



PRE-EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

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 release.*

Signature: _____ Date: _____

Investigation Consent Form

I understand and acknowledge that an investigative consumer report may be obtained for employment purposes. I authorize the company I have made application with, or its designated agent, to conduct pre-employment or other employment related inquiries after I am hired (to the extent allowed by law) and authorize any past or present employer, or other business, governmental agency or individuals contacted to supply the requested information and documents concerning me and to provide full and complete disclosure. I understand that all pre-employment screening activities are conducted in compliance with ADA, EEOC, and the Fair Credit Reporting Act requirements. I release from liability the company I have made application with, and its representatives for gathering and using such information. I fully release the person or entity providing the information of any right of claim of confidentiality concerning disclosure of the information requested below or any and all claims, actions or causes of action which may arise as a consequence of the release of such information as may be requested concerning: (1) Complete background reference and work history checks; (2) Criminal and civil litigation history information or any other public records (such as driving records, liens, judgments, and sex offender status); (3) Credit reports, academic achievement, professional licensure, bankruptcy filings; (4) Previous incidents of alleged sexual or racial harassment; (5) Previous incidents of violent behavior and/or suspected dishonest acts; (6) Results of previous drug testing within the past two years if positive to illegal substances; (7) Eligibility for rehire and circumstances of previous separations from employment; (8) Social Security Number verification and (9) Information concerning any or all worker's compensation claims if a conditional offer of employment has been made. I request that any law enforcement agency, information service bureau, employee reference, or insurance company contacted adhere to this investigation consent form to cooperate fully and completely in responding to the inquiries.

Signature

Date

APPLICANT INFORMATION:

Last Name

First Name

M.I.

Maiden Name

Address

City

State

Zip

Social Security Number

Date of Birth

Driver's License Number State/Date Issued

SERVICES ORDERED: Write in states/counties to be researched. You may write "ALL" in the Statewide and/or County Criminal History blanks. Where "ALL" is written, research will be performed in the counties and/or states uncovered by the SSN Trace.

_____ Social Security Number Validation

_____ Sexual Offender Search

_____ Social Security Number Trace

_____ Terrorist Search

_____ Statewide Criminal

_____ Nationwide Wants and Warrants

_____ County Criminal

_____ Bankruptcy Report

_____ Federal Criminal

_____ Workers Compensation History

_____ Statewide Criminal Database Search

_____ Education Verification

_____ Nationwide Criminal Database Search

_____ Employment Verification

_____ Motor Vehicle Records (MVR)

_____ Personal Reference Checks

_____ County Civil Records

_____ OIG Search

_____ Federal Civil Records

_____ GSA Search

EMAIL/FAX COMPLETED REPORT TO: _____

ORDERED BY: _____

DATE: _____



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP Employer Completes Next Page **STOP**

Mills Security, Inc. Non-Compete Agreement

In consideration of my being employed by MILLS SECURITY, INC. I, the undersigned, hereby agree that during my employment with MILLS SECURITY, INC. and upon the termination of my employment and notwithstanding the cause of termination, I shall not compete with the business of MILLS SECURITY, INC. or its successors or assigns.

This non-compete agreement shall pertain to any employee, contractor, subcontractor, officer, manager or consultant of MILLS SECURITY, INC. and shall legally prevent said employee, contractor, subcontractor, officer, manager or consultant from directly or indirectly conducting or attempting to conduct business with MILLS SECURITY, INC. clients who have in effect a business relationship with MILLS SECURITY, INC. This non-compete agreement shall remain in full force and effect during the employment period of said employee, contractor, subcontractor, officer, manager or consultant and shall continue for 3 years after the termination of said employment.

For purposes of this agreement, the term "employment" pertains to all classifications of employees, contractors and subcontractors who are doing business with MILLS SECURITY, INC.

Signed this _____ day of _____, 20__.

Employee/Subcontractor Name

Employee/Subcontractor Signature

Employer/Contractor Name

Employer/Contractor Signature



Uniform Rental Agreement

I agree to enroll in the MILLS SECURITY INC. rental uniform plan which my company, MILLS SECURITY INC. has agreed to install for my convenience. I accept all terms of the service agreement, cost of service, applicable tax, and period of enrollment. This agreement authorizes MILLS SECURITY INC. to deduct the cost of the uniform from my salary if I:

1. Fail to return the uniform upon request of MILLS SECURITY INC. Management; or
2. Intentionally/accidentally destroy any piece of my uniform
3. Lose my uniform
4. Fail to clean uniform before turning it in

I agree to pay:

\$75 per Uniform Winter Coat

\$65 per Uniform Spring Jacket

\$45 per Uniform Shirt (Polo with MILLS SECURITY INC. logo)

\$35 per Uniform Hat

\$10 per Unclean/Unwashed shirt

Please keep in mind that all of the above items belong to MSI and just because you get charged for it, does not mean the property now belongs to you.

The enrollment agreement is automatically cancelled upon termination of my employment. Upon cancellation, I accept the responsibility to see that all garments assigned to me are returned. In the event all garments are not returned, I authorize MILLS SECURITY INC. to deduct from my salary the cost of the missing garments. The replacement rates agreed to by my company, MILLS SECURITY INC. as listed above.

AUTHORIZATION By: _____

Employee Name: _____

Employee Signature

Date:

Date Issued

Item(s):

Replacement value:



Payback Agreement Form

Mills Security, Inc. pays for employee's drug testing and background check. If you quit or are terminated before 90 days you must pay the full amount back to Mills Security, Inc.

I _____, agree to pay a fee of \$35 for drug testing and \$35 for background check if I do not exceed the 90 days.

Employee _____ Date _____

MSI _____ Date _____



Photo I.D. Agreement

Mills Security, Inc. will provide you with a photo I.D. name badge. M.S.I. will be responsible for the cost of the “first” badge.

It is a requirement by M.S.I. clients that its employees have a photo I.D. for safety and identity purposes.

Your photo name badge is a part of your uniform as an employee of M.S.I. It must be worn at all times when at location.

I _____, agree to pay a fee of \$25 if badge is lost or stolen, for a replacement.

Employee _____ Date _____

MSI _____ Date _____