job-related purposes and only to the extent permitted by law.)*



**Days/Hours of Availability to work**  
(Please be specific if you are currently employed)

**Current Work Schedule:**  
(Please put your current work schedule)

Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:

**Availability:** *(Please put the time of each day that you are able to work. We use this information to determine which shifts you may be available for)*

Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:

**\*\*Our shifts hours vary. Most positions are evenings and overnight.**

**Can you work Nights?** \_\_\_\_\_

**Can you work weekends?** \_\_\_\_\_

**Please tell us why we should hire you:**

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## **Authorization**

"I certify that the above information is true and correct to the best of my knowledge and understand that, if employed, falsified information on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information. I understand that and agree that no representative of the company has authority to enter into any agreement for employment of specific time period of time or make any agreement contrary to the foregoing unless it's in writing and signed by an authorized representative. This waiver does not permit the release or use of disability-related medical information in a manner prohibited by the Americans with disabilities ACT (ADA) and other relevant federal and state laws."

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Signature

Date