



Moon Security Services, Inc.

P.O. Drawer B, Pasco, WA 99302

Ph. 509-545-1881 / 800-722-1070, Fax 509-545-4585

Application Information

We are an at-will employer, meaning that either the employer or the employee may end the employment relationship at any time and for any reason.

** The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Some states prohibit discrimination because of age. The Age Discrimination in Employment act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age. If this state prohibits the request of any information on this form, this information will not be used to discriminate against possible employment. **

			Date:		
Last Name:		First Name:		Middle Name:	
Street Address:			City:		State:
					Zip Code:
Telephone Number(s)					
Home:			Cell:		

Position applied for: _____

How did you hear about us? _____

Salary requirements: _____

Date Available: _____

Are you a United States citizen? Yes No If no, are you lawfully authorized to work in the United States? Yes No

Have you ever been convicted of a crime? Yes No *Conviction will not necessarily disqualify you from employment.*

If yes, please explain: _____

Do you have a valid driver's license? Yes No If yes: State of issue: _____

Have you been convicted of, or pled guilty to, any traffic-related offense within the past five years? Yes No

Have you had your license suspended or revoked, or had your driving privileges modified by a court of law? Yes No

Please list any professional licenses, designations, certifications, etc. that may relate to the position applied for:

License #	Certification	Date Granted	Name of Organization	Other

EDUCATION

School	Name and address of school	Course of study	Did you graduate?	List diploma or degree
High			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (<i>specify</i>)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Application Information

EMPLOYMENT

EMPLOYMENT HISTORY				<i>Start with your present or most recent job.</i>	
Include any job-related military service assignments, self-employment, summer and part-time jobs.					
① Company:		Address:		Telephone:	
Dates	FROM: / /	Leaving salary:	Supervisor:		
Employed:	TO: / /				
Your duties:					
Reason for leaving:					
② Company:		Address:		Telephone:	
Dates	FROM: / /	Leaving salary:	Supervisor:		
Employed:	TO: / /				
Your duties:					
Reason for leaving:					
③ Company:		Address:		Telephone:	
Dates	FROM: / /	Leaving salary:	Supervisor:		
Employed:	TO: / /				
Your duties:					
Reason for leaving:					

If currently employed, may we contact your present employer? Yes No

REFERENCES (Professional)

Name	Address	Phone Number

Name of friends and/or relatives employed by this organization: _____
 _____ Position held: _____

ACKNOWLEDGEMENT *(please read before signing)*

The facts set forth in my applications for employment are true and complete. I understand that if employed, false or misleading statements on this application may result in dismissal.

I UNDERSTAND THAT, IF THE COMPANY EMPLOYS ME, EITHER THE COMPANY OR I CAN TERMINATE MY EMPLOYMENT WITH OR WITHOUT CAUSE AT ANY TIME FOR ANY OR NO REASON.

I understand that upon offer for employment, a background check (attached) will be performed. And, the offer may be rescinded based upon data received in the background check.

Signature of Applicant

Date

Application Information

CONSENT TO CONDUCT BACKGROUND INVESTIGATION

Please read this section carefully and acknowledge your understanding by signing your name in the space below. I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge.

1. Consent to conduct background investigation:

As a condition for Moon Security Services' consideration of this application, I give my permission to Moon Security Services, Inc. (MSSI) to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to MSSI to conduct this investigation and to discuss the results in connection with my application for employment.

2. Consent to contact past employers:

I give permission to MSSI to contact all employers listed in this application (except those specifically excluded) for references, I further give permission to call current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with MSSI, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of MSSI. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

3. Consent to criminal/civil background investigation:

I give permission to any agent, attorney or representative of MSSI to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.

4. Cooperation with investigation:

I agree to fully cooperate in MSSI's background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state, or local government agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

5. Falsification statement:

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may result in rejection of this application, or if discovered after an offer of employment, in immediate dismissal.

6. Employment:

In consideration of my employment, I agree to conform to the rules and regulations of MSSI.

Applicant's Name *(please print)*

Aliases / Maiden Name

Social Security Number

Date of Birth

Driver's License Number

Please list all states from which you hold, or have held, a driver's license

Applicant's Signature

Date