



BlueLine Security Services, LLC  
122 S. 5th Street  
Norfolk, NE 68701  
Email:  
kroskens@bluelinesecurity.us

## EMPLOYMENT APPLICATION

*AN EQUAL OPPORTUNITY EMPLOYER*

### PERSONAL INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_

First Middle Last

ADDRESS \_\_\_\_\_

Street City State Zip Code

SOCIAL SECURITY NUMBER DO NOT COMPLETE Are you 18 years or older?  YES  NO

PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ WORK # \_\_\_\_\_

Email: \_\_\_\_\_

Are you legally able to work in the U.S.A.?  YES  NO

Salary Requirements \$ \_\_\_\_\_ If the job needs one, I have a current VALID driver's license?  YES  NO

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony?  YES  NO. Convictions may not stop you from being eligible for hire. Please describe any convictions: \_\_\_\_\_

Have you signed a non-compete agreement or employment contract in the past year or so?  YES  NO. If yes, describe: \_\_\_\_\_

### EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

I desire to work:  FULL-TIME  PART-TIME  TEMPORARY

I PREFER to work what shift(s)?  DAY SHIFT  EVENING SHIFT  NIGHT SHIFT  ANY SHIFT

What hours can you work? MONDAY \_\_\_\_\_ TUESDAY \_\_\_\_\_ WEDNESDAY \_\_\_\_\_

From - To From - To From - To

THURSDAY \_\_\_\_\_ FRIDAY \_\_\_\_\_ SATURDAY \_\_\_\_\_ SUNDAY \_\_\_\_\_

From - To From - To From - To From - To

Are you employed now?  YES  NO. If yes, may we inquire of your current employer?  YES  NO

Do you plan to work another job? If yes, what hours? \_\_\_\_\_

### JOB REQUIREMENTS

Have you ever worked for a company in our industry before?  YES  NO. If yes, when? \_\_\_\_\_

What Company? \_\_\_\_\_ What State? \_\_\_\_\_

Why do you want to work for our company? \_\_\_\_\_

What behaviors are needed to be successful in this job? \_\_\_\_\_

**EDUCATION      NAME OF SCHOOL      LOCATION      # YEARS      GRAD?      DEGREE NAME**

SCHOOL					
HIGH SCHOOL					
COLLEGE					
Trade, business or other school					

**MILITARY SERVICE**

U.S. Military [ ] YES [ ] NO National Guard [ ] YES [ ] NO. Branch \_\_\_\_\_ Rank \_\_\_\_\_  
 Active Now? [ ] YES [ ] NO Position Title or Summary \_\_\_\_\_

**EMPLOYMENT HISTORY**

List your last five (5) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below.

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EMPLOYER:		DATES EMPLOYED	Summarize the job performed
ADDRESS _____		From   To	_____
JOB TITLE _____			_____
SUPERVISOR NAME _____ PHONE # _____		Hourly Rate/Salary	_____
REASON FOR LEAVING _____	\$	Per	_____

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EMPLOYER:		DATES EMPLOYED	Summarize the job performed
ADDRESS _____		From   To	_____
JOB TITLE _____			_____
SUPERVISOR NAME _____ PHONE # _____		Hourly Rate/Salary	_____
REASON FOR LEAVING _____	\$	Per	_____

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EMPLOYER:		DATES EMPLOYED	Summarize the job performed
ADDRESS _____		From   To	_____
JOB TITLE _____			_____
SUPERVISOR NAME _____ PHONE # _____		Hourly Rate/Salary	_____
REASON FOR LEAVING _____	\$	Per	_____

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EMPLOYER:		DATES EMPLOYED	Summarize the job performed
ADDRESS _____		From   To	_____
JOB TITLE _____			_____
SUPERVISOR NAME _____ PHONE # _____		Hourly Rate/Salary	_____
REASON FOR LEAVING _____	\$	Per	_____

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EMPLOYER:		DATES EMPLOYED	Summarize the job performed
ADDRESS _____		From   To	_____
JOB TITLE _____			_____
SUPERVISOR NAME _____ PHONE # _____		Hourly Rate/Salary	_____
REASON FOR LEAVING _____	\$	Per	_____

Comments, including explanation of gaps of employment \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules, regulations and Supervisor's directions. I agree that my employment is at-will, and that my employment and compensation can be terminated, with or without cause, and with or without notice, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than the Owner, and then only in writing, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the forgoing. **I further authorize all work related verifications of employment, education, training or other work related information, as well as driving or criminal records checking. I authorize all of this information to be provided to the company or their agent and release them from any liability which might be claimed. If required, I agree to fully participate and complete the required pre-employment drug screening.**

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Applicant's Signature

DATE



## **NOTICE TO ALL PARTICIPANTS DRUG SCREENING REQUIREMENTS**

*BlueLine Security Services, LLC has begun implementation of a drug testing program for applicants. This program will involve testing of the potential employee of the Company.*

*As part of the employment process and after a conditional offer of employment has been extended, potential employees will be required to cooperate in the collection of a urine specimen administered by qualified medical or laboratory personnel designated by the company. Testing of the specimen will be conducted by a company-approved biomedical testing laboratory with demonstrated expertise and procedures to ensure proper handling and reporting of results. In the event of a confirmed positive test result, the conditional offer of employment will be revoked and the hiring process will be terminated immediately.*