



130 N. Martinwood Rd
 Knoxville, TN 37923
 Phone: 865 546-2597
 Fax: 865 546-2932

Employment Application Page 1 of 3

Please Print

APPLICANT INFORMATION				DATE	
Last		First		Maiden	M.I.
Street Address					Apt #
City			County		State
Zip	Social Security #			Drivers License #	
Home Phone ()			Cell Phone ()		
E-mail address					
Date of Birth			Place of Birth		
Position Applied For				Salary Desired \$	
Employment Desired:		Full Time <input type="checkbox"/>		Part Time <input type="checkbox"/>	
Do you agree to submit samples for drug or alcohol testing:		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Have you ever been convicted of a felony?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If yes please explain?					

EDUCATION			
High School		Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
City & State		Years Attended	
College		Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
City & State		Degree	
Other		Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
City & State		Degree	

REFERENCES (Other than relative or previous employers)			
Name		Relationship	
Address			
Street		City	State Zip
Company			
Phone # ()		Position	
Name		Relationship	
Address			
Street		City	State Zip
Company			
Phone # ()		Position	



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PREVIOUS EMPLOYMENT (LAST FIVE YEARS)			
Company		Phone ()	
Address			
Job Title	Starting Salary \$	Ending Salary \$	
From	To	Reason for Leaving	
Responsibilities; duties performed			
Supervisor		May we contact them for a reference?	
Company		Phone ()	
Address			
Job Title	Starting Salary \$	Ending Salary \$	
From	To	Reason for Leaving	
Responsibilities; duties performed -			
Supervisor		May we contact them for a reference?	
Company		Phone ()	
Address			
Job Title	Starting Salary	Ending Salary	
From	To	Reason for leaving	
Responsibilities; duties performed			
Supervisor		May we contact them for a reference?	
Company		Phone ()	
Address			
Job Title	Starting Salary \$	Ending Salary \$	
From	To	Reason for Leaving	
Responsibilities; duties performed			
Supervisor		May we contact them for a reference?	

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	



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TRAINING CERTIFICATION(S)		
Type of Training		
Location of Training	Date Completed	
Type of Training		
Location of Training	Date Completed	
Type of Training		
Location of Training	Date Completed	
Type of Training		
Location of Training	Date Completed	
Type of Training		
Location of Training	Date Completed	

Security Clearance		
Investigation Date	Clearance	Granting Agency

EMERGENCY NOTIFICATIONS				
Name				
Address				
Street		City	State	Zip
Phone # ()	Relationship			
Cell Phone # ()	E-mail			
Name				
Address				
Street		City	State	Zip
Phone # ()	Relationship			
Cell Phone # ()	E-mail			

Remarks

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application interview may result in my release.	
Signature	Date



I, _____ (*print*), authorize Security Walls, LLC to make whatever inquiries it deems necessary in connection with my application for employment or in the course of review of any employment. I authorize all persons, schools, companies, corporations, credit bureaus, department of motor vehicles and law enforcement agencies to supply information concerning my background. I release Security Walls, LLC, TransUnion, and all persons who provide information concerning me harmless from all liability or any damages resulting from the inquiry and the furnishing of said information.

A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person. I understand that I have the right to request a copy of any report by writing to Security Walls, LLC within 60 days. The fee for this report will be paid at my expense to Security Walls, LLC. As per the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency such as Security Walls, LLC.

_____ Signature	_____ Date	_____ Date of Birth	
_____ Other names used		_____ Social Security Number	
_____ Name as it appears on driver's license		_____ D.L. Number	_____ State
_____ Address		_____ City/State	_____ Zip

Phone Number (Must Be Provided Before Processing)

PLEASE WRITE CLEARLY

Requested By:
Security Walls LLC

Please print or type all information

All forms must be faxed to 865-546-2932 to respect individuals' privacy.

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Security Walls, LLC (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Security Walls, LLC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Chief Manager of the Company. Both the undersigned and Security Walls, LLC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such information acquired or furnished due to your inquiry.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

Security Walls, LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.



Confidential and Proprietary Interest Agreement

Whereas, I wish to become employed by Security Walls, LLC, I acknowledge that Security Walls, LLC is providing me with training in the security field;

Whereas, I acknowledge that Security Walls, LLC shall incur costs and expend valuable resources while I am employed, including but not limited to costs of training, instruction, information resources and supplies, as well as for operational and related costs during my employment.

