



**BORDER PATROL LLC**  
86120 WATER WORKS ROAD  
HOPEDALE, OH 43976  
OFFICE: 740-937-2002  
FAX: 740-937-2006

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

### APPLICATION FOR EMPLOYMENT

#### PERSONAL INFORMATION (PLEASE PRINT)

_____		_____		_____		_____	
Last Name	First Name	Middle Initial	Date of Birth				
_____						_____	
Address						Social Security Number	
_____		_____		_____		_____	
City	State	Zip Code	Phone Number				
_____							
e-mail address							

#### GENERAL INFORMATION

What position are you applying for? \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Are you willing to work overtime? \_\_\_\_\_

Are you able to perform all of the necessary job functions and tasks associated with the position you are applying for?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Desired Salary Amount \_\_\_\_\_ When are you available to start work? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Do you have reliable means of transportation? \_\_\_\_\_

Are there any times during the week that you are not available to work? \_\_\_\_\_

\_\_\_\_\_

Have you ever worked for this company before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? \_\_\_\_\_

If so, please explain \_\_\_\_\_

If selected for employment, are you willing to submit to a pre-employment drug screening test? \_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

#### EDUCATION

School Name	Location	Years Attended	Degree Received	Major

***We are an Equal Opportunity Employer***



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APPLICANT NAME: \_\_\_\_\_

**WORK EXPERIENCE - LIST MOST RECENT JOB FIRST**

From: To:	Company	Phone:
	Address	Supervisor:
Job Title:	Ending Salary:	

Reason for Leaving: \_\_\_\_\_  
 Describe Work Performed: \_\_\_\_\_  
 May we contact your Current/previous employer for a reference? \_\_\_\_\_

From: To:	Company	Phone:
	Address	Supervisor:
Job Title:	Ending Salary:	

Reason for Leaving: \_\_\_\_\_  
 Describe Work Performed: \_\_\_\_\_  
 May we contact your Current/previous employer for a reference? \_\_\_\_\_

**U.S. Military Service**

Branch	Rank	From/To:	Type of Discharge
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**CERTIFICATION AND ACKNOWLEDGEMENT**

I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this Application for Employment Form will be considered grounds for termination.

I authorize the company to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize my former employers to disclose to the company any and all information they may have concerning my previous employment. In addition, I hereby release to company, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of, or in anyway related to, such disclosure.

I acknowledge that, if employed, both company and I have the right to terminate employment relationship at any time, with or without cause or advanced notice. This employment at will relationship will remain in effect throughout my employment with the company and may not be modified by any oral or implied agreement.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date