

IMPORTANT NOTICE TO ALL APPLICANTS:

Kellington conducts an extensive Criminal History Records Check through the State Police. Failure to list ANY felony or misdemeanor that you have been convicted of, or pled guilty to, will result in your application being rejected, or in your discharge if you have already been hired. Criminal History Records are reviewed on a case-by-case basis, and applicants are not automatically rejected for prior convictions unless there are records of specific offenses that prevent Kellington from hiring an applicant under state law.

If you have been convicted of, or pled guilty to, the crimes listed below, you are prohibited from working for a security agency by state law. If this applies to you, please do not waste your time, and our time, by completing an employment application.

- **ANY FELONY**
- **ILLEGALLY USING, CARRYING OR POSSESSING A PISTOL OR OTHER DANGEROUS WEAPON**
- **MAKING OR POSSESSING BURGLAR'S INSTRUMENTS**
- **UNLAWFUL ENTRY OF A BUILDING**
- **BUYING OR RECEIVING STOLEN PROPERTY**
- **AIDING ESCAPE FROM PRISON**
- **UNLAWFULLY POSSESSING OR DISTRIBUTING HABIT FORMING NARCOTIC DRUGS**
- **PICKING POCKETS OR ATTEMPTING TO DO SO**
- **SOLICITING ANY PERSON TO COMMIT SODOMY OR OTHER LEWDNESS**
- **RECKLESSLY ENDANGERING ANOTHER PERSON**
- **MAKING TERRORIST THREATS**
- **COMMITTING SIMPLE ASSAULT**

KELLINGTON PROTECTION EMPLOYMENT APPLICATION: PAGE 2

**DO NOT COMPLETE APPLICATION IN YOUR BROWSER - IT MAY NOT SUBMIT PROPERLY.
 DOWNLOAD IT AND OPEN IT IN ADOBE READER TO COMPLETE & SUBMIT IT.**

PERSONAL	LAST NAME:		FIRST NAME:		MI:	
	ADDRESS 1:					
	ADDRESS 2:					
	CITY:		STATE:	ZIP:		
	COUNTY:		SCHOOL DISTRICT:			
	RESIDENCE MUNICIPALITY:					
	HOME PHONE:		CELL PHONE:			
	EMAIL:					
	SEX:	M <input type="checkbox"/>	F <input type="checkbox"/>	BIRTH DATE:		SSN:
	DRIVERS LIC#:		STATE:	EXP DATE:		
TRANSPORTATION	TRANSPORTATION: WILL GET RIDE <input type="checkbox"/> PUBLIC TRANSPORTATION <input type="checkbox"/> OWN VEHICLE <input type="checkbox"/>					
	OWNED VEHICLE:	MAKE/MODEL:		YEAR:		
		PLATE#:		STATE:		
	POSITION SOUGHT: SECURITY OFFICER <input type="checkbox"/> FLAGGER <input type="checkbox"/>			OTHER:		
HAVE YOU APPLIED TO KELLINGTON PREVIOUSLY? N <input type="checkbox"/> Y <input type="checkbox"/> IF YES, WHEN:						
DO YOU OBJECT TO WEARING A UNIFORM? N <input type="checkbox"/> Y <input type="checkbox"/> IF YES, EXPLAIN:						
ARE YOU WILLING TO WORK OVERTIME? Y <input type="checkbox"/> N <input type="checkbox"/> IF NO, EXPLAIN:						
JOB INFORMATION	ARE YOU WILLING TO WORK ALL SHIFTS AND DAYS: Y <input type="checkbox"/> N <input type="checkbox"/> IF NO, WHAT ARE YOUR LIMITATIONS:					
	HAVE YOU EVER BEEN IN THE MILITARY? Y <input type="checkbox"/> N <input type="checkbox"/> IF YES, WERE YOU HONORABLY DISCHARGED? Y <input type="checkbox"/> N <input type="checkbox"/>					
	ARE YOU PRESENTLY EMPLOYED? Y <input type="checkbox"/> N <input type="checkbox"/>		ARE YOU LAID OFF & SUBJECT TO RECALL? Y <input type="checkbox"/> N <input type="checkbox"/>			
	MAY WE CONTACT YOUR PRESENT EMPLOYER? Y <input type="checkbox"/> N <input type="checkbox"/>		HAVE YOU EVER BEEN FIRED? N <input type="checkbox"/> Y <input type="checkbox"/>			
	CHECK, IF CERTIFIED: FIRST AID <input type="checkbox"/> FIRST RESPONDER <input type="checkbox"/> CPR <input type="checkbox"/> EMT OR PARAMEDIC <input type="checkbox"/> ACT 235 <input type="checkbox"/>					
OTHER CERTIFICATIONS:						

KELLINGTON PROTECTION EMPLOYMENT APPLICATION: PAGE 3

HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY TO ANY OF THE FOLLOWING?

