

# MILLENNIUM SECURITY SERVICES, LLC, EMPLOYMENT APPLICATION

Please print. Read and answer all questions carefully and completely. Feel free to attach your resume: however, all sections MUST be completed.

Social Security Number:		Date:	
Last Name:	First Name:	Middle Name:	
Current Address, Street and Number:	City, State, Zip, County:	Area Code and Telephone:	
Previous Address, Street and Number: (Provide addresses for the past three addressees' years.)		City, State, Zip, County:	
		From:	To:
		Mo:	Yr:
		Mo:	Yr:
		Mo:	Yr:
		Mo:	Yr:

Have you ever applied to or worked for Millennium before?     Yes  No    If yes, please complete the following:

Approximate date of application: \_\_\_\_\_ Title: \_\_\_\_\_ Dept: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Do you have any friends or relatives currently employed by our company?     Yes  No    If yes, please state:

Name(s): \_\_\_\_\_ Office Location(S): \_\_\_\_\_

Position desired:

Type of position applied for:  _____  _____ (signature)	Special Considerations for Employment? (explain):   _____  Date Available to start work:  Distance willing to travel (miles):  Time willing to travel (minutes):
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I understand, I as an hourly employee, may be required to work any hours on any day to include weekends and holidays. I further understand my refusal to work the required hours may result in termination of employment.

Full Time  
 Part Time  
 Temporary  
 Summer

How did you learn of the position for which you are applying?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> On my own	<input type="checkbox"/> State Employment Service
<input type="checkbox"/> Agency	<input type="checkbox"/> School	<input type="checkbox"/> Other
<input type="checkbox"/> Employee		Name of referral source:

## References

List below personal references other than a relative or employer who have knowledge of your work performance

NAME	ADDRESS	PHONE NUMBER	OCCUPATION	YEARS KNOWN

As an EQUAL OPPORTUNITY EMPLOYER, our Company Policy as well as Federal and State laws prohibits discrimination in employment, including but not limited to discrimination based on race, color, creed, religion, sex, national origin, age, marital status, physical disability, medical condition

**Employment Record**

List below all present and past employers for the last ten years starting with your most recent employer. Please include self employment, Military service with any branch of the U.S. Armed Forces, part-time or summer-time work and job related volunteer experience.

If more space is needed, please attach additional sheets.

1. Employer	Address	City, State	Zip
Type of Business			
From: Month / Year	Supervisor's Name, Title:	Starting Hourly / Salary Rate: <input type="checkbox"/> Full Time	
From: Month / Year	Phone Number:	Ending Hourly Salary Rate: <input type="checkbox"/> Part Time	
Reason for leaving:			
Description of Duties:			
If still employed, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Employer	Address	City, State	Zip
Type of Business			
From: Month / Year	Supervisor's Name, Title:	Starting Hourly / Salary Rate: <input type="checkbox"/> Full Time	
From: Month / Year	Phone Number:	Ending Hourly Salary Rate: <input type="checkbox"/> Part Time	
Reason for leaving:			
Description of Duties:			
3. Employer	Address	City, State	Zip
Type of Business			
From: Month / Year	Supervisor's Name, Title:	Starting Hourly / Salary Rate: <input type="checkbox"/> Full Time	
From: Month / Year	Phone Number:	Ending Hourly Salary Rate: <input type="checkbox"/> Part Time	
Reason for leaving:			
Description of Duties:			

**Education**

Name	Address	Curriculum / Major	Grade Point Average	Units Completed	Degree / Diploma / Certificate Earned
High School or GED					Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
College / University					
College / University					
Trade / Vocational					
Business / Other					
List any scholarships, academic honors, or special achievements:					

Do you have the legal right to work in the United States? (If offered a position, the immigration Reform & Control Act of 1986 requires you to furnish proof of your employment authorization and your identity before you can begin work.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you 18 years or older?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Birth:	Place of Birth:		
How long have you been a resident of this state?	Driver's Lic. No.	State	Exp Date <<DLEXP>>
Do you have reliable transportation to get you to work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you perform the essential functions of the position for which you are applying? If no, please describe:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever served in the U.S. military?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Branch of the Service:	Number of years Served:		
After the accepting an offer of employment, can you submit a copy of your DD214?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of any crime (including military court martial)? (the existence of a criminal record does not constitute an automatic bar to employment with Millennium. However, please explain the offense you have been convicted of in order to ascertain if it has a direct impact on the qualifications necessary to perform the position for which you are applying.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:			

### Acknowledgement

I hereby certify that I have personally completed this application, and that the information contained herein is correct to the best of my knowledge. I understand that any misrepresentation, falsification or material omission of information on this application, in my interview(s) or pre-employment evaluation will result in my failure to receive an offer or, if I have been hired, may result in my dismissal for employment.

I authorize the company and its agents to request any information and records concerning me, including but not limited to consumer credit, criminal history, driving, employment, military, civil and educational data and reports, from any present or previous employers (unless expressly stated), consumer reports agencies, licensing and law enforcement agencies, courts and other entities. Further, if I am employed, I agree to submit to pre-employment and employment-related examinations of the above described information at any time, upon probable cause, at the request of Millennium.

I authorize and request any present or former employer, school, financial institution, credit agency or any governmental agency or persons having personal knowledge about me to furnish Millennium or its agent with any and all information in their possession regarding me, which is reasonable related to my employment, or continued employment with Millennium Security. I am willing that a photocopy of this authorization to be accepted with the same authority as the original and shall be valid for this or any future reports or updates that may be requested.

I understand that any offer of employment will be conditioned on the company's receipt of satisfactory responses to reference requests, the provision of satisfactory proof of my identity and legal right to work in the United States, the satisfactory completion of a drug/alcohol screening and other bona-fide employment testing.

If hired, I agree and understand that I will conform to the rules and policies of the Company. I further agree that my employment is at-will. This means that either Millennium Security or I may terminate the employment relationship at any time, with or without cause. I understand that the company retains the right to establish compensation, benefits, and working conditions for all of its employees. Accordingly, I understand and agree that the Company retains sole discretion to modify my compensation and benefits, position, duties, and other terms and conditions of employment, including the right to impose discipline of whatever type and for whatever reasons Millennium, at its sole discretion, determines to be appropriate. No employee or representative of the Company, other than the Chief Executive Officer, has the authority to alter the at-will nature of my employment relationship, or make any agreement contrary to the foregoing.

I have been given the opportunity to ask questions regarding the company's rules and my potential status as an employee at-will, and no Company representative has promised or implied to me that if I am hired, I will be employed under any terms other than stated above. I agree that this constitutes an integrated, binding agreement with respect to the at-will nature of my employment relationship.

### MILLENNIUM AND ITS EMPLOYEES ARE SUBJECT TO A MANDATORY ARBITRATION PROGRAM

\_\_\_\_\_  
(signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(date)

# CRIMINAL HISTORY CHECK

## MILLENNIUM SECURITY SERVICES, LLC

11175 Cicero Drive, Suite 100

Alpharetta, GA 30022

Telephone (770) 740-9566 FAX (770) 740-9608

As part of my application for employment, my signature below authorizes the above company to receive any criminal history record information pertaining to me, which may be on file at any state or local criminal justice agency in the State of Georgia

\_\_\_\_\_  
Full Name (printed)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Height

\_\_\_\_\_  
Weight

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness' Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Notary Signature)

\_\_\_\_\_  
(Date)

Notary Seal