Application for Employment

StillSecure™
Reducing your risk has never been this easy.

All employee candidates are required to complete this Employment Application.

StillSecure is an Equal Employment Opportunity Employer.

100 Superior Plaza Way,
Suite 200
Superior, CO 80027

Applicant Information

LEGAL NAME as shown on Social Security Card			
Last	First	Middle	

HAVE YOU EVER WORKED UNDER ANOTHER NAME?	IF YES, UNDER WHAT NAME(S):
☐ Yes ☐ No	

COMPLETE HOME ADDRESS include PO Box, Apt #, etc.			
Street	City	State	Zip Code
HOME PHONE	BUSINESS OR OTHER PHONE		E-MAIL ADDRESS

Position Applying For

JOB TITLE/TYPE OF WORK	DESIRED SALARY	AVAILABLE START DATE

YOUR AVAILABILTIY				ARE THERE ANY LIMITATIONS TO THE HOURS, DAYS OR TIME YOU ARE AVAILABLE TO WORK? Explain:
Full time	Part time	Over time	Temporary	
☐ Yes	☐ Yes	☐ Yes	☐ Yes	
☐ No	☐ No	☐ No	☐ No	

IF EMPLOYED, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S?	HAVE YOU WORKED FOR THIS COMPANY BEFORE?	DO YOU HAVE ANY RELATIVES WORKING HERE?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

HOW DID YOU LEARN ABOUT THIS OPENING?

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (Convictions will not necessarily disqualify and applicant from employment.)

☐ Yes ☐ No	If yes, please describe:

Education (Begin with MOST RECENT college/university/technical school.)

NAME OF EDUCATIONAL INSTITUTION/LOCATION	MAJOR	NO. OF YEARS	GRADUATE YES/NO	DIPLOMA/DEGREE YES/NO

OTHER TRAINING/EDUCATION RELATED TO THE JOB YOU ARE APPLYING FOR:

PLEASE BE SURE TO COMPLETE PAGE 2

Application for Employment
Page 2

StillSecure™
Reducing your risk has never been this easy.

PLEASE COMPLETE ALL JOB HISTORY REGARDLESS OF RESUME ATTATCHMENT

MAY WE CONTACT YOUR CURRENT EMPLOYER? ☐ YES ☐ No

EMPLOYMENT HISTORY list current/most recent position first

NAME OF EMPLOYER	ADDRESS	DATES EMPLOYED From To
TYPE OF BUSINESS	POSITION/TITLE	SALARY Starting Final
MANAGER'S NAME	MANAGER'S TITLE	PHONE
REASON FOR LEAVING:		
NAME OF EMPLOYER	ADDRESS	DATES EMPLOYED From To
TYPE OF BUSINESS	POSITION/TITLE	SALARY Starting Final
MANAGER'S NAME	MANAGER'S TITLE	PHONE
REASON FOR LEAVING:		
NAME OF EMPLOYER	ADDRESS	DATES EMPLOYED From To
TYPE OF BUSINESS	POSITION/TITLE	SALARY Starting Final
MANAGER'S NAME	MANAGER'S TITLE	PHONE
REASON FOR LEAVING:		

APPLICANT'S CERTIFICATION AND RELEASE

I certify that the facts given in my resume and/or Application for Employment are true and correct. I understand that if employed, any false or misleading statements, omissions, or failure to fully answer any requested item on this application or on any document used to secure employment shall be grounds for rejection of this application or for my termination from employment, if I'm employed, regardless of when such information is discovered. I authorize Latis to secure background information on my work record, education, and other matters related to my suitability for employment. I authorize my references and background sources to disclose information about me to Latis, without giving me prior notice of such disclosure. I hereby release Latis, my former employers, and all other sources from any and all claims, demands, or liabilities arising out of or in any way related to securing such information or disclosures.

I understand that nothing contained in the application, or information conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between Latis and me. I understand that any employment with Latis is "at will," which means that either I or Latis can terminate the employment relationship at anytime with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of Latis has any authority to alter the foregoing unless a specific term of employment is in writing and signed by the company President.

APPLICANT SIGNATURE_____ **DATE**_____

APPLICANT AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. As an affirmative action employer under E.O. 11246 we invite all applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

PLEASE PRINT

Name _____ Date_____
Last First Middle

Position applied for (*list only one*) _____

Where did you hear about this job? _____

θ I elect not to identify

Racial origin (You may mark one or more of the following):

- θ **White—**A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- θ **American Indian or Alaska Native—**A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- θ **Black or African American—**A person having origins in any of the black racial groups of Africa.
- θ **Asian—**A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- θ **Native Hawaiian or Other Pacific Islander—**A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Ethnicity:

- θ **Hispanic or Latino—**A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Sex: θ Male θ Female

Signature _____