Wherefore, in consideration of my employment with Security Walls, LLC, an in consideration of the costs expended by Security Walls, LLC in my training and for other goods and valuable consideration, the adequacy, sufficiency and receipt of which is hereby acknowledged and for which I intend to be legally bound, I agree to the covenants, terms and conditions as set forth below.

I All documents, forms, and contracts (Confidential and Proprietary Information”) of Security Walls, LLC, whether original, duplicated, computerized, memorized, handwritten, or in any other form, and all information contained in said Confidential and Proprietary Information, whether generated by Mrs. Juanita Walls (Chief Manager) or anyone, are and shall remain sole and exclusive property of Security Walls, LLC at all times during my employment and after the termination of my employment

II. This Confidential and Proprietary Information, whether provided to me by Security Walls, LLC or by any client of Security Walls, LLC is entrusted to me as an employee and representation of Security Walls, LLC. This Confidential and Proprietary Information is unique and extremely valuable to Security Walls, LLC, and is developed and acquired by great expenditures of time effort and cost. I agree that all such Confidential and Proprietary Information or any part of it is sole proprietary information of Security Walls, LLC and shall be treated at all times as such. I will not use this Confidential and Proprietary Information or remove any record containing such Confidential and Proprietary Information from the premises of Security Walls, LLC. I further agree not to divulge or disclose this Confidential and Proprietary Information to any third-party, either during my employment or at anytime thereafter. I acknowledge that if I divulge or disclose this Confidential and Proprietary Information, Security Walls, LLC will suffer from immediate and irreparable harm and that money damages will not be adequate to compensate for this harm.

III. In the event of the termination of my employment with Security Walls, LLC, for any reason whatsoever, I agree to return any original records and any copies of documents, forms or any computerized records containing such Confidential and Proprietary Information which have been removed from Security Walls, LLC offices.

Print Name

Signature

Date



Fair Credit Reporting Act Disclosure Regarding Consumer Reports

Security Walls, LLC as a condition of your employment (post-offer/pre-employment), when deciding whether to continue your employment (if you are hired), and when making other employment related decisions directly affecting you, may wish to obtain and use a "consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act ("FCRA"). As an applicant for employment or employee of Security Walls, LLC you are a "consumer" with rights under the FCRA.

A "consumer reporting agency" is a person or business which, for monetary fees, dues or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing "consumer reports" to others, such as Security Walls, LLC.

A "consumer report" is any written, oral or other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility or continued eligibility for employment purposes.

If Security Walls, LLC obtains a "consumer report" about you, and if Security Walls, LLC considers any information in such report when making an employment related decision that directly and adversely affects you, you will be provided with a copy of the "consumer report" before the decision is finalized. You also may contact the Federal Trade Commission about your rights under the FCRA as a "consumer" with regard to "consumer reports" and "consumer reporting agencies."

Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is later.

Applicant's Name (**Please Print**)

Social Security Number

Applicant's Signature

Date

VOLUNTARY SELF-IDENTIFICATION

NOTICE TO ALL EMPLOYEES AND PROSPECTIVE EMPLOYEES

Security Walls takes affirmative action to employ and advance in employment qualified minorities, females, veterans of the Vietnam era, other protected veterans, and recently separated veterans. Qualified applicants are considered for employment and employees are treated during employment without regard to race, color, religion, gender, age, national origin, citizenship, ancestry, marital status, veteran status, disability status, medical condition, or sexual orientation. Solely to comply with required record-keeping, reporting and other legal requirements, please complete this Voluntary Self-Identification Sheet. Submission of this information is purely voluntary and choosing not to disclose this information will not subject you to any adverse treatment. This information will be held strictly confidential and separate from your application and the personnel file, if hired, and will not be used in consideration for your employment. If you belong to one of these protected groups and would like to be considered under our voluntary affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future. This information will assist us in meeting our affirmative action obligations.

Name: _____ Position Applied For: _____
 Gender: _____ Male _____ Female Prefer Not To Disclose: _____

Race/Ethnicity (check only one)

- White (not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- 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.
- 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.
- 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.
- Two or more races (not Hispanic or Latino):** All persons who identify with more than one of the above six races.

Veteran Status (Please check all that apply)

Non Veteran Vietnam Era Veteran Other Eligible Veteran
 Recently Separated Veteran - Date of Separation ____/____/____
 Prefer not to disclose

Other

Referral Source : Advertisement Employee Referral Job Fair
 Internet Job Posting Other (please specify)