

## **Code Enforcement Security, Inc.**

6447 NW 82nd Ave Miami, FL 33166



Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

First Name
Middle Name
Last Name
Driver's License #:
State License #:
D.O.B
Social Security Number
Street Address
City, State, Zip Code
Phone Number
Are you eligible to work in the United States? Yes No
If you are under age 18, do you have an employment/age certificates?  Yes No
Have you been convicted of or pleaded no contest to a felony within the last five years? Yes No
If yes, please explain:

POSITION/AVAILABILITY: Position Applied For:	
Days/Hours Available Monday Tuesday Wednesday Thursday Friday Saturday	_ Sunday
Hours Available: from to	
What date are you available to start work?	
EDUCATION: Name and Address of School - Degree/Diploma - Graduation Date	
Skills and Qualifications: Licenses, Skills, Training, Awards	

## 

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## **May We Contact Your Present Employer?**

Yes \_\_\_\_\_ No \_\_\_\_

<b>Previous Position:</b>	
Employer:	
Address:	
Supervisor:	
Phone:	
Email:	
Position Title:	
From: To:	
Responsibilities:	
Salary:	
Reason for Leaving:	

Military Service:		
Branch: D	Pates served from: // to //	
Special Duties and/or Spec	ial Training:	
Rank at discharge:	Member of National Guard or Reserves: _	
Do you have a D.D.214? _	, If yes please provide us with a copy.	
References:		
Name/Title Address Phone		
information may be ground	ontained in this application is true and complete.  Is for not hiring me or for immediate termination ired. I authorize the verification of any or all info	of employment at any
Signature		
Date		