



**Cambrit Security Services**  
**PO Box 4301**  
**New Windsor, NY 12553**

**APPLICATION FOR EMPLOYMENT**

Cambrit Corp. is an equal opportunity employer. All applicants are considered without regard to race, age, color, gender, Ethnic group, national origin, religion citizenship, marital status, sexual orientation, veteran status, physical or mental disability, or mental condition.

**PERSONAL INFORMATION:**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Are you 18 or older?  Yes  No

Do you have a NYS Security Guard License?  Yes  No If yes, provide # \_\_\_\_\_

Are you a citizen of the United States?  Yes  No If no, are you authorized to work in the U.S.?  Yes  No  
 Have you ever worked for this company?  Yes  No If yes, when? \_\_\_\_\_  
 Do you have any relatives employed by us?  Yes  No If yes, who? \_\_\_\_\_  
 Have you ever been convicted of a felony?  Yes  No If yes, when? \_\_\_\_\_  
 How did you find out about this position? \_\_\_\_\_  
 Drivers license # \_\_\_\_\_

Will you be able to perform the job functions for the position you are applying for with or without Reasonable accommodations?  Yes  No

Position applied for: \_\_\_\_\_ Desired Pay: \_\_\_\_\_

Are you currently employed?  Yes  No Start Date: \_\_\_\_\_

Would you like to work?  Full Time only  Part Time Only  Full or Part Time

What times are you available to work? \_\_\_\_\_  
 Please indicate below the exact times you are available on each day:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**EDUCATION:**

<b>Level</b>	<b>Name &amp; Address</b>	<b>Level</b>	<b>Date</b>	<b>Major</b>	<b>Degree/Diploma License/Certificate</b>
<b>Level</b>	<b>Address</b>	<b>Completed</b>	<b>Graduated</b>	<b>Studies</b>	<b>Degree/Diploma License/Certificate</b>
High School					
College					
Graduate School					
Vocational, Business, Other					

**MILITARY:**

Branch: \_\_\_\_\_ Dates of Services: \_\_\_\_\_

Final Rank: \_\_\_\_\_ Assignment: \_\_\_\_\_

Are you now a member of the National Guard? [ ] Yes [ ] No

**REFERENCES:**

(Please provide three references. Not relatives or previous employers)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_ Years Known: \_\_\_\_\_

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

\_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_ Years Known: \_\_\_\_\_

**PREVIOUS EMPLOYMENT:** (You must provide 5 years employment history)

**Dates:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Starting Salary: \$** \_\_\_\_\_ **Ending Salary: \$** \_\_\_\_\_

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

**Reason for leaving:** \_\_\_\_\_

**Dates:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Starting Salary: \$** \_\_\_\_\_ **Ending Salary: \$** \_\_\_\_\_

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

**Reason for leaving:** \_\_\_\_\_

**Dates:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Starting Salary: \$** \_\_\_\_\_ **Ending Salary: \$** \_\_\_\_\_

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

**Reason for leaving:** \_\_\_\_\_

**APPLICANT STATEMENT:** I understand and agree to the following:

This applicant is not a contract of employment. Should the employer hire me and should any of the information I have given in this application be found false, misleading, or incomplete, I shall be subject to dismissal.

The employer follows an "at will" employment policy, meaning I or the employer may terminate employment at any time for any reason consistent with applicable law.

All hired persons must provide proof of identity and authorization to work in the US. Failure to produce such proof will result in denial of employment.

I authorize investigation of all statements given on this application. The employer may contact any educational institution, reference, or employer listed on this application, except my current employer if so noted, to verify the information I have given, I hereby release all involved parties from any liability arising from such an investigation.

I certify that all the information given in this application is complete and true.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date