

# DBH SECURITY APPLICATION FOR EMPLOYMENT

Hansen Management & Maintenance Company is an equal opportunity employer.

## PERSONAL INFORMATION

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NAME (LAST, FIRST, MIDDLE): \_\_\_\_\_ DATE: \_\_\_\_\_

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PHYSICAL ADDRESS/MAILING ADDRESS \_\_\_\_\_

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CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ TAHOE PHONE: \_\_\_\_\_

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SOCIAL SECURITY NUMBER: \_\_\_\_\_ CAN YOU PROVE YOUR CITIZEN SHIP? YES / NO

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IF NOT A US CITIZEN, GIVE VISA NO. AND EXPIRATION DATE: \_\_\_\_\_

## POSITION YOU ARE APPLYING FOR

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TITLE: \_\_\_\_\_

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SALARY REQUIREMENT: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_

## EDUCATION RECORD

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HIGH SCHOOL (NAME, CITY, STATE): \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

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COLLEGE OR TECHNICAL SCHOOL (NAME, CITY, STATE): \_\_\_\_\_ DEGREE EARNED: \_\_\_\_\_

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GRADUATE SCHOOL (NAME, CITY, STATE): \_\_\_\_\_ DEGREE SUBJECT: \_\_\_\_\_

## WORK HISTROY (GIVE INFORMATION ABOUT YOUR LAST THREE JOBS, STARTING WITH MOST RECENT)

1- EMPLOYER \_\_\_\_\_

DATES EMPLOYED \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

TITLE / DUTIES: \_\_\_\_\_

2- EMPLOYER \_\_\_\_\_

DATES EMPLOYED \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

TITLE / DUTIES: \_\_\_\_\_

3- EMPLOYER \_\_\_\_\_  
DATES EMPLOYED \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_  
TITLE / DUTIES: \_\_\_\_\_

**BUSINESS REFERENCES** (IF APPLYING FOR YOUR FIRST JOB, YOU MAY USE ACADEMIC REFERENCES)

1- NAME \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RELATIONSHIP TO YOU: \_\_\_\_\_

2- NAME \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RELATIONSHIP TO YOU: \_\_\_\_\_

3- NAME \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
RELATIONSHIP TO YOU: \_\_\_\_\_

**PLEASE READ AND SIGN:**

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CASE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NON DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
DATE: