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 GILLETTE, WY 307-682-7000
 E-MAIL: CAREERS@APLUSWORLD.COM

APPLICATION FOR EMPLOYMENT - TECHNICAL POSITION

PERSONAL INFORMATION

NAME _____ DATE _____

PRESENT ADDRESS _____ YEARS AT THIS ADDRESS _____

PREVIOUS ADDRESS _____ YEARS AT THIS ADDRESS _____

E-MAIL _____

PHONE NO. _____ ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REFERRED BY _____

EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SCHOLASTIC STANDING IN H.S. _____ IN COLLEGE _____
(Designate top 25%, middle 50%, lowest 25%)

FAVORITE SUBJECTS _____ LEAST FAVORITE SUBJECTS _____

HOBBIES _____

SPECIAL SKILLS/FOREIGN LANGUAGES _____

ACTIVITIES & POSITIONS HELD: (CIVIC, ATHLETIC, ETC.) _____

WHAT PERIODICALS DO YOU READ REGULARLY? _____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD RESERVES _____

FORMER EMPLOYERS (STARTING WITH THE LAST ONE FIRST).

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER CONTACT NAME & PHONE NUMBER	START/ END EARNINGS	POSITION	REASON FOR LEAVING
1 FROM		START		
TO		END		
2 FROM		START		
TO		END		
3 FROM		START		
TO		END		
4 FROM		START		
TO		END		
5 FROM		START		
TO		END		
6 FROM		START		
TO		END		

WHICH OF THESE JOBS DID YOU LIKE BEST? _____ WHAT JOB DO YOU FEEL YOU WERE MOST SUCCESSFUL AT? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

PRODUCTS INSTALLED OR SERVICED _____

WHAT EXPERIENCE HAVE YOU HAD MANAGING OTHER PEOPLE? _____

HOW MUCH TIME PER MONTH COULD YOU SPEND TRAVELING? _____ ARE YOU WILLING TO WORK NIGHTS? _____

HAS YOUR DRIVING LICENSE EVER SUSPENDED? _____ IF SO, WHEN? _____

REFERENCES: GIVE THE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	PHONE	YEARS ACQUAINTED
1				
2				
3				

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

ARE THERE ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY AID YOU IN YOUR WORK WITH A PLUS SECURITY, INC.?

WHAT ARE YOUR GOALS FOR THE FUTURE?

DATE

SIGNATURE