



Eagle/ Trident Security, LLC

Phone: (317) 573-6799

Fax: (317) 573-6795

Email: dispatch@eagletrident.com

Web Site: www.eagletrident.com

Application Process

Thank you for your interest in employment with Eagle/ Trident Security. We believe that you will agree that we are the finest security company in the state of Indiana. Please take a moment to fill out the following pages and return to our office. The following is a list of information / paperwork you will need to gather and return to us in order to complete the application process.

All positions within this firm require that the applicant is able to perform physical labor. This firm may require that an applicant perform certain tests to assure that he/ she would be able to complete their assigned tasks.

Thank you and good luck!

-
- 1. Copy of current driver's license _____
 - 2. Copy of gun permit (not required for all sites) _____
 - 3. Copy of criminal history from Indiana State Police (Limited is fine) _____
 - 4. Copy of DD214 (prior military only) _____
 - 5. Copies of any training certificates that may apply _____
 - 6. Copy of social security card and/or birth certificate _____
 - 7. Copy of high school diploma or GED _____
 - 8. Indiana Bureau of Motor Vehicles certified copy of driving record _____
- (Driving records containing points may disqualify you from employment with our firm.)
-

****Please detach and retain this front page for your records****



APPLICATION FOR EMPLOYMENT

Eagle/ Trident Security

An Equal Opportunity Employer

Eagle/ Trident Security does not discriminate based on race, color, gender, national origin, age, religion, or disability, in employment or the provision of services.

Please type or print responses to all questions on the application form. Any application not completed in its entirety will be disqualified.

Today's Date: _____ Position interested in (circle all that apply): Dispatch On-site Road

Last Name: _____ First: _____ Middle: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ Other: _____

Are you over the age of 18? _____ Are you over the age of 21? _____

Identifying birthmarks/ scars: _____

Former name(s) and/ or Nicknames: _____

Are you interested in (please circle all that apply): Full- time work Part-time work Temporary work

Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school? _____ yes _____ no If yes, please explain: _____

EDUCATION

Highest level of school completed: _____ Diploma or GED received: _____

High School Attended: _____

Address: _____ City/ State/ Zip: _____

Diploma? _____ yes _____ no GED? _____ yes _____ no

Activities, awards (*you may exclude any which indicate race, color, religion, gender, age, national origin, or disability*) _____

College(s) or Trade School(s) attended: Attach additional pages as needed.

Name: _____ Dates Attended _____ to _____

Address: _____ City/ State/ Zip: _____

Degree(s) _____ Major/ Minor courses of study _____

Activities, Awards, Special studies/ honors: _____

DRIVING INFORMATION

A poor driving record may be grounds for disqualification

Do you have a valid driver's license? _____ Type: _____ State: _____

License number: _____ Expiration Date: _____

Restrictions: _____

Number of years experience operating the following:

Passenger Car: _____ Tractor Trailer: _____ Bus: _____ Fork Lift: _____ Motorcycle: _____ Heavy equipment: _____
Light Truck: _____ Golf Cart: _____

List any special driving skills / experience that you feel would be of value to our company: _____

MILITARY SERVICE

Branch: _____ Years in service: _____ Discharge Date: _____

Reserve service: _____ Present classification: _____

Special Training: _____

PROFESSIONAL OR SPECIALIZED TRAINING

Specialized Training: _____

Professional/ special license(s) or certificates(s):

<u>State</u>	<u>Issued by</u>	<u>Date Issued</u>	<u>Expiration</u>	<u>Type</u>	<u>License #</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you ever had any license suspended, revoked or terminated? _____ yes _____ no If yes, explain: _____

PROFESSIONAL AFFILIATIONS

List current or previous affiliations, organizations and related offices or positions:

Organization Name _____ Address _____

Phone #: _____ Office/ Position: _____

Organization Name _____ Address _____

Phone #: _____ Office/ Position: _____

EMPLOYMENT HISTORY

List all employment history and work experience for the previous 7 years, beginning with your current employer.
Failure to include all past employment may be grounds for disqualification.

