



P.O. Box 96027 • Las Vegas • NV • 89193-6027
Telephone (702) 295-1600

Please thoroughly read the information provided below before completing the WSI application forms:

- Information on the application must cover a period of 10 years. All dates required must include the month and year.
- All education for the past 10 years must be listed. Include all degrees ever received. If there is no education since high school enter none.
- Employment, unemployment, and residency must be covered for a period of 10 years. Account for all gaps in employment.
- Include first and last names of all supervisors with current contact information where a reference request can be mailed.
- If your military service is within the last year list three supervisors and their current contact information.
- **Current and complete mailing addresses including street address, city, state and zip code are required. Phone numbers require area codes.**
- **Notarization is NOT necessary on the “Authorization to Release Information for Background Checking” document.** Complete the upper portion of the form and **include** the signature of a witness.
- **Original documents are preferred.** A facsimile transmission is acceptable in order to meet position closing deadlines.
- Submit only the application, a resume and a copy of DD form 214, if applicable.

Note: Please print neatly in only black or blue ink when completing these documents.

Return the application to:

WSI Nevada Team
Attn: Receptionist
P.O. Box 96027
Las Vegas, NV 89193-6027

Telephone: (702) 295-1600
Facsimile: (702) 295-1838



APPLICATION FOR EMPLOYMENT

WSI-Nevada Operations is an Equal Opportunity/Affirmative Action Employer. Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a medical condition or disability.

		Application Date	
Last Name		First Name	Middle Name
Street Address			
City		State	Zip Code
		Social Security Number	
Home Phone ()	Cellular Phone ()		Other Phone ()

Position Applied For		Full-time <input type="checkbox"/>	Part-time/Hours and Days Available <input type="checkbox"/> _____
Salary Expected	Date Available	Willing to Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WSI must provide 24-hour per day service to its customers. Are you available to work whatever schedule is necessary to help us meet our corporate objectives and our obligation to our customers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, what shifts or days are you available? _____			

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by WSI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Where: _____ When: _____ Position: _____ Reason for leaving: _____		Have you ever filed a resume or employment application with WSI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: When: _____ Position: _____

Referral Source			
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Employee Referral	<input type="checkbox"/> Job Service –	Specify: _____
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Internet	<input type="checkbox"/> Career Fair	<input type="checkbox"/> Other: _____

Names and relationships of relatives or acquaintances employed at WSI:
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Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted for the violation of any law in a military or criminal court that has not been sealed, annulled, or deleted from the record? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where: _____ When: _____
Type of conviction: _____

The following information will be considered only if it is relevant to the position for which you are applying or could bear upon state licensing requirements.
Are you currently using illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to what extent? _____

The following information will be used only to the extent that it is relevant to the qualifications and position for which you are applying.

Do you have a high school diploma or GED? Yes No If yes, name of high school: _____

Did you graduate from college? Yes No If yes, name of college: _____

Other education: _____

If applicable, list all computer skills/software programs in which you are proficient:

List all employment, including military, for the past 10 years beginning with your present job or last job held. If you need additional space, continue on page 4.

From Date	To Date	Employer			
Address		City	State	Zip Code	
Supervisor		Supervisor Telephone ()	Salary per		
Position Duties					
Reason for Leaving					

From Date	To Date	Employer			
Address		City	State	Zip Code	
Supervisor		Supervisor Telephone ()	Salary per		
Position Duties					
Reason for Leaving					

From Date	To Date	Employer			
Address		City	State	Zip Code	
Supervisor		Supervisor Telephone ()	Salary per		
Position Duties					
Reason for Leaving					

From Date	To Date	Employer			
Address		City	State	Zip Code	
Supervisor		Supervisor Telephone ()	Salary per		
Position Duties					
Reason for Leaving					

Your SS#

Have you ever been dismissed or asked to resign from employment? Yes No If yes, date: _____

Employer: _____ Reason: _____

Have you ever been granted a military or government security clearance? Yes No

If yes, level of clearance: _____

Do you have any special job skills or qualifications that may be relevant to the position for which you are applying? If so, describe:

Names of five persons who are not related to you and who are not former employers

Name and Occupation	Complete Mailing Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Understandings and Agreements

I understand that any misrepresentation, falsification, or omission of this application shall be sufficient reason for refusal or dismissal of my employment. I hereby authorize investigation of all matters contained in this application and agree that if the results of such investigation are not satisfactory, any offer of employment made by WSI may be withdrawn, or my employment with WSI may be terminated immediately. I agree to conform and adhere to the rules and regulations of WSI. Further, I understand and agree that this application and any other materials I may receive are not intended to be, nor shall be construed to be, a contract of employment, and that my employment and compensation may terminate, with or without cause and with or without notice, at any time, at the option of either WSI or myself.

