



# Onview Security Services



117-330 Bernal Road  
San Jose CA. 95119  
Human Resources Div.  
(408) 300-1087

*"The Leaders In Security Solutions"*

## APPLICATION FOR EMPLOYMENT

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

**PERSONAL INFORMATION:** Date: \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ CA. Driver's License Number \_\_\_\_\_

D.O.B. (Date of Birth) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_

Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are over 18 yrs old,? Yes \_\_\_ No \_\_\_

Have you been convicted of or pleaded no contest to a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a misdemeanor in the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain on a separate sheet of paper and then attach it to this application

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### Position availability:

Are you applying for full-time or part-time? FT \_\_\_\_\_ PT \_\_\_\_\_

Shift availability: DAY [0730-1730] Yes \_\_\_\_\_ No \_\_\_\_\_

Night watch [1700-0300 & 2100-0600] Yes \_\_\_\_\_ No \_\_\_\_\_

What date are you available to start? \_\_\_/\_\_\_/\_\_\_

**Vehicle liability:**

Do you currently have the mandatory vehicle liability insurance coverage

required by the California State Dept. of Motor Vehicles? Yes \_\_\_ No \_\_\_

Is your California Drivers License currently valid and free of any driving restrictions? Yes \_\_\_ No \_\_\_

**EDUCATION:**

Name and Address of School - Degree/Diploma - Graduation Date

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Skills and Qualifications: Licenses, Skills, Training, Awards

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What languages do you speak fluently? \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Present Or Last Position:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Previous Position:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May We Contact Your Present Employer? Yes \_\_\_\_\_ No \_\_\_\_\_

References:

Name/Title/Address/ Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all of your license or certificates that apply to the position you are applying for:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

In Case of Emergency Notify:

\_\_\_\_\_

Name	Address	Phone No.
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I certify that information contained in this application is true and complete.

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_