



Advanced Security, Inc.

1255 Cross St. S.E.
Salem, OR. 97302
(503) 375-0533

716 SE 11th Ave. A
Portland, OR. 97214
(503) 222-5381

120 Cleveland St.
Eugene, OR. 97402
(541) 463-7726

Previous Employers: (Starting with Most Recent Employer)

From: _____ To: _____ Name of Company: _____

Address: _____

Phone Number: _____ Position: _____

Salary: _____ Supervisor: _____

Reason for leaving: _____

From: _____ To: _____ Name of Company: _____

Address: _____

Phone Number: _____ Position: _____

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Reason for leaving: _____

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PERSONAL PROFILE

Have you ever:

Yes No

- Used an illegal drug?
- Been a chronic user of alcoholic beverage?
- Had an injury to your ligaments, tendons, or musculature which limited your normal physical abilities for any period of time?
- Been rejected for employment or military service for any mental reason?
- Resigned to avoid discharge or resigned while under suspension or while dismissal proceedings were pending?
- Do you wear corrective lenses or had any vision or hearing problems?
- Are you now using any type of prescribed medication?
- Is there any current or pending civil actions against you?
- Have you ever been the subject of any criminal or civil rights investigation?
- Ever applied for a permit to carry a concealed weapon?
If "YES", please provide the following:

Permit granted: Yes No Date: _____

Name of Law Enforcement Agency: _____

Purpose: _____

Is there anything in your life that may reflect upon your suitability or ability to perform the duties which you may be called upon to undertake, or is there anything in your life that requires further explanation? Yes No

If any answers to these questions are affirmative, explain fully on a supplement sheet attached to the back of this form.

DATE: _____ SIGNATURE: _____

