



Kodiak Security Services
 11707 E Sprague Ave, Suite 102
 Spokane Valley, WA 99206
 (509) 244-3929

FOR OFFICE USE ONLY:

Date Submitted: _____
 Rec'd by: _____
 Background Check _____
 Date Interviewed: _____
 Orientation Date: _____

EMPLOYMENT APPLICATION
Kodiak Security Services is an Equal Opportunity Employer

INSTRUCTIONS: Please read the application carefully. The application must be fully completed in order to be considered for employment. Please print legibly and complete the application in blue or black ink. If an item does not apply to you, please mark N/A. Completed applications may be submitted in person at 11707 E Sprague Ave, Suite 102 Spokane Valley, WA. All applicants must pass a criminal background check prior to being considered for employment.

Part 1: MINIMUM REQUIREMENTS: Please answer each question.

1. DO YOU HAVE A PHONE WITH VOICE MAIL CAPABILITY? _____
2. ARE YOU AT LEAST 18 YEARS OF AGE? _____
3. DO YOU HAVE ANY FELONIES OR CRIMES AGAINST A PERSON? _____
4. WHEN ARE YOU AVAILABLE TO BEGIN WORK? _____
5. ARE YOU LOOKING FOR FULL TIME OR PART TIME WORK? _____
6. ARE YOU AVAILABLE FOR ANY/ALL SHIFTS? _____
7. DO YOU HAVE RELIABLE PERSONAL TRANSPORTATION? _____

Part 2: GENERAL INFORMATION:

POSITION	DATE (MM/DD/YYYY):
NAME: Last First MI	PHYSICAL ADDRESS:
	CITY, STATE AND ZIP:
PRIMARY PHONE: ()	SECONDARY PHONE: ()

Part 3: EDUCATION AND TRAINING/EXPERIENCE:

School Name	Location	Years Attended	Major/Degree

Part 4: LICENSES AND CERTIFICATIONS:

License/Certificate	License Number	Issue Date	Expiration
Driver's License			
First Aid/CPR			
Flagger's Card			
Guard Card Armed Unarmed			

Part 5: EMPLOYMENT HISTORY: Please list your past (2) employers, starting with your most recent employer (or current). You may use this section for volunteer as well as paid experience.

Company _____ Dates of Employment _____
 Telephone _____ Address _____
 Position _____ Specific Duties _____

 Reason for Leaving _____

Company _____ Dates of Employment _____
 Telephone _____ Address _____
 Position _____ Specific Duties _____

 Reason for Leaving _____

Part 6: DATE AND SIGNATURE: All answers and statements are true and complete to the best of my knowledge. I understand that Kodiak Security Services, Inc may verify information, and that untruthful or misleading answers are cause for rejection of this application. If employed, I understand I may be subject to drug testing and will be given access to the company's Alcohol/Drug policy. I also understand that all licensing/fingerprinting fees are the responsibility of the employee when hired.

 Date (Month / Day / Year)

 Signature