



# PRE-APPLICATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
First MI Last

ADDRESS \_\_\_\_\_  
Street City St Zip

PHONE: \_\_\_\_\_ PHONE \_\_\_\_\_  
Other contact number (cell, pager, etc.)

SOCIAL SECURITY NUMBER \_\_\_\_\_

At least 21 years of age? YES \_\_\_\_\_ NO \_\_\_\_\_ EMAIL \_\_\_\_\_

Where is your place of birth? \_\_\_\_\_

Ever **worked for or applied to Weiser**? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, give details on back.

Full time \_\_\_\_\_ (Must be available for all shifts.)

Part time \_\_\_\_\_ **Hours Available** \_\_\_\_\_

Any Security experience? YES (where) \_\_\_\_\_ NO \_\_\_\_\_

Currently State licensed/commissioned/registered for Security Officer? YES \_\_\_\_\_ NO \_\_\_\_\_

### Previous Employment History

>>> Most recent first. Go back 5 years. <<<

Name of Company	Phone	Dates: TO - FROM	Reason for leaving
1			
2			
3			
4			
5			

If more space is needed, use a separate sheet of paper.

Ever been convicted of a crime? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, give details on back.

High School Graduate or GED?? \_\_\_\_\_

Have reliable transportation to work site within 30 minutes of assignment?

YES \_\_\_\_\_ NO \_\_\_\_\_

I would be willing to travel \_\_\_\_\_ miles one way to my assignment.

Dates of Military Service \_\_\_\_\_ Type of Discharge \_\_\_\_\_

How did you hear about Weiser? \_\_\_\_\_

### Weiser Security Services, Inc. conducts drug and alcohol use testing.

I authorize Weiser Security Services, Inc. to investigate my previous police record, work history and any other aspect of my past deemed necessary. I understand that any questions not answered truthfully can lead to rejection of my application or termination.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**THESE ARE THE ESSENTIAL FUNCTIONS OF THE POSITION OF SECURITY OFFICER.  
ARE YOU ABLE TO PERFORM THESE DUTIES,  
WITH OR WITHOUT AN ACCOMMODATION?**

Stand for a complete 8-12 hour shift.	Y	N
Walk carrying 5 pounds of equipment for an 8-12 hour shift.	Y	N
Climb a stairwell consisting of 10 flights, in an emergency.	Y	N
Squat and bend to read gauges.	Y	N
Climb in and out of a tractor trailer while conducting searches.	Y	N
Read ID badges up to 3 feet away, regular print.	Y	N
Drive a vehicle continuously for 8-12 hour shift.	Y	N
Endure temperature extremes for 8-12 hour shifts.	Y	N
Operate fire fighting equipment easily and quickly, after being trained.	Y	N
Respond to an emergency situation by moving quickly to investigate or use reasonable force to prevent a crime in progress.	Y	N
Open and close 70 pound, 35 feet long gates.	Y	N
Lift or drag up to 150 pounds for 25 feet, in an emergency.	Y	N
Recognize through the sense of smell both usual and unusual odors.	Y	N
See, recognize, identify and describe objects in poorly lighted areas.	Y	N
Hear, recognize and identify both usual and unusual sounds in noisy conditions.	Y	N

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**Conditional Offer of Employment**

I understand that any offer of employment, if given, is conditional pending final inspection and approval of my personnel file by the Corporate Selection Controller.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**WEISER SECURITY SERVICES, INC.**

The following statistical information is required for compliance with federal laws assuring Equal Employment Opportunity without regard to race, color, sex, national origin, religion, age or disability as well as the Vietnam Era Readjustment Act. The information requested is voluntary and will remain separate from your application for employment.

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- a. Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
b. Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
c. Name: \_\_\_\_\_  
d. Position Applying For: \_\_\_\_\_

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- e. EEO Codes (See Below)  
\_\_\_\_\_ White \_\_\_\_\_ American Indian/Alaskan Native  
\_\_\_\_\_ Black \_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ Hispanic \_\_\_\_\_ Other

- f. Male \_\_\_\_\_ Female \_\_\_\_\_  
g. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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- h. Do you have a disability - impairment which substantially limits one or more of your life activities? YES \_\_\_\_\_ NO \_\_\_\_\_  
i. Are you a disabled Veteran - 30% VA Compensation or discharge because of disability incurred in line of duty? YES \_\_\_\_\_ NO \_\_\_\_\_  
j. Are you a Vietnam Era Veteran - 180 days Active Duty between Aug. 15, 1964 and May 7, 1975? YES \_\_\_\_\_ NO \_\_\_\_\_

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- k. Please tell us how you heard about our opening?
- Friend who works here. Name of friend: \_\_\_\_\_
  - Relative who works here. Name of relative: \_\_\_\_\_
  - Simply called or walked in & asked about openings.
  - Advertisement. Name of publication with advertisement: \_\_\_\_\_
  - School. Name of School: \_\_\_\_\_
  - Community Organization. Name of organization: \_\_\_\_\_
  - Government Organization. Name of organization: \_\_\_\_\_
  - Employment Agency. Name of agency: \_\_\_\_\_
  - Other: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

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