CRIMINAL & SECURITY LICENSE HISTORY

ANY FELONY?	N <input type="checkbox"/>	Y <input type="checkbox"/>
ILLEGALLY USING, CARRYING OR POSSESSING A PISTOL OR OTHER DANGEROUS WEAPON?	N <input type="checkbox"/>	Y <input type="checkbox"/>
MAKING OR POSSESSING BURGLAR'S INSTRUMENTS?	N <input type="checkbox"/>	Y <input type="checkbox"/>
UNLAWFUL ENTRY OF A BUILDING?	N <input type="checkbox"/>	Y <input type="checkbox"/>
BUYING OR RECEIVING STOLEN PROPERTY?	N <input type="checkbox"/>	Y <input type="checkbox"/>
AIDING ESCAPE FROM PRISON?	N <input type="checkbox"/>	Y <input type="checkbox"/>
UNLAWFULLY POSSESSING OR DISTRIBUTING HABIT FORMING NARCOTIC DRUGS?	N <input type="checkbox"/>	Y <input type="checkbox"/>
PICKING POCKETS OR ATTEMPTING TO DO SO?	N <input type="checkbox"/>	Y <input type="checkbox"/>
SOLICITING ANY PERSON TO COMMIT SODOMY OR OTHER LEWDNESS?	N <input type="checkbox"/>	Y <input type="checkbox"/>
RECKLESSLY ENDANGERING ANOTHER PERSON?	N <input type="checkbox"/>	Y <input type="checkbox"/>
MAKING TERRORIST THREATS?	N <input type="checkbox"/>	Y <input type="checkbox"/>
COMMITTING SIMPLE ASSAULT?	N <input type="checkbox"/>	Y <input type="checkbox"/>
ANY OTHER MISDEMEANORS?	N <input type="checkbox"/>	Y <input type="checkbox"/>

PLEASE LIST ANY OTHER MISDEMEANORS OR OTHER CHARGES:

HAVE YOU EVER HAD A PRIVATE DETECTIVE OR SECURITY GUARD LICENSE REVOKED IN ANY STATE OR TERRITORY? N Y
 IF YES, EXPLAIN:

PLEASE LIST THREE (3) CHARACTER REFERENCES WHO YOU ARE NOT RELATED TO BY BLOOD OR MARRIAGE:

REFERENCES

#1	NAME:	PHONE:
	ADDRESS:	
	OCCUPATION:	
#2	NAME:	PHONE:
	ADDRESS:	
	OCCUPATION:	
#3	NAME:	PHONE:
	ADDRESS:	
	OCCUPATION:	

KELLINGTON PROTECTION EMPLOYMENT APPLICATION: PAGE 4

EMPLOYMENT HISTORY (LIST CURRENT OR MOST RECENT EMPLOYER FIRST):

EMPLOYER #1

START DATE:	END DATE:
EMPLOYER NAME:	
EMPLOYER ADDRESS:	
EMPLOYER SUPERVISOR OR CONTACT:	PHONE:
LAST POSITION:	LAST PAY RATE:
REASON FOR LEAVING:	

EMPLOYER #2

START DATE:	END DATE:
EMPLOYER NAME:	
EMPLOYER ADDRESS:	
EMPLOYER SUPERVISOR OR CONTACT:	PHONE:
LAST POSITION:	LAST PAY RATE:
REASON FOR LEAVING:	

EMPLOYER #3

START DATE:	END DATE:
EMPLOYER NAME:	
EMPLOYER ADDRESS:	
EMPLOYER SUPERVISOR OR CONTACT:	PHONE:
LAST POSITION:	LAST PAY RATE:
REASON FOR LEAVING:	

EMPLOYER #4

START DATE:	END DATE:
EMPLOYER NAME:	
EMPLOYER ADDRESS:	
EMPLOYER SUPERVISOR OR CONTACT:	PHONE:
LAST POSITION:	LAST PAY RATE:
REASON FOR LEAVING:	

EMPLOYER #5

START DATE:	END DATE:
EMPLOYER NAME:	
EMPLOYER ADDRESS:	
EMPLOYER SUPERVISOR OR CONTACT:	PHONE:
LAST POSITION:	LAST PAY RATE:
REASON FOR LEAVING:	

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PLEASE LIST ALL EDUCATION & TRAINING YOU HAVE RECEIVED:	
HIGH SCHOOL:	
ADDRESS:	
GRADUATED? Y <input type="checkbox"/> N <input type="checkbox"/>	IF NO, GED OBTAINED? Y <input type="checkbox"/> N <input type="checkbox"/>
COLLEGE:	
ADDRESS:	
MAJOR:	
OTHER:	
ADDRESS:	
CERTIFICATE OR DEGREE:	
OTHER:	
ADDRESS:	
CERTIFICATE OR DEGREE:	

PLEASE TELL US MORE ABOUT YOURSELF, AND WHY YOU WISH TO ENTER THE SECURITY FIELD:

CERTIFICATION AND DRUG TEST AUTHORIZATION:

I certify that all statements made by me on my employment application are true and complete to the best of my knowledge. I understand that any false or misleading information and/or omissions may result in the rejection of my application or in termination of employment (if I have already been hired). I authorize Kellington Protection ("Kellington") to obtain copies, investigate and review my previous employment, education history, driving record, civil litigation history, credit report, criminal records, references and any other background data as it may relate to the position for which I am applying. I also authorize Kellington to re-check these records periodically, throughout my employment. I further agree to submit to a pre-employment drug test and, if hired, I agree to submit to random drug tests throughout my employment with Kellington. I understand that Kellington reserves the right to require Substance Abuse Screening and/or Psychological Testing before being offered specific jobs for certain accounts. I also understand that offers of employment for these accounts will be made contingent on the results of the Substance Abuse Screening and/or Psychological Testing test results. I understand that all employment offers from Kellington are for a temporary, 90-day probationary period, during which time I must demonstrate my ability, reliability and suitability for permanent employment. Failure to do so will either result in my discharge during the probationary period or in the refusal by Kellington to offer me regular, permanent employment at the end of my probationary period.

SIGNATURE (Please type full name if submitting electronically.) _____ DATE _____