

Employment Application

Hillside Investigative Services LLC

Full Name:	Name:				Date:				
	Last	First			M.I.				
Address:	Street Address					Anor	tmont/l In	:1 44	
	Street Address					Араг	tment/Un	П #	
	City				State	ZIP (Code		
	•								
Phone:		E	.mail <u>:</u>						
Date of Birt	h: Social	Security No.:			Driver Licer	nse ID#:	YES	NO.	
Are you a c	itizen of the United States?		f no, are	you au	thorized to wor	k in the U.S.?		NO	
Have you e	ver worked for this company?	YES NO	f yes, wh	nen?					
	ver been convicted of a		f yes, ex	plain?					
misaemean	nor or felony?	Educa	ation						
High School	ol:	Address:_	YES	NO					
From:	To:	Did you graduate?			Diploma:				
College:		Address:_							
From:	To:	Did you graduate?	YES	NO	Degree:				
Other:			_						
			YES	МО	_				
From:	To:	Did you graduate?			Degree:				
		Refere	nces						
	three professional references.								
Full Name:					Relation	ship:			
Company:					Ph	none:			
Address:									
Full Name:	_				Relation	ship:			
Company:					Ph	none:			
Address:									
Full Name:					Relation	ship:			
Company:					<u></u>				
						IUI IC			
Address:									



	F	revious Emplo	yment	
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting Salary:\$			Ending Salary: \$
Responsib	ilities:			
From:	To:		son for Leaving:	
May wa aa	ntact your previous supervisor for a ref	YE	S NO	
way we co	Thact your previous supervisor for a rei	erence?		
Company:				Phone:
				Supervisor:
	Starting Salary:\$			
	ilities:	·	*	Zildilig Calary.
From:	To:	Rea	son for Leaving:	
		YE		
May we co	ntact your previous supervisor for a ref	erence?		
Compony				Dhono
				Phone:
			<u> </u>	Supervisor:
	ilition		>	Ending Salary: <u>\$</u>
Responsibl From:	ilities: To:	Pos	son for Leaving:	
1 10111.	10:	YE		
May we co	ntact your previous supervisor for a ref	erence?		
		Military Serv	ice	
Branch:		· ·		To:
Rank at Dis	scharge:			
	n honorable, explain:			
	Law Enforcement	/ Private Invest	tigator / Secur	ity Guard
Are you an Location:	Active Police or Peace Officer?	YES N	O	rovide location, Agency & Department?
	Retired Police or Peace Officer?	Agency:	O If yes, pr	Dept: rovide location, Agency & Department?
Location:		Agency:		Dept:
Are you a l UID#	Licensed Private Investigator?	YES ☐ No State:	O ∐ If yes, p	rovide State & UID# & expiration date? Expires:
	nployed under another Private Investig			yes, provide UID# & Company Name?
	Pistol Permit / Concealed Carry Licens		IO 🗌 If ye	es, provide ID# & County/State issued?
	New York State Licensed Security Gua or UNARMED UID#:			f yes, provide UID# & Expiration Date? Expires:
) applying for? Unarmed Security		ed Security Age	ent Private Investigator
	Office / Administrat	ion 🔲 Reci	uitment 🗌	Other _



	Emergency Contacts
Emergency Contact #1:	Relationship:
Contact Address:	Contact Phone #:
Emergency Contact #2:	Relationship:
Contact Address:	Contact Phone #:
	Disclaimer and Signature
knowledge. I agree to a comprehensive ba	my answers and provided information are true and complete to the best of my ackground/criminal check with the submission of this application, as required for it, I understand that false or misleading information in my application or use.
Signature:	Date: