

## Central Defense Security

6084 APPLE TREE DRIVE, STE 1

MEMPHIS, TN 38115

# PLEASE READ PRIOR TO STARTING APPLICATION

**IN ORDER TO BE CONSIDERED FOR EMPLOYMENT  
WITH CENTRAL DEFENSE SECURITY, YOU MUST:**

1. HAVE A CLEAN NATIONAL CRIMINAL BACKGROUND

BACKGROUND CHECKS WILL BE RUN

**a. NO FELONY CONVICTIONS**

**b. NO MISDEMEANOR CONVICTIONS INVOLVING  
WEAPONS, THEFT, ASSAULT OR DRUGS**

2. BE FREE OF ILLEGAL SUBSTANCES—ONSITE URINALYSIS  
WILL BE PERFORMED

3. HAVE A VERIFYABLE HIGH SCHOOL DIPLOMA OR G.E.D.

4. BE AT LEAST 18 YEARS OF AGE WITH *SOME WORK  
HISTORY*

5. **SECURITY IS A 24 / 7 BUSINESS. IF YOU CANNOT WORK  
ANY SHIFT AND ANY DAY YOU MAY NOT BE CONSIDERED  
FOR MOST AVAILABLE POSITIONS**

**IF YOU DO NOT MEET ALL OF THE ABOVE CRITERIA, PLEASE DO NOT APPLY.**

BY SIGNING BELOW YOU ACKNOWLEDGE THE ABOVE REQUIREMENTS FOR  
EMPLOYMENT WITH CENTRAL DEFENSE SECURITY  
THANK YOU FOR YOUR COOPERATION.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# CENTRAL DEFENSE SECURITY

6084 Apple Tree Drive, Suite 1  
 Memphis, TN 38115



## Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Primary Phone			Alternate Phone		
Date Available		Social Security No.		Desired pay \$ _____ Hour	
Position Applied for			Security License # _____		Armed <input type="checkbox"/> Unarmed <input type="checkbox"/>
Are you authorized to work in the US?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for CDS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Do you know someone or have a relative working for CDS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?		

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references. No relatives.</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

**PREVIOUS EMPLOYMENT LIST ENTIRE LAST 10 YEARS OF EMPLOYMENT**

<b>Company</b>		Phone (    )	
Address		Supervisor	
Job Title		Starting Pay \$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your current employer for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/> Explain
<b>Company</b>		Phone (    )	
Address		Supervisor	
Job Title		Starting Pay \$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
Were you terminated?		YES <input type="checkbox"/>	NO <input type="checkbox"/> Explain
<b>Company</b>		Phone (    )	
Address		Supervisor	
Job Title		Starting Pay \$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
Were you Terminated?		YES <input type="checkbox"/>	NO <input type="checkbox"/> Explain
<b>Company</b>		Phone (    )	
Address		Supervisor	
Job Title		Starting Pay \$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
Were you Terminated?		YES <input type="checkbox"/>	NO <input type="checkbox"/> Explain
<b>Company</b>		Phone (    )	
Address		Supervisor	
Job Title		Starting Pay \$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
Were you Terminated?		YES <input type="checkbox"/>	NO <input type="checkbox"/> Explain
<b>Company</b>		Phone (    )	
Address		Supervisor	
Job Title		Starting Pay \$	Ending Pay \$
Responsibilities			
From	To	Reason for Leaving	
Were you terminated?		YES <input type="checkbox"/>	NO <input type="checkbox"/> Explain

How did you hear about Central Defense Security? \_\_\_\_\_

**MILITARY SERVICE**

Branch		From		To	
Rank at Discharge		Type of Discharge			
If other than honorable, explain					

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate termination. I authorize Central Defense Security to investigate and verify information I have provided in my application for employment. This verification process may include records from courts record repositories, departments of motor vehicles, past or present employers, educational institutions, governmental licensing or registration entities, business or personal references, credit reporting agencies and any other source available to verify information that I have voluntarily supplied. I release Central Defense Security and its representatives from any claims, losses, damages, or other liability due to any acts resulting from or related to any such background information. In addition, I understand that any potential employment with Central Defense Security is at-will which means I may resign at any time with or without cause, and Central Defense Security may terminate my employment at any time, with or without cause or advance notice.

Signature		Date	
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AT A GLANCE

Applicant Name \_\_\_\_\_

Date \_\_\_\_\_

Position Applied For \_\_\_\_\_

1. How did you hear about our company? \_\_\_\_\_

2. Current Employer: \_\_\_\_\_

3. Full Time or Part Time (circle 1)

4. Days of Week prefer to Work:

Monday  Tuesday  Wednesday  Thursday  Friday   
Saturday  Sunday

5. Shifts available to work  1<sup>st</sup> (6 to 8am th 2 to 5pm)  
 2<sup>nd</sup> (2 to 4pm th 10:00 to 12:00pm)  
 3<sup>rd</sup> (10:00 to 12:00pm th 6 to 8am)

6. Do you have reliable transportation?  Yes  No

7. Would you prefer to work at the same location?  
 Yes  No Doesn't Matter

8. Are you able to work standing on your feet for long periods of time?  
 Yes  No

9. What area of town do you prefer to work?  
\_\_\_\_\_

10. What is the best way to contact you? \_\_\_\_\_

11. Do you have security experience? \_\_\_\_\_

12. Guard License # \_\_\_\_\_

13. Additional Comments \_\_\_\_\_  
\_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

During the application process and at any time during the tenure of my employment with Central Defense Security, I authorize Central Defense Security to investigate and verify information I have provided in my application for employment. This verification may include records from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied.

\_\_\_\_\_  
Applicant/Employee Name (please print)      Middle Initial      Date

\_\_\_\_\_  
Applicant/Employee Name-- Signature

\_\_\_\_\_  
Social Security Number      Date of Birth

Applicant/Employee Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Previous address if less than 5 years:

\_\_\_\_\_  
Address      City      State      Zip

## DRUG TEST AUTHORIZATION PERMISSION FORM

I, \_\_\_\_\_, acknowledge that I have been advised that I am required to submit to a drug screen test as part of the Drug And Alcohol Abuse policy of Central Defense Security as a requirement of the company's pre-employment background check program or part of the company's drug testing program. I further understand that the Drug And Alcohol Abuse policy prohibits the presence of illicit substances in the systems of its employees while on the job. A confirmed positive test is a violation of this policy. Additionally, a refusal to test, failure to submit adequate urine for test, or adulterated sample, constitutes a positive test.

I understand that it is my responsibility prior to the drug testing to inform Central Defense Security of any medication, prescribed or non-prescribed, that I may be taking and/or have taken within the last 60 days prior to the testing.

I consent to the release of the results of any drug test to authorized representatives of the Central Defense Security for appropriate review. I release Central Defense Security and its representatives from any claims, losses, damages or other liabilities due to any acts, omissions or negligence arising from or related to such testing.

I acknowledge that the Drug and Alcohol Policy of Central Defense Security is to have a drug free environment. I consent freely and voluntarily to a drug test under the circumstances described above along with all the terms and conditions of the Drug and Alcohol Policy. I also understand that although I may not agree with the Drug and Alcohol Policy of Central Defense Security, failure to acknowledge the policy with my signature below may prohibit my employment with Central Defense Security. A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date