

Phoenix Security Solutions, Inc.

Employment Application v23.1028

Position Requested:

<input type="checkbox"/> Security Officer	<input type="checkbox"/> Administrative	<input type="checkbox"/> Full-time
<input type="checkbox"/> Investigations	<input type="checkbox"/> Sales Position	<input type="checkbox"/> Part-time

Shift Requested:

This shift is:

Check the days you **CANNOT** work regularly or at all

<input type="checkbox"/> MON	<input type="checkbox"/> TUE	<input type="checkbox"/> WED	<input type="checkbox"/> THU	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT	<input type="checkbox"/> SUN
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name	Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code	Phone#	Email Address	If hired, when could you start	Pay Rate you are seeking (Hourly)

Some of the following questions are required for SECURITY or INVESTIGATIVE positions by the SC Law Enforcement Division. Applicants for other positions should skip the questions in this section.

For license status & upgrade

<input checked="" type="radio"/> I am at least 18	<input type="radio"/> I am at least 21	Do you have a reliable means of transportation?	<input type="text" value="NO"/>	Are you a US Citizen?	Yes	No
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Have you ever been licensed as a Security Officer or Investigator in the State of South Carolina?

Have you ever plead guilty or been convicted of a crime involving drugs; fraud; theft serious assault or indecency?

If prior military service, were you discharged under any conditions deemed "less than Honorable"? Date of Birth:

Place of Birth (City/State): Social Security Number:

WORK HISTORY: List your last three employers - beginning with the most recent or current.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name	Address (City/State only)	Phone Number	Position Held	Supervisors Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job Description		Start Date	End Date	Last Payrate (Hourly)
<input type="text"/>	Reason for leaving this company			
	Contact for Reference? <input checked="" type="radio"/> Yes <input type="radio"/> No			

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name	Address (City/State only)	Phone Number	Position Held	Supervisors Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job Description		Start Date	End Date	Last Payrate (Hourly)
<input type="text"/>	Reason for leaving this company			
	Contact for Reference? <input checked="" type="radio"/> Yes <input type="radio"/> No			

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name	Address (City/State only)	Phone Number	Position Held	Supervisors Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job Description		Start Date	End Date	Last Payrate (Hourly)
<input type="text"/>	Reason for leaving this company			
	Contact for Reference? <input checked="" type="radio"/> Yes <input type="radio"/> No			

Have you ever been terminated or asked to resign from any employment position?

Explanation:

MILITARY SERVICE: (a copy of your DD-214 will be required for licensing purposes)

NO					
Prior Military Service?	Highest Rank	Year Entered	Service End Year	Disciplined?	Discharge Type
Job Description / MOS					

REFERENCES: (your three personal references cannot be family or anyone residing with you)

	NAME	CITY / STATE	OCCUPATION	PHONE NUMBER	YRS KNOWN
#1					
#2					
#3					

EDUCATION & SPECIFIC TRAINING:

				YES
High School	City / State	Field of Study	Yrs. Completed	Graduate / Degree?
				NO
College/Technical School	City / State	Field of Study	Yrs. Completed	Graduate / Degree?
Other School	City / State	Field of Study	Yrs. Completed	Graduate / Degree?
Other School	City / State	Field of Study	Yrs. Completed	Graduate / Degree?

I am proficient with the following business machines, equipment, activities and / or software:

<input type="checkbox"/> Phone Systems	<input type="checkbox"/> Networks	<input type="checkbox"/> Transcription	<input type="checkbox"/> Video Equipment	<input type="checkbox"/> Search Engines	<input type="checkbox"/> Camera EQ	<input type="checkbox"/> 2 Way Radios
<input type="checkbox"/> Surveillance EQ	<input type="checkbox"/> Excel	<input type="checkbox"/> MS Word	<input type="checkbox"/> MS Access	<input type="checkbox"/> Outlook	<input type="checkbox"/> Powerpoint	<input type="checkbox"/> Quickbooks

Fax / Copier Computer

Additional Information including typing wpm:

ADDITIONAL INFORMATION: Self Rating 1-10 (1=low or bad; 10=high or good) "Yrs Experience" = how many yrs experience in position you desire.

Being On-time / Punctual	<input type="checkbox"/>	Follow Instructions	<input type="checkbox"/>	Meeting Deadlines	<input type="checkbox"/>	Verbal Communications	<input type="checkbox"/>	Spelling	<input type="checkbox"/>
Self Motivation / Initiative	<input type="checkbox"/>	Professional Appearance	<input type="checkbox"/>	Use Proper Judgment	<input type="checkbox"/>	Written Communications	<input type="checkbox"/>	Grammar	<input type="checkbox"/>
Dealing w Difficult People	<input type="checkbox"/>	Attention to Detail	<input type="checkbox"/>	Handling Criticism	<input type="checkbox"/>	Work Days missed (in 3 yrs)	0	Yrs Experience	<input type="checkbox"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency Contact Name	Phone# 1	Phone# 2	Address	City / State	Relationship

By signing, electronically signing or transmitting this form I certify that the information contained herein is accurate and complete to the best of my knowledge. I understand that I can be discharged from my job, if offered, if it is discovered that there are misrepresentations or omissions of fact. I further understand that my references will be checked and I am hereby releasing and agree to hold harmless all previous employers in relation to information provided to Phoenix in regards to my work performance and integrity, without fear of any legal repercussions. At certain level or positions I understand that Phoenix may require that I sign a conflict of interest / non-compete / confidentiality agreement and abide by it's terms as a condition of continued employment. South Carolina is a "right to work" state, which means you may terminate your employment at will and we may do the same, with or without cause.


Signed by: (initials & last four digits of SSN constitute a signing of document) _____ Today's Date _____

SKIP THE BOXES AND BUTTONS AT THE BOTTOM OF THIS PAGE AND CONTINUE TO THE NEXT PAGES.

Interview Date _____ Interviewed By _____ NH HLD HR Start Date _____ ROP _____

You're finished with the application at this point.

If your browser is MS Explorer, pressing the green SUBMIT button should save a copy of your completed application and open an email box for you to send it to us.

If you are on Chrome (and some others) the SUBMIT button may not work. All you have to do is click on the down arrow in the upper right-hand area of your screen , which allows you to save it to your computer. You can rename the file if you would like, such as: "SMITH.APPLICATION.PHOENIX"

Once the file is saved, just open an email addressed to admin@pssmbc.com and attach your saved application.

If this seems too complicated you can certainly just stop by our office between 9:00am-4:30pm any weekday to apply in person, followed by an immediate interview in most cases.

We are located at:

**PHOENIX SECURITY SOLUTIONS
1319 17TH AVENUE SOUTH – SECOND FLOOR
MYRTLE BEACH, SC 29577**

Someone from our office should be in contact with you either by phone or email within 48 hours.

If not, you can check the status of your application by calling 843-839-2223. Thanks!