



Please return all completed applications to:

Gold Star Security  
A Division of We're Cleaning Incorporated

2628 South Wabash, 2<sup>nd</sup> Floor  
Chicago, IL 60616  
312.949.9960

or fax to:  
312.949.9961

## EMPLOYMENT APPLICATION

|                                |
|--------------------------------|
| Position you are applying for: |
|--------------------------------|

### SECTION I – PRINT OR TYPE ONLY:

|                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                                                                                                                               |                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Social Security Number                                                                                                                                                                                                                                                                                                                                                                                                            | Last Name | First Name                                                                                                                                                    | MI                                                                                                                 |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                    |           | Sex                                                                                                                                                           | Birth Date                                                                                                         |
| City                                                                                                                                                                                                                                                                                                                                                                                                                              | State     | Zip Code                                                                                                                                                      | Area Code Telephone Number                                                                                         |
| <b>If your answer to any of the following questions us "yes", attach a detailed statement.</b><br><br>Have you ever been discharged from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Have you ever been convicted of any violation of any federal law, state law, county or municipal law or ordinance, other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No |           | <b>Citizenship – Check box below:</b><br><br><input type="checkbox"/> U.S. Citizen<br><input type="checkbox"/> Permanent Resident Alien<br><br>Reg. no: _____ | <b>Type of employment seeking:</b><br><br><input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time |

Provide three references (do not include relatives):

#### REFERENCE #1

|      |         |          |                  |
|------|---------|----------|------------------|
| Name | Address |          |                  |
| City | State   | Zip Code | Telephone Number |

#### REFERENCE #2

|      |         |          |                  |
|------|---------|----------|------------------|
| Name | Address |          |                  |
| City | State   | Zip Code | Telephone Number |

#### REFERENCE #3

|      |         |          |                  |
|------|---------|----------|------------------|
| Name | Address |          |                  |
| City | State   | Zip Code | Telephone Number |

**EMERGENCY CONTACT INFORMATION**

|      |       |          |                  |
|------|-------|----------|------------------|
| Name |       | Address  |                  |
| City | State | Zip Code | Telephone Number |

**SECTION II – EXPERIENCE REPORT:**

**List and describe your work experience. Begin with your present position and work backwards.** Include title changes resulting in promotions. List pertinent military experience. List college internships successfully completed. Misstatements of material facts may cause forfeiture of rights to employment.

**A RESUME LISTING WORK EXPERIENCE CAN BE SUBMITTED IN LIEU OF COMPLETING SECTION II**

|                                                                                |                             |                                                                       |                                                                |
|--------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------|
| Currently (or last) employed by                                                |                             |                                                                       | Dates of Employment:<br>From (mo/yr) _____<br>To (mo/yr) _____ |
| Address                                                                        |                             |                                                                       |                                                                |
| Title                                                                          | Employer's Telephone Number | Part-time<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Average hours worked per week _____                            |
| List and describe your duties and responsibilities.<br>_____<br>_____<br>_____ |                             |                                                                       |                                                                |
| Reason for Leaving: _____                                                      |                             |                                                                       |                                                                |

|                                                                                |                             |                                                                       |                                                                |
|--------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------|
| Past Employer                                                                  |                             |                                                                       | Dates of Employment:<br>From (mo/yr) _____<br>To (mo/yr) _____ |
| Address                                                                        |                             |                                                                       |                                                                |
| Title                                                                          | Employer's Telephone Number | Part-time<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Average hours worked per week _____                            |
| List and describe your duties and responsibilities.<br>_____<br>_____<br>_____ |                             |                                                                       |                                                                |
| Reason for Leaving: _____                                                      |                             |                                                                       |                                                                |

|                                                     |                             |                                                          |                                     |
|-----------------------------------------------------|-----------------------------|----------------------------------------------------------|-------------------------------------|
| Past Employer                                       |                             |                                                          | Dates of Employment:                |
| Address                                             |                             |                                                          | From (mo/yr) _____                  |
|                                                     |                             |                                                          | To (mo/yr) _____                    |
| Title                                               | Employer's Telephone Number | Part-time                                                | Average hours worked per week _____ |
|                                                     |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                     |
| List and describe your duties and responsibilities. |                             |                                                          |                                     |
| _____                                               |                             |                                                          |                                     |
| _____                                               |                             |                                                          |                                     |
| _____                                               |                             |                                                          |                                     |
| Reason for Leaving: _____                           |                             |                                                          |                                     |

|                                                     |                             |                                                          |                                     |
|-----------------------------------------------------|-----------------------------|----------------------------------------------------------|-------------------------------------|
| Past Employer                                       |                             |                                                          | Dates of Employment:                |
| Address                                             |                             |                                                          | From (mo/yr) _____                  |
|                                                     |                             |                                                          | To (mo/yr) _____                    |
| Title                                               | Employer's Telephone Number | Part-time                                                | Average hours worked per week _____ |
|                                                     |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                     |
| List and describe your duties and responsibilities. |                             |                                                          |                                     |
| _____                                               |                             |                                                          |                                     |
| _____                                               |                             |                                                          |                                     |
| _____                                               |                             |                                                          |                                     |
| Reason for Leaving: _____                           |                             |                                                          |                                     |

