



LEGACY LIFE SECURITY

Employment Application

Application for Employment –School Safety Officer (SSO)

Legacy Life Security Solutions, LLC is an Equal Opportunity and Affirmative Action Employer. The questions on this form are being asked to properly evaluate your ability and chance for success in the position for which you are applying.

NO APPLICATION WILL BE CONSIDERED UNLESS ALL THE ABOVE ITEMS ARE INCLUDED WITH THE APPLICATION ... (WHERE APPLICABLE) PLEASE READ CAREFULLY!

Minimum requirements to be considered for employment with Legacy Life Security Solutions, LLC:

1. Must be a minimum of twenty-one (21) years of age at time of application..
2. Must be a High School graduate or have a G.E.D.
3. Must be a citizen of the United States of America prior to the date of the application.
4. Must be able to perform the essential functions of the job of patrol officer in a safe manner with or without a reasonable accommodation.
5. Must not have been convicted of a felony which has not been annulled, expunged, or sealed by a court.
6. Must show valid driver's license or Indiana Identification Card for identification and employment purposes.
7. Must not have been convicted of Domestic Battery pursuant to Indiana State Law.
8. Subject to mandatory drug testing and extensive criminal background check.
9. Must keep Legacy Life Security Solutions, LLC informed of address and telephone information changes if you want to remain on the list for employment.

Please fully complete each section of this application legibly and clearly.

Personal Section:

Last name, First, M.I.		Application Date	
Is the name given your legal name? If not, please give your legal name.		Social Security Number	
Current Address – Number and Street			
City, State, ZIP		How long have you been at this address?	
Cell Phone Number		Date of Birth	
Other name(s) under which you have worked?		Do you have any medical concerns? Are you on any prescribed medication or under a doctor's care?	



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Do you have a valid driver's license? () Yes () No	Driver's License Number, and State - - State: _____ _____
Can you travel within the Muncie area if the job requires it? () Yes () No	Do you have a gun license? # _____ State: _____ Issued: _____ Expires: _____

Desired Employment and Availability

Position Applying for:	Available Start Date: / /
Type of Employment Desired: () Full-Time () Part-Time	Are you currently employed elsewhere, attending school or training? () Yes () No If yes, please identify
Are you currently employed elsewhere, attending school or training? () Yes () No If yes, please identify _____	

Education

College or University	Degree () Yes () No Major:
Technical or Vocational School	Degree () Yes () No Major:
High School	Diploma () GED ()
Military Experience (Please list the type of discharge):	

Skills

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. _____ _____ _____
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(765) 730-0989



Rsaife@legacylifesecurity.com



Muncie, IN.



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Please list three Personal or Professional References (No Family Members):

Name/Relationship:	Phone Number:
Name/Relationship:	Phone Number:
Name/Relationship:	Phone Number:

Employment Experience:

Current or most recent Employer:	Phone number:
Address:	
Employment Dates - From: To:	Title:
Supervisor's Name:	Supervisor's Phone Number:
Salary (base pay): Start: Finish:	Duties:
Reason for leaving:	May we contact your employer: () Yes () No
Current or most recent Employer:	Phone number:
Address:	
Employment Dates - From: To:	Title:
Supervisor's Name:	Supervisor's Phone Number:
Salary (base pay):	Duties:



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Start: Finish:	
Reason for leaving:	May we contact your employer: () Yes () No
Current or most recent Employer:	Phone number:
Address:	
Employment Dates - From: To:	Title:
Supervisor's Name:	Supervisor's Phone Number:
Salary (base pay): Start: Finish:	Duties:
Reason for leaving:	May we contact your employer: () Yes () No
Have you ever been convicted of a crime or received a verdict of anything other than not guilty in any criminal investigation or proceeding? () Yes () No. If yes, describe when the conviction occurred, the facts and circumstances of any facts relating to disposition of the conviction. (Do not list any criminal charges for which the records have been sealed or expunged. A criminal conviction will not necessarily bar Employment.	
Are there any criminal charges currently pending against you? () Yes () No Answering "Yes" to this question will not disqualify you from being considered for this position. If yes, attach a separate sheet explaining the charge(s).	
Have you ever been fired, terminated or asked to resign from any employment? () Yes () No If yes, please identify employer and explain basis for termination.	



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I certify that all information I have provided in order to apply for and secure work with Legacy Life Security Solutions, LLC is true, complete, and accurate. I have not withheld any facts that might give Legacy Security Solutions, LLC a reason not to hire me. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from Legacy Life Security Solutions, LLC whenever it is discovered. I understand that Legacy Life Security Solutions, LLC will verify statements made by me in this application Pursuant to 18 U.S.C. § 921 et seq., I hereby certify that I have not been convicted of a crime of domestic violence (misdemeanor or felony). I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not been notified by Legacy Life Security Solutions, LLC and still wish to be considered for employment, it will be necessary for me to reapply and complete a new application. I understand that Legacy Life Security Solutions, LLC does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law. I agree that, if I am employed, I will abide by all the rules and regulations of the company. I understand and agree that, if hired by Legacy Life Security Solutions, LLC, my employment is at-will and that employment may be terminable at any time with or without cause, with or without prior notice, by either Legacy Life Security Solutions, LLC, or me. I further understand that although the terms and conditions of my employment with Legacy Life Security Solutions, LLC may change, such changes will not affect the at-will employment relationship between me and Legacy Life Security Solutions, LLC. I understand that this statement of the circumstances under which my employment can be terminated constitute the complete understanding between me and Legacy Life Security Solutions, LLC. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Legacy Life Security Solutions, LLC is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Legacy Life Security Solutions, LLC Security's Owner/Operator. I understand that Legacy Life Security Solutions, LLC has the right to search anything brought into the workplace, including desks, lockers, handbags, briefcases, backpacks, and briefcases. I understand Legacy Life Security Solutions, LLC's company benefits, and rules and regulations may be changed, modified, deleted or added to the company at any time at the company's sole option and without prior notice. I am willing to submit, upon request and through the duration of my employment the following: Drug test, Physical Exam and any other employment requirements that are conducive to me performing my job. I acknowledge and agree that, if at any time I am subjected to any type of discrimination or harassment, I will contact Legacy Life Security Solutions, LLC's Human Resources Manager or the Owner/Operator immediately to obtain assistance in the resolution of those matters. **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT** I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature: _____ Date: _____

Upon completion of this application, please return it to Legacy Life Security Solutions, LLC. by mail. You can email the application to rscaife@legacylifesecurity.com.