From: _____ To: _____ Start Pay: _____ End Pay: _____

Current / Last Employer: _____ Phone: _____

Address: _____ City/ State/ Zip: _____

Position Held: _____ Supervisor: _____ Title: _____

Duties, responsibilities, equipment operated and/or promotions _____

Reason for leaving: _____ May we contact this employer? _____

If no, please explain why: _____

From: _____ To: _____ Start Pay: _____ End Pay: _____

Previous Employer: _____ Phone: _____

Address: _____ City/ State/ Zip: _____

Position Held: _____ Supervisor: _____ Title: _____

Duties, responsibilities, equipment operated and/or promotions _____

Reason for leaving: _____ May we contact this employer? _____

If no, please explain why: _____

From: _____ To: _____ Start Pay: _____ End Pay: _____

Previous Employer: _____ Phone: _____

Address: _____ City/ State/ Zip: _____

Position Held: _____ Supervisor: _____ Title: _____

Duties, responsibilities, equipment operated and/or promotions _____

Reason for leaving: _____ May we contact this employer? _____

If no, please explain why: _____

From: _____ To: _____ Start Pay: _____ End Pay: _____

Previous Employer: _____ Phone: _____

Address: _____ City/ State/ Zip: _____

Position Held: _____ Supervisor: _____ Title: _____

Duties, responsibilities, equipment operated and/or promotions _____

Reason for leaving: _____ May we contact this employer? _____

If no, please explain why: _____

If you had additional employers within the last 7 years, attach additional pages as needed. List and explain periods of unemployment in the past 7 years.

From _____ To _____ Reason _____

From _____ To _____ Reason _____

PERSONAL INFORMATION

Have you ever been convicted of a felony or misdemeanor? _____ if yes, please explain: _____

Have you ever worked for a security company or police agency? _____ if yes, please explain: _____

Have you ever had any traffic tickets or had your license suspended? _____ if yes, please explain: _____

Have you ever been a member of a subversive group? _____ if yes, please explain: _____

List at least 3 references who are NOT related to you and are NOT former employers or supervisors:

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Number of years known: _____

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Number of years known: _____

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Number of years known: _____

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Number of years known: _____

Please give a statement of why you want to work for Eagle/ Trident Security: _____

Please list any special training, abilities, and/ or qualities that you feel would be beneficial to our company:

Read each of the following paragraphs carefully, indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing.

**I understand and accept that, if I am hired, I may be hired conditional upon the results of my criminal history and/ or driving record. I understand and accept that this may include any points on my driving record and / or any negative information on my criminal background check.

Initials: _____

**I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/ or psychological examinations that the employer deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: _____

**I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

**I understand that the employer provides security service on a seven day per week and twenty-four hour per day service, and therefore, if employed by Eagle/ Trident Security, I may be required to work evening shifts or night shifts, including weekends and holidays.

Initials: _____

**I understand that if hired by Eagle/ Trident Security, I may be required to perform certain physical tasks such as extensive walking and standing one place for long periods of time. I certify that I do not have any physical injuries/ limitations that would prevent me from doing assigned tasks.

Initials: _____



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I solemnly swear that all the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

By submitting this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse

I hereby authorize any person, educational institution, or company that I have listed as a reference on my employment application to disclose in good faith any information that they ay have regarding my qualifications and fitness for employment. I will hold Eagle/ Trident Corporation, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

I understand that Indiana follows the common law doctrine which dictates that employment relationships are "at will," rather than for a fixed term. In other words, either the employee or the employer may terminate the relationship at any time for any reason, or even for no reason at all. Further, an employment relationship is not taken outside the scope of employment at will merely because a contract governs the employment relationship.

Applicant Signature: _____

Applicant Printed Name: _____

Today's Date: _____