



# AAA PROTECTIVE SECURITY & CONSULTING GROUP INC.

APPLICATION FOR EMPLOYMENT

TEL: 213-536-4583

FAX: 213-536-4593

PERSONAL INFORMATION		
<b>FIRST NAME:</b>	<b>LAST NAME:</b>	<b>DATE:</b>
<b>SOCIAL SECURITY#:</b>	<b>ALIEN REGISTRATION#:</b>	
<b>HOME ADDRESS:</b>	<b>ALIEN REGISTRATION EXP:</b>	
<b>CITY, STATE, ZIP CODE:</b>		
<b>HOME PHONE:</b>	<b>MOBILE PHONE:</b>	
<b>EMAIL ADDRESS:</b>		
<b>US CITIZEN:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>DAY OF BIRTH:</b>	
<b>GUARD CARD#:</b>	<b>UNIFORM SHIRT SIZE:</b>	<b>UNIFORM PANT SIZE:</b>
POSITION APPLYING FOR		
<b>TITLE:</b>	<b>SALARY DESIRED:</b>	
<b>REFERRED BY:</b>	<b>DATE AVAILABLE:</b>	
EDUCATION INFORMATION FOR HIGH SCHOOL & COLLEGE		
<b>SCHOOL NAME:</b>	<b>ADDRESS:</b>	
<b>CITY, STATE, COUNTRY:</b>	<b>GRADUATION DATE:</b>	
<b>COLLEGE / BUSINESS / TECHNICAL SCHOOL NAME:</b>	<b>ADDRESS:</b>	
<b>DATES ATTENDED:</b>	<b>DEGREE / MAJOR:</b>	
<b>UNDER / GRADUATE COLLEGE NAME:</b>	<b>ADDRESS:</b>	
<b>DATES ATTENDED:</b>	<b>DEGREE / MAJOR:</b>	
EMERGENCY CONTACTS & TELEPHONE NUMBERS		
<b>NAME:</b>	<b>PHONE:</b>	<b>RELATIONSHIP:</b>
<b>NAME:</b>	<b>PHONE:</b>	<b>RELATIONSHIP:</b>
<b>NAME:</b>	<b>PHONE:</b>	<b>RELATIONSHIP:</b>
AVAILABILITY		
<b>MORNING SHIFT:</b>		
<b>SWING SHIFT:</b>		
<b>GRAVE YARD SHIFT:</b>		

