

ITEMS NEEDED WHEN TURNING IN APPLICATION:

(An Interview will not be scheduled without all information attached)

Fully Completed Employment Application. (Explaining any gaps in employment if they apply)
Unexpired Driver's License or Identification Card
Social Security Card
Copy of High School Diploma/GED
Copy of DD214, if applicable
Copy of State Certification (License or Certificate)



Viking Service Group dba Viking National Security 888.315.5177

Email to: Employment@VikingServiceGroup.com or Fax to 281.377.8855

Viking is an equal opportunity employer. Viking seeks and employs qualified persons in all job classifications and administers all personnel actions without discrimination on the basis of race, color, religion, sex, age, national origin, disability, or veteran status.

NOTE: ALL BLANKS MUST BE COMPLETED

			Referred By:			
			Position Desired: _			
Date:			Telephone:			
Name:						
Fi	rst		Middle		Last	
Present Address:						
	Street		City	State/County	Zip Cod	le
Previous Address:						
	Street		City	State/County	Zip Cod	le
Social Security Number:		I.D./D.L.	#		State	
Due to the nature of our busing which Viking provides service conditions of employment? Do you have transportation to please explain: (example – car, Are you 18 years of age or olde	Are you will get to and fron bus, etc.)	ling to acce	pt these terms as	part of the Yes \(\scale \)	he building co	ntracts for
Do you have the legal right to v		ted States?			1 o □	
Have you worked for Viking be					No □ □	
Desired hourly wage:				Yes □ N	No 🗀	
How far are you willing to trave	el? (Distance)					
Type of Position: (Please circle				nmer		
Days Available: (Please circle)	Mon Tu	esday We	ednesday Thursd	ay Friday Satuı	day Sunday	All
Shifts Available: (Please circle)	Days	Midshift	Evenings/Nights	Graveyards		
o you hold a state Reg. Guard Card?	Yes	No	Do you hold a Sta	ate Firearms Card?	Yes	No
Number:	Exp. Date:	L	Number:		Exp Date:	L

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record.

Start with present or most recent employer.

1.	Company Name:	Telephone:				
	Address:		Supervisor:			
	State job title and describe your work:					
	Employed (State, Month and Year) From	То	Weekly Pay:		F. J	
	Reason for Leaving:			Start	End	
2.	Company Name:		Telephone:			
	Address:		Supervisor:			
	State job title and describe your work:					
	Employed (State, Month and Year) From	То	Weekly Pay:			
				Start	End	
	Reason for Leaving:					
3.	Company Name:		Telephone:			
	Address:		Supervisor:			
	State job title and describe your work:					
	Employed (State, Month and Year) From	То	Weekly Pay:			
				Start	End	
	Reason for Leaving:					
Ha	ve you ever been discharged or asked to resign from	any position? Ye	s 🗌 No 🗌			
If y	es, please explain:					
			DO NOT CONTA	ACT		
,	We may contact the employers listed unless you indicate those you do not want us to contact.	Employer Number(s):				
	manage was you as not mand us to contact.	Reason:				

REFERENCES

Please give accurate, complete full-time and part-time employment record.

Name two people who have known you at least two years (do not include relatives).

1. Nam	ne:		Telep	ohone:	
Add	ress:				
Busi	ness & Position:				
2.					
				phone:	
Add	ress:				
Busi	ness & Position:				
	ducation ormation	Course	e Completed		Areas of Specialization
G	Check Highest rade Completed	1 2 3 4 5 6	□7 □8 □9 □	10 🗌 11 🔲 12 🔲 G	ED College
Nam	e of High School A	Attended:			
1	Name of College A	Attended:			
	Trad	e School:			
Langua	ages	Speak	Read	Write	
Engli	sh				
Span	ish				
Chine	ese				
Othe	er:				
1. Have	1. Have you been convicted of a <i>Misdemeanor</i> in the last five years? Yes No				
2. Have you been convicted of a <i>Felony</i> in your lifetime? Yes No					
_	es, what was the a	conviction?			

(Note: A criminal conviction will not necessarily be a bar to employment. Any relevant factors such as age at time of the offense, the seriousness and nature of the violation, and rehabilitation will be taken into account. Any such matters should be fully explained below. Attach a separate piece of paper if necessary.)

DRUG/ALCOHOL TESTING PROGRAM

Viking Building Services has a drug/alcohol testing program. This program is used for Pre-Employment at random on job sites or on the job injuries involving a doctor's visit. Refusal to be tested on this program will be grounds for not hiring a prospective employee or for terminating a current employee.

APPLICANT'S CERTIFICATION AND STATEMENT

(Read carefully before signing)

any misstatement of fact will, if and procedures of Viking Build inquiry may be made concernin that, upon my written request, me. My present employer ma	I am employed, subject me to immediate dismissal. I also agree to follow the Policies ing Services. I also understand that as a normal employment procedure, a routine g my background and qualifications. I authorize such an investigation and understand information on the nature and scope of the inquiry, if one is made, will be provided to y be contacted unless I request otherwise in writing. I also understand that ment does not create a contractual obligation upon the employer to continue to employ
me in the future.	
Date	Signature of Applicant (If e-mailed add a digital signature – an original signature will be required upon hiring)
	INFORMATION VERIFICATION
my Motor Vehicle Driving F agree to submit to drug employed by this compar employment and that no employment is at will an understand that the compar turn, I understand that I ma	o offer, I authorize Viking Building Services to request a Background Check and a copy of second, in the event that my position requires the use of a motor vehicle. I hereby test(s) that may be requested of me, whether prior to my employment, or, if my, at any time thereafter. I further understand that this is an application for employment contract is being offered. I understand that if I am employed, such d that the company can change wages, benefits and conditions at any time. I my may terminate my employment at any time for any reason, with or without notice. In y terminate my employment at anytime with or without reason. If the job requires me I will immediately inform Viking Building Services at any time I become uninsurable. I
Date	Signature of Applicant (If e-mailed add a digital signature – an original signature will be required upon hiring)

Debido a que no hablo o escribo bien en el idioma ingles, he estado de acuerdo de que alguien me liene esta solicitud o he leido la traducción completa. Firmo la presente en señal de que las preguntas a esta solicitud fueron traducidas al Español y que entiendo todas ellas.

signature will be required upon hiring)

Because of my limited abilities in speaking and/or writing the English language, I have agreed to let someone other than myself fill out this application. I have signed below agreeing that the questions in this application were

Signature of Applicant (If e-mailed add a digital signature – an original

translated into a language that I understand and that I understand all of the questions.

Fecha Firma de Solicitante

Date