



Schaad Detective Agency, Inc.

1114 ROOSEVELT AVE • YORK, PA 17404

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for employment without regard to race, color, national origin, religion, sex, age, disability, citizenship status, veteran status, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification.

1. Date _____ 2. Soc. Sec. No. _____

3. NAME (Please Print) _____
(Type or use ink) Last First Middle

Date available for work _____

4. Type of work desired _____

5. Permanent Address _____
Street and Number City State Zip Code Tel. No.

6. How long have you resided at permanent address? _____ In present city? _____

7. School / Temporary Address _____
Street and Number City State Zip Code Tel. No.

8. EDUCATION

Type of School	Name of School	City and State	Years Completed	Graduate		Courses Pursued Degrees Granted
				Yes	No	
Senior High School						
College or University						
Other including Trade, Evening, Military, or Graduate						

9. Are you a U.S. citizen or an alien legally entitled to work in the position(s) for which you have applied? _____

If you are offered employment with Schaad Detective Agency, Inc., you will be required, by federal law, to furnish documents verifying your identity and showing you are either a U.S. citizen or an alien authorized to work in the U.S. Individuals who do not furnish those documents cannot work for Schaad Detective Agency, Inc.

10. Positions involving motor vehicle operation require a valid operator s license and verification of acceptable driving record.

Do you have a valid operator s license? _____ State / Country _____

Drivers License # _____ Expiration Date _____

Has your license ever been revoked? _____ Suspended? _____

Have you had any moving violations and / or accidents in the past three years? _____

11. Person to notify in case of emergency _____

Phone # of person to notify in case of emergency _____

12. Were you referred to this company by anyone? _____ If so, by whom? _____

13. EMPLOYMENT RECORD

Did you ever apply for a position with this Company? _____ Date(s)? _____

Were you ever employed by this Company? _____ If so, where and when? _____

Reason for leaving _____

PREVIOUS EMPLOYMENT <small>(print)</small>	TYPE OF WORK YOU PERFORMED <small>Type of Industry and Department</small>	
I Name _____ Street Address _____ City & State _____ Title of Position Held _____ Person you worked for _____ Reason for Leaving _____	Date Mo. & Year From _____ To _____	Salary or Base Rate Amt. _____ Per _____
II Name _____ Street Address _____ City & State _____ Title of Position Held _____ Person you worked for _____ Reason for Leaving _____	Date Mo. & Year From _____ To _____	Salary or Base Rate Amt. _____ Per _____
III Name _____ Street Address _____ City & State _____ Title of Position Held _____ Person you worked for _____ Reason for Leaving _____	Date Mo. & Year From _____ To _____	Salary or Base Rate Amt. _____ Per _____
IV Name _____ Street Address _____ City & State _____ Title of Position Held _____ Person you worked for _____ Reason for Leaving _____	Date Mo. & Year From _____ To _____	Salary or Base Rate Amt. _____ Per _____

May we contact the employers listed above? _____ If not, indicate which one(s) you do *not* wish us to contact _____

14. Have you ever been bonded? _____ Name Bonding Company, if known _____

15. Have you ever been convicted of a crime? _____ If yes, explain _____

16. Have you ever served in the U.S. Armed Forces? Yes _____ No _____ Branch _____ Dates _____

Number of Years _____ Duties while in service _____

Do you have a disability which would limit or prohibit you from performing the work for which you have applied? _____

If yes, explain _____

PERSONAL REFERENCES (Not Relatives)

NAME	ADDRESS	BUSINESS OR OCCUPATION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

APPLICANT'S STATEMENT

(Please indicate that you have read and that you understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph.)

NOTE: Please look over your application to make sure you have answered every item. Be sure you have recorded your Social Security Number on this form. Failure to complete the application will eliminate you from further consideration.

Information in questions 10, 15, 16 will be kept confidential, except that:

- Supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans or disabled individuals, and regarding necessary accommodations, and
- First Aid Personnel may be informed, when and to the extent appropriate, if the condition may require emergency treatment,
- Investigating government compliance officials shall be informed.

_____ I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading, or omitted information in my application may result in discharge.

_____ I agree as a condition of employment with Schaad Detective Agency, Inc. to abide by all the rules and regulations of the Company relating to health and safety that are now in force or that may be put in force, and I agree to submit to periodic physical examination as a part of said rules and regulations and in accordance with any legal requirements.

_____ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In making this application for employment, I understand that an investigation may be made and information may be obtained through interviews with the personal references and past employers listed. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements or references or former employers that are given in response to the inquiry.

_____ I hereby release all parties, including but not limited to Schaad Detective Agency, Inc., personal references, and previous employers, from any and all liability for any injury or damage that may result from their furnishing information to Schaad Detective Agency, Inc. concerning me or any action Schaad Detective Agency, Inc. takes on the basis of such information.

_____ If offered employment I agree to submit to a medical examination, including drug testing, if required, and understand that any offer of employment is contingent upon the the results of that examination.

_____ I hereby authorize any doctor, hospital, clinic, laboratory, or other medical facility to furnish any medical information with reference to me as may be necessary for the consideration of my employment. I understand that this consent to release of my medical records is revocable, in writing, by me at any time.

_____ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment by Schaad Detective Agency, Inc. would be contingent upon my ability to produce the required documentation within the time period required by law.

_____ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by Schaad Detective Agency, Inc. or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other Schaad Detective Agency, Inc. material do not create any guarantee of employment and that Schaad Detective Agency, Inc. has the right to modify, amend, or terminate policies, practices, benefit plans, or other programs within the limits and requirements imposed by law. I understand that no representative of Schaad Detective Agency, Inc., other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that to be binding upon the company such agreement must be in writing and signed by the President.

_____ I understand that as a new employee, I will be a probationary employee for the first 90 days.

_____ If I am employed by Schaad Detective Agency, Inc. and receive badges, ID cards, uniforms or other property, upon failure to return the same I hereby authorize my employer to deduct the reasonable value of such lost or damaged property from my wages in payment thereof or be held liable for payment. If I return such lost property, the Company agrees to refund the deducted amount.

_____ I understand that upon employment I will sign an agreement relating to keeping confidential information received by me in the course of my employment.

Signature

Date

EMPLOYEE DATA SHEET

NAME _____

ADDRESS _____

SS# _____

D.O.B. _____

BADGE # _____

DATE HIRED _____ Full time _____ Part time _____

I reside in _____ and in
Boro or Township

the _____ of _____ County.
(Name of School District) (Name of County)

I authorize you to withhold the Earned Income Tax imposed by said school district

Employee (Signature)

PRINT Name Above

Address of Employee

NOTE: Under certain circumstances, the law requires the employer to withhold the Earned Income Tax imposed by said school district.