



**Neal & Associates, Inc.**



**PROVIDING THE AREA'S FINEST SECURITY OFFICERS**

P. O. BOX 680  
MONTCALM, WV 24737

FAX: 304-589-6179  
PHONE: 304-589-3328

## Employment Application

**Personal Information:** (Please complete all 4 pages & submit) Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_-

Email: \_\_\_\_\_

Are you 18 or older:  Yes  No Date of birth: \_\_\_\_\_  
(optional-not required) (month) (day) (year)

Are you legally able to work in the US?  Yes  No  
Note: You will be required to prove this after hire on an I-9 Form.

**Education:**

School most recently attended or currently attending:

School name: \_\_\_\_\_ Location: \_\_\_\_\_

Did you graduate?   Yes  No

If No, last year completed: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

Sports, hobbies or additional skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Neal & Associates, Inc is an Equal Employment Opportunity Employer

Employer does not discriminate against an employee application because of race, color, sex, religion, national origin, age, disability, marital status or liability for service in the armed forces of the United States. Applications will be kept on file for one calendar year from date of receipt.

**Employment History:**

List your last three (3) employers beginning with the most recent. (If not applicable, list U.S. Military or work performed on a voluntary basis with contact names) Explain any gaps in employment.

Company \_\_\_\_\_ Phone \_\_\_\_\_  
 Position \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Dates Worked: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Main Duties: \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_  
 Position \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Dates Worked: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Main Duties: \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_  
 Position \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Dates Worked: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Main Duties: \_\_\_\_\_

**Employment Desired:**

Position applied for: \_\_\_\_\_  
 Total hours available per week: \_\_\_\_\_  
 Date available to start work: \_\_\_\_\_  
 What are your wage requirements? \$ \_\_\_\_\_ per hour  
 List the hours and days you are available to work: \_\_\_\_\_

**Transportation:**

- Do you have reliable transportation to use for work?       Yes    No
- Do you have a current VALID driver's license?               Yes    No

**Security Requirements:**

Do you have prior security experience?     Yes    No  
 If yes, when? \_\_\_\_\_ What Company? \_\_\_\_\_

What state did you work in? \_\_\_\_\_  
 What training did you receive: \_\_\_\_\_

- Have you worked for Neal & Associates Inc. before?       Yes    No
- Have you ever been convicted of a felony?                   Yes    No

**General Information:**

Have you ever been terminated or requested to resign from a position?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Are you currently employed?  Yes  No

If yes, does your employer know you are interested in changing jobs?  Yes  No

May we contact your current employer?  Yes  No  N/A

Why do you want to change employment? \_\_\_\_\_  
\_\_\_\_\_

Have you ever held a position of trust? (handling money or confidential material)  Yes  No

How much time have you lost from work during the past year? \_\_\_\_\_

Why have you lost that time? \_\_\_\_\_  
\_\_\_\_\_

How did you hear about Neal & Associates Inc? \_\_\_\_\_

**Personal References: (Do not list relatives)**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Drug and Alcohol Policy:**

The goal of Neal & Associates, Inc is to provide a Safe and Drug Free work environment. With this in mind and due to the fact that the use of alcohol and illegal drugs impair your ability to work safely and efficiently, at NO TIME shall any employee be allowed to be under the influence of alcohol or illegal drugs while on duty. All employees will be subject to drug screening conducted on a indiscriminate basis. At its discretion, Neal & Associates will randomly notify employees to submit specimens for testing. A positive pre-employment drug test will be reason not to hire the prospective employee. Confirmed use of illegal drugs after employment or the use of alcohol while on the job will be grounds for immediate termination.

By signing my name at the end of this application, I affirm that I have read and understand the above statement regarding Neal & Associates, Inc Drug and Alcohol Policy.

**Release of Information:**

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize Neal & Associates, Inc to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as deemed necessary by Neal & Associates, Inc in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a condition of employment has been extended.)

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information to Neal & Associates, Inc in connection with my application. In the event of employment, I understand that false or misleading information given by me in my application or interview(s) may result in discharge. I understand, also, that I am to abide by all company policies and procedures as outlined in the Company Manual.

I realize that if employed by Neal & Associates Inc., and I do not turn in my Officer's Daily Reports each Friday and if I do not turn in my Payroll Report the Friday before payroll Monday, my wages will be held until such reports are turned in.

I understand and agree that if Neal & Associates Inc should employ me. I will have the right to terminate my employment at any time for any reason but will do my best to give Neal & Associates Inc. a two (2) week notice. I further agree that Neal & Associates Inc. shall have the same right to terminate my employment at any time for any or no reason. My employment at-will status cannot be modified unless such modification is set forth in writing in a document signed by both me and an officer of Neal & Associates Inc.

My receipt of employee handbooks, manuals, personnel policies and procedures are not signs of employment and do not modify my status as an at-will employee. I agree that any losses incurred by Neal & Associates Inc. as a direct result of my behavior while employed by Neal & Associates Inc. will be reimbursed by me.

**I understand that I must obtain a copy of my local criminal background from the circuit clerk's office in the county I reside and it must be clear of any felony charges or convictions before Neal & Associates can consider me for employment. I understand this background check must be turned in with this application or Neal & Associates will not consider me for employment.**

**I have read and understand the foregoing. I also understand that I am seeking employment with a Licensed and Bonded Corporation. Under the terms set forth herein, I certify and declare that all of the information is true and correct to the best of my ability.**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

This application will be kept on file for one calendar year from the date of this application. After that, you must reapply to be considered for any employment opportunities with Neal & Associates, Inc.

**Additional Comments:**

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