M&G SECURITY
Your safety is our concern

P.O. Box 6225 Wyomissing, PA 19610
484-256-0503

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, political affiliation, or disability.

PERSONAL INFORMATION

_____ _____ _____
Last Name First Middle

_____ _____ _____ _____
Address City State Zip

_____ _____ _____ _____
Phone No. (Mobile / Home) Driver License No. Social Security No. Date of Birth

_____ Date available to start? _____ Salary Desired? _____
E-mail Address

Are you legally eligible to work in the United States? ☐ Yes ☐ No

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

Are you currently employed? (If yes, employers name) _____

Are you or have you ever served in the U.S. Military Service? ☐ Yes ☐ No

If yes, Branch _____ Rank _____ Discharge Date _____

List any special training or skills you received _____
_____
_____
_____

List professional trade or business organizations to which you belong and offices held _____
_____
_____
_____

EDUCATION

	NAME AND ADDRESS OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	DIPLOMA / DEGREE
HIGH				
COLLEGE				
OTHER				

FORMER OR CURRENT EMPLOYERS

(List below your last two employers within five years)

_____

Name & Address of Employer

_____	_____	_____	_____	_____
From	To	Position	Salary	Reason for leaving

_____

Name & Address of Employer

_____	_____	_____	_____	_____
From	To	Position	Salary	Reason for leaving

_____

Name & Address of Employer

_____	_____	_____	_____	_____
From	To	Position	Salary	Reason for leaving

REFERENCES

(Give the names of three persons not related to you and have known you for at least one year)

Name	Address	Phone No.	Years
1._____			
2._____			
3._____			

IN CASE OF AN EMERGENCY CONTACT: _____

Name Address Phone No.

I certify that all information submitted by me on this application is true and correct. I understand that any false information, omissions or misrepresentations are discovered, my application may be rejected and if employed, my employment may be terminated at any time. In consideration of my employment, I agree to confirm to the company's rules and regulations and I agree that my employment and compensation can be terminated with or without notice at any time at either mine or the company's option.
I also understand and agree that the terms and condition of my employment may be changed with or without cause and with or without notice at any time by the company. I understand that no company representative, other that it's president and then only in writing and signed by the president, has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

_____ _____

Signature Date

Interview Date: _____

Remarks:

_____

_____

Hire Date: _____ Salary / Wage: _____

Reason for Termination: _____ Termination Date: _____