



HYLTON SECURITY, INC.

Tant Que Je Puis

“As Much As I Can”

Diligence* Determination* Dedication

Employment Application

*If not using the online application, please print the printable version of this application and return this application to:

HYLTON SECURITY INC.

Human Resources
1015 2nd Street, 2nd Floor
Sacramento, CA 95814

Your Name : _____

Position applying for : _____

Where did you learn about this vacancy? _____



HYLTON SECURITY, INC.

Application for Employment

(Incomplete applications will not be considered)

If mailing, please print:

Date : _____ Guard Card Registration# : _____

Complete Name/Last Name First : _____

Address : _____

City : _____ State : _____ Zip Code : _____

Bus. Phone : _____ Home Phone : _____ Cell : _____

Best Time To Contact & Number _____

Employment Desired

Position Applying For : _____

Full Time : _____ Part Time : _____

Shifts You Are Able To Work;

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
0800-1600	_____	_____	_____	_____	_____	_____	_____
1600-2400	_____	_____	_____	_____	_____	_____	_____
0000-0800	_____	_____	_____	_____	_____	_____	_____

Alternate Shift Hours Desired _____

Are You Available On-Call? Yes _____ No _____

Salary Desired _____

Personal Information

Have You Ever Applied Or Worked For HYLTON SECURITY INC. Before?

Yes _____ If Yes, When? _____ No _____

Do You Have Any Certificates That Are Law Enforcement Related? Yes _____ No _____

Do You Have Any Training Certificates That Are Security Related? Yes _____ No _____

Please List Certificates;

1 _____ 2 _____ 3 _____

4 _____ 5 _____ 6 _____

Have You Served In The Military? Yes _____ No _____

If Yes, What Was The Disposition Of Your Discharge? _____

Do You Speak Fluently A Language Other Than English Or ASL? Yes _____ No _____

If Yes, What Language(s) Do You Speak Fluently? _____

Do You Have Any Friends Or Relatives Working For HYLTON SECURITY INC.?

Yes _____ No _____ If Yes, Please List Name And Relationship;

Name _____ Relationship _____

Name _____ Relationship _____

If Hired, Do You Have Reliable Transportation? Yes _____ No _____

Are You At Least 18 Years Old? Yes _____ No _____

If Hired, Can You Present Evidence Of Your United States Citizenship Or Your Legal

Right To Live And Work In This Country? Yes _____ No _____

Are You Able To Perform The Essential Functions Of The Job For Which You Are

Applying For With Or Without Reasonable Accommodation? Yes _____ No _____

If No, Describe Functions That Cannot Be Performed;

Education, Training, And Experience

High School

Name _____ Address _____

City _____ State _____ Zip _____

Did You Graduate? Yes _____ No _____ Degree or Diploma? _____

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College Or University

Name _____ Address _____

City _____ State _____ Zip _____

Did You Graduate? Yes _____ No _____ Degree? _____

.....

Vocational Or Business School

Name _____ Address _____

City _____ State _____ Zip _____

Vocation? _____ Did You Graduate? Yes _____ No _____

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Employment History : List Below All Past And Present Employers For The Last Three _____
(3)Years. Begin With The Most Recent. You Must Complete This Section Even If Attaching
A Resume.

Name Of Employer _____ Phone # _____

Type Of Business _____ Supervisor _____

Address _____

City _____ State _____ Zip _____

Dates Of Employment: From _____ To _____ Wage _____

Your Position And Duties _____

Reason For Leaving _____

May We Contact This Employer For A Reference? Yes _____ No _____

Name Of Employer _____ Phone # _____

Type Of Business _____ Supervisor _____

Address _____

City _____ State _____ Zip _____

Dates Of Employment: From _____ To _____ Wage _____

Your Position And Duties _____

Reason For Leaving _____

May We Contact This Employer For A Reference? Yes _____ No _____

.....

Name Of Employer _____ Phone # _____

Type Of Business _____ Supervisor _____

Address _____

City _____ State _____ Zip _____

Dates Of Employment: From _____ To _____ Wage _____

Your Position And Duties _____

Reason For Leaving _____

May We Contact This Employer For A Reference? Yes _____ No _____

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***NOTE:** Attach Additional Pages If Necessary.

References

List Two (2) Persons, Not Related To You, Who Has Knowledge Of Your Work Performance During The Last Three (3) Years.

Name _____ Phone# _____

Address _____

City _____ State _____ Zip _____

.....

Name _____ Phone# _____

Address _____

City _____ State _____ Zip _____