|                                                     |                             |                                                          |                                     |
|-----------------------------------------------------|-----------------------------|----------------------------------------------------------|-------------------------------------|
| Past Employer                                       |                             |                                                          | Dates of Employment:                |
| Address                                             |                             |                                                          | From (mo/yr) _____                  |
|                                                     |                             |                                                          | To (mo/yr) _____                    |
| Title                                               | Employer's Telephone Number | Part-time                                                | Average hours worked per week _____ |
|                                                     |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                     |
| List and describe your duties and responsibilities. |                             |                                                          |                                     |
| _____                                               |                             |                                                          |                                     |
| _____                                               |                             |                                                          |                                     |
| _____                                               |                             |                                                          |                                     |
| Reason for Leaving: _____                           |                             |                                                          |                                     |

**SECTION III – EDUCATION REPORT:**

List all your education accurately and completely. Proof of education and training claimed may be required at the time of hire.

| <b>High School</b>                                                                    |      |           |                                         |                                                                        | <b>College - University</b>                              |                                  |                         |                     |                                                                      |                                                                        |  |  |
|---------------------------------------------------------------------------------------|------|-----------|-----------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------|-------------------------|---------------------|----------------------------------------------------------------------|------------------------------------------------------------------------|--|--|
| Circle number<br>Years completed                                                      |      | 0 1 2 3 4 |                                         | Graduated?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                          | Circle number<br>Years completed |                         | 0 1 2 3 4           |                                                                      | Graduated?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Or <b>GED</b>                                                                         |      |           |                                         |                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |                         |                     |                                                                      |                                                                        |  |  |
| Business, Trade or Correspondence<br>School Name and Location                         | From |           | To                                      |                                                                        | Time                                                     |                                  | Subjects                | Length of<br>Course | Compl?                                                               |                                                                        |  |  |
|                                                                                       | Mo.  | Yr.       | Mo.                                     | Yr.                                                                    | Full                                                     | Part                             |                         |                     |                                                                      |                                                                        |  |  |
|                                                                                       |      |           |                                         |                                                                        |                                                          |                                  |                         |                     |                                                                      |                                                                        |  |  |
|                                                                                       |      |           |                                         |                                                                        |                                                          |                                  |                         |                     |                                                                      |                                                                        |  |  |
| Illinois Driver's License – Circle Class Rating(s)<br>CDL: A B C Non CDL: A B C D L M |      |           | Restrictions                            |                                                                        | License Number                                           |                                  | Date Issued?<br>Mo. Yr. |                     | Current?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                        |  |  |
| Name and Address of<br>Colleges or Universities Attended                              |      |           | Name of Major and Type of Degree Earned |                                                                        |                                                          |                                  | Dates Attended          |                     |                                                                      |                                                                        |  |  |
|                                                                                       |      |           |                                         |                                                                        |                                                          |                                  | From                    |                     |                                                                      | To                                                                     |  |  |
|                                                                                       |      |           |                                         |                                                                        |                                                          |                                  | /                       |                     |                                                                      | /                                                                      |  |  |
|                                                                                       |      |           |                                         |                                                                        |                                                          |                                  | /                       |                     |                                                                      | /                                                                      |  |  |
|                                                                                       |      |           |                                         |                                                                        |                                                          |                                  | /                       |                     |                                                                      | /                                                                      |  |  |

| Unless you are currently a certified peace officer, the following information must be completed. |      |     |     |     |                                   |                                   |                      |
|--------------------------------------------------------------------------------------------------|------|-----|-----|-----|-----------------------------------|-----------------------------------|----------------------|
| Security School(s) Attended<br>School Name and Location                                          | From |     | To  |     | Hours of Training                 |                                   | Certification Number |
|                                                                                                  | Mo.  | Yr. | Mo. | Yr. |                                   |                                   |                      |
|                                                                                                  |      |     |     |     | <input type="checkbox"/> 20 hours | <input type="checkbox"/> 40 hours |                      |
|                                                                                                  |      |     |     |     | <input type="checkbox"/> 20 hours | <input type="checkbox"/> 40 hours |                      |

|                                                                                                                                            |           |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Do you currently have a <b>permanent employee registration card</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No             | If yes, # |
| If requesting a position as an Armed Guard, do you have a valid <b>FOID</b> card? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, # |

I understand I may be required to submit proof of previous employment, education, and other statements in this application. I authorize release of this and other information, covering job related factors for purposes of verification and determination of suitability for employment through a background check.

I understand that as part of the pre-employment process I must submit to a urinalysis drug screening.

I certify that the information on this application is true and accurate to the best of my knowledge and understand that misrepresentation of any material may be grounds for ineligibility or termination of employment.

Written Signature \_\_\_\_\_

Date \_\_\_\_\_

| For Office Use Only |       |           |             |
|---------------------|-------|-----------|-------------|
| Interviewed by:     | Date: | Hired by: | Start Date: |