In consideration of any offer of employment by WSI, I hereby acknowledge, understand and agree that the following will constitute terms and conditions of any such employment.

- (1) Any losses or expenses incurred by WSI, its clientele, or other third parties as a result of my unauthorized actions shall be immediately reimbursed to WSI on terms that are satisfactory and acceptable to WSI. To the extent permitted by law, I agree and hereby authorize WSI to reduce my wages for any sums owing by me hereunder; and
- (2) In recognition of the fact that any work related injuries that might be sustained by me are covered by state Workers' Compensation statutes, and to avoid the circumvention of such state statutes that may result from suits against the customers or clients of WSI based on the same injury or injuries, and to the extent permitted by law, **I hereby waive and forever release any rights I might have** to make claims or bring suit against any client or customer of WSI for damages based upon injuries that are covered under such Workers' Compensation statutes.

Signature of Applicant: _____ Date: _____

Your SS#

Work History Continuation Sheet

From Date	To Date	Employer			
Address		City		State	Zip Code
Supervisor		Supervisor Telephone ()		Salary per	
Position Duties					
Reason for Leaving					

From Date	To Date	Employer			
Address		City		State	Zip Code
Supervisor		Supervisor Telephone ()		Salary per	
Position Duties					
Reason for Leaving					

From Date	To Date	Employer			
Address		City		State	Zip Code
Supervisor		Supervisor Telephone ()		Salary per	
Position Duties					
Reason for Leaving					

From Date	To Date	Employer			
Address		City		State	Zip Code
Supervisor		Supervisor Telephone ()		Salary per	
Position Duties					
Reason for Leaving					

From Date	To Date	Employer			
Address		City		State	Zip Code
Supervisor		Supervisor Telephone ()		Salary per	
Position Duties					
Reason for Leaving					

Your SS#



ADDRESS RECORD

Name: _____ Date: _____

Have you ever applied before with WSI? Yes No If yes, location: _____

The following information is required to support the personal reference and police record checks.

Present Address: _____
_____ How long? _____

Previous Addresses *List ALL addresses for the past ten years*

_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

Our application processing can take a considerable amount of time to complete before an employment offer can be made. We require the name, address, and telephone number of someone who will always know where you can be located, such as your parents.

Name: _____

Address: _____

_____ Telephone Number: _____

Signature: _____ Date: _____



Authority to Release Information for Background Checking

- TO:** Any person, organization or agency having knowledge of my character, conduct or activities; **OR**
 Any past or present employer; **OR**
 Any credit bureau, retail merchants' association, bank, financial institution or any other credit-extending organization; **OR**
 Any dean, registrar, principal, counselor, instructor or other authorized person at a school (university, college, high school, trade school, or other); **OR**
 Any department or agency of a city, county or state government, or of the federal government.

I, _____, hereby authorize **WSI-Nevada Operations**
 (Print Name)

to conduct an appropriate background check including but not limited to personal interviews to determine my eligibility to occupy a position of trust. I authorize all persons who may have information relevant to this background check to disclose the information to WSI or its agents; I release all persons from liability on account of such disclosure; and I release WSI and its employees from any damages or claims that may otherwise result from use or release of the information. I hereby further authorize that a photocopy of this authorization is as valid as an original.

 Signature Date

The following information is furnished for the purpose of positive identification.

Date of Birth: _____

Other Names Used: _____

 Witness Signature Date

Note: This release expires one year from the date of the signature.

.....
Notary Seal (if required)

Address: _____

State of: _____ County of: _____

Subscribed and sworn to before me this _____ day of _____ A.D. 20__.

 Notary Public

My commission expires _____



EEO Data Sheet

This form is to be distributed to all applicants.

Wackenhut is a Federal Government Contractor and subject to Executive Order 11246 , as amended, Section 503 of the Rehabilitation Act of 1973, and 38 USC 2012, the Vietnam Era Veterans Readjustment Assistance Act of 1974. To meet government reporting regulations, applicants are requested to complete this data sheet. This information will be used solely for government reporting purposes. It will not be used as a selection criterion and will be treated as personal and confidential. Provision of any of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Your cooperation will be greatly appreciated.

PLEASE PRINT

Name: _____ Social Security Number: _____

Position Applied For: _____ Date Applied: _____

GENDER CATEGORY (Check One)

Male _____ Female _____ I prefer not to provide my gender _____

ETHNIC CATEGORY (Check One)

_____ **American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____ **Asian (Not Hispanic or Latino):** 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.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.

_____ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Two or More Races (Not Hispanic or Latino)**
All persons who identify with more than one of the above five races.

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

_____ I prefer not to provide my ethnic information.

For Wackenhut use only:

NOTE TO MANAGER: This form is to be filed separate from the application and personnel record.

_____ Initial here if a VISUAL SURVEY was conducted to determine gender and/or ethnic categories.