

SARNIA  
346 Christina St. N  
Sarnia, ON N7T5V7  
PH: 519-336-6171  
FX: 519-336-6916

ST. THOMAS  
656 Talbot Street  
St. Thomas, ON N5P 1C9  
PH: 519-633-9177  
FX: 519-631-4455

## LYNDON SECURITY SERVICES INC.

### Employment Application

HAMILTON  
1638 Upper James St., Suite 202  
Hamilton, ON L9B 1K4  
PH: 905-318-3000  
FX: 905-318-3331



#### Applicant Information

All applicants are considered for all positions without regard to race, creed, colour, sex, religion, nationality, ancestry, place of origin, marital status, sexual orientation or other information prohibited by law. Please complete in full detail even if you have submitted a resume.

Full Name:		Date:	
<i>Last</i>	<i>First</i>		
Address:		Apartment/Unit #	
<i>Street Address</i>			
<i>City</i>		<i>Prov.</i>	<i>Postal Code</i>
Home Phone: ( )	Cell Phone: ( )	E-mail Address:	
Date Available:	Are you legally able to work in Canada?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Desired Compensation: \$
Position Applied for:	How did you become aware of this position?		
Did someone refer you to Lyndon Security?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have personal transportation if required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you willing and able to work shift work including weekends & holidays?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you ever been convicted of an offence under the law which a pardon has not been granted?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are there limitations to your schedule?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a current First Aid Certificate?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you presently hold a valid Ontario Security Guard Licence?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Licence #:	Do you currently hold a valid Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/>
			If yes, provide License Expiration:

#### Education

Your signature on this application gives Lyndon Security Inc. the right to verify information regarding your education.

High School (Name and Address):			
	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma:
College/University (Name and Address):			
	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma/Degree:
Other:			

#### References

Please list three professional references.

1.Full Name:	Position/Relationship:
Company & Address	Phone: ( )
How would this reference describe you?	
2.Full Name:	Position/Relationship:
Company & Address	Phone: ( )
How would this reference describe you?	
3.Full Name:	Position/Relationship:
Company & Address	Phone: ( )
How would this reference describe you?	

### Former Employment History

Below, list **every** job you have held, including part-time/temporary positions. You may also include Military experience as employment. Please list present or most recent jobs first. If you require more room, please use a blank sheet of paper and attach to application.

**Company:** \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Company:** \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Company:** \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Company:** \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

### Disclaimer and Signature

*I hereby authorize LYNDON SECURITY SERVICES INC. to thoroughly investigate my background, references, employment record and other material related to my suitability for employment. I authorize previous employers and organizations contacted by Lyndon to provide relevant information regarding my current and or previous employment and I release all persons and all claims for providing such information. If this application leads to employment, I understand that any falsifications (including omissions) or misleading information in my application or interview may result in a no hire decision or my immediate termination of employment for cause without further notice, or pay in lieu of notice. I agree that Lyndon shall not be held liable in any respect if I am not hired or my employment is terminated as a result of providing such false misleading, or incomplete information. I authorize Lyndon to share my resume and application with other Lyndon Security Services locations. I understand that this application will be maintained on file for 60 days. If after that time I have not heard from Lyndon Security and wish to be reconsidered for employment, I will have to reapply. I may be required to sign a confidentiality and or non-compete agreement, should I become an employee at Lyndon Security. My signature below, verifies I have read and fully understand this employment application, and I seek employment under these conditions. Information presented on this employment application is complete and correct to the best of my knowledge.*

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