

FlournoyTough Security Company

Application Form

Name:

Last First Middle

Address

Number Street

City, State, zip

Telephone#

Application Date:

_____ Social Security Number _____

Date of Birth:

_____ Date of Hire _____

Valid Driver License

Yes No

TNDL#

_____ Exp. Date: _____

Own Vehicle

Yes No

Do you have Proof of Insurance _____

Name and phone number to contact in case of an Emergency below

Name	Number	Relationship
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Can you work Nights?

_____ Days? _____

Weekends? _____

Date Available for work: _____

Education:

Name of High School: _____

Graduated?

Yes No

Diploma?

Yes No

GED? _____

Yes No

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Have you ever been convicted of a crime? Yes No

If you circled yes explain below. Circle One

Have you ever been diagnosed with a mental illness. Yes No

If yes explain: Circle One

Work History: Last five years required

(Facility must document contacts with employers of 6 months or longer plus most recent)

	Dates (Begin-End)	Previous Employer with address/phone number/contact person	Position	Reason for Leaving	Facility Contact Notes (Date/Person/Comments)
1					
2					
3					
4					
5					

Personal References: Must list three; one must have known you at least five years.

(Don't list work reference Contacts)

(Facility must document Contact with at least two of the three references)

	Name	Address	Phone
1			
2			
3			

All of the information on all pages is true to the best of my knowledge.

I understand that a criminal background check is required for this position.

Signature: _____ Date: _____

