



# Watch Eye Security, LLC

Employment Application

12 Veterans Square  
Media, PA 19063

Position Title \_\_\_\_\_ Social Security Number: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle (Maiden)

Present Address \_\_\_\_\_  
#Street City State Zip

How long have you lived at your present address? \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(If different) Street City State Zip

Previous Address \_\_\_\_\_ How long did you live there? \_\_\_\_\_  
City State

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Have you ever pled "No Contest" to, or have been convicted of a felony or first degree misdemeanor? Yes \_\_\_ No \_\_\_

If yes, explain fully. Conviction will not necessarily disqualify an applicant from employment, but will be weighed on its own merit with respect to time, circumstances, seriousness and the position for which you have applied.

\_\_\_\_\_  
\_\_\_\_\_

Can you work: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time Specify days and hours? \_\_\_\_\_

Can you work Shifts? \_\_\_\_\_ Yes \_\_\_\_\_ No Are you claiming Veterans Preference? \_\_\_\_\_ Yes \_\_\_\_\_ No

Were you in the U.S. Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what Branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ to \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Duties in service including special training:

\_\_\_\_\_  
\_\_\_\_\_

## Personal References (not from relatives)

Full Name \_\_\_\_\_ Occupation \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Full Name \_\_\_\_\_ Occupation \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Full Name \_\_\_\_\_ Occupation \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Full Name \_\_\_\_\_ Occupation \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Full Name \_\_\_\_\_ Occupation \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Daytime Phone \_\_\_\_\_

## Employment History

Please list all employment past and present including volunteer experience (temporary and part time). Account for all periods, including unemployment and service in the Armed Forces. If you were employed under a different name, please enter the name in the spaced provided. Begin with your most recent or present employer.

Name of Company \_\_\_\_\_ Company Phone \_\_\_\_\_  
Job description / work \_\_\_\_\_

If employed under a different name (maiden) \_\_\_\_\_ Last Salary (Monthly) \_\_\_\_\_

Employment Dates \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name of Company \_\_\_\_\_ Company Phone \_\_\_\_\_

Job description / work \_\_\_\_\_

If employed under a different name (maiden) \_\_\_\_\_ Last Salary (Monthly) \_\_\_\_\_

Employment Dates \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name of Company \_\_\_\_\_ Company Phone \_\_\_\_\_

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Name of Company \_\_\_\_\_ Company Phone \_\_\_\_\_

Job description / work \_\_\_\_\_

If employed under a different name (maiden) \_\_\_\_\_ Last Salary (Monthly) \_\_\_\_\_

# PERMISSION FOR JOB BACKGROUND INVESTIGATION AND RELEASE FORM FOR CONSUMER REPORTS

I, the undersigned Applicant, agree and authorize Watch Eye Security, LLC to investigate all areas of my employment background in connection with my application for employment.

I hereby authorize without reservation, any party or agency contacted by Watch Eye Security, LLC to furnish the above-mentioned reports at any time during my employment with Watch Eye Security, LLC.

I further authorize ongoing procurement of the above-mentioned reports at any time during my employment with Watch Eye Security, LLC.

Print your full name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

### For Identification Purposes:

Social Security Number: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Race: \_\_\_\_\_ Gender \_\_\_\_\_

Driver's License – State: \_\_\_\_\_ Number: \_\_\_\_\_

Date of Birth: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Other or former names: \_\_\_\_\_

Professional license – State: \_\_\_\_\_ Type: \_\_\_\_\_ Number: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

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

\_\_\_\_\_  
Printed Witness Name

***Application will be considered as incomplete if applicant's signature is not witnessed***

Email Completed application to: **Careers@watcheye-security.com**  
Or mail to: **12 Veterans Square Media, PA 19063**