SECURITY WALLS llc
Impenetrable Protection & Investigative Services

130 N. Martinwood Rd
Knoxville, TN 37923
Phone: 865 546-2597
Fax: 865 546-2932

Employment Application Page 1 of 3 **Please Print**

APPLICANT INFORMATION			DATE
Last	First	Maiden	M.I.
Street Address			Apt #
City	County		State
Zip	Social Security #	Drivers License #	
Home Phone ( )	Cell Phone ( )		
E-mail address			
Date of Birth	Place of Birth		
Position Applied For		Salary Desired $	
Employment Desired:	Full Time ☐	Part Time ☐	
Do you agree to submit samples for drug or alcohol testing:	Yes ☐	No ☐	
Have you ever been convicted of a felony?	Yes ☐	No ☐	
If yes please explain?			

EDUCATION			
High School	Did you graduate?	Yes ☐	No ☐
City & State	Years Attended		
College	Did you graduate?	Yes ☐	No ☐
City & State	Degree		
Other	Did you graduate?	Yes ☐	No ☐
City & State	Degree		

REFERENCES (Other than relative or previous employers)			
Name	Relationship		
Address			
Street	City	State	Zip
Company			
Phone # ( )	Position		
Name	Relationship		
Address			
Street	City	State	Zip
Company			
Phone # ( )	Position		

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PREVIOUS EMPLOYMENT (LAST FIVE YEARS)		
Company		Phone ( )
Address		
Job Title	Starting Salary $	Ending Salary $
From To	Reason for Leaving	
Responsibilities; duties performed		
Supervisor	May we contact them for a reference?	
Company		Phone ( )
Address		
Job Title	Starting Salary $	Ending Salary $
From To	Reason for Leaving	
Responsibilities; duties performed -		
Supervisor	May we contact them for a reference?	
Company		Phone ( )
Address		
Job Title	Starting Salary	Ending Salary
From To	Reason for leaving	
Responsibilities; duties performed		
Supervisor	May we contact them for a reference?	
Company		Phone ( )
Address		
Job Title	Starting Salary $	Ending Salary $
From To	Reason for Leaving	
Responsibilities; duties performed		
Supervisor	May we contact them for a reference?	

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

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TRAINING CERTIFICATION(S)	
Type of Training	
Location of Training	Date Completed
Type of Training	
Location of Training	Date Completed
Type of Training	
Location of Training	Date Completed
Type of Training	
Location of Training	Date Completed
Type of Training	
Location of Training	Date Completed

Security Clearance		
Investigation Date	Clearance	Granting Agency

EMERGENCY NOTIFICATIONS			
Name			
Address			
Street	City	State	Zip
Phone # ( )	Relationship		
Cell Phone # ( )	E-mail		
Name			
Address			
Street	City	State	Zip
Phone # ( )	Relationship		
Cell Phone # ( )	E-mail		

Remarks

DISCLAIMER AND SIGNATURE
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application interview may result in my release.
Signature / Date

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I, _____ ***(print)***, authorize Security Walls, LLC to make whatever inquiries it deems necessary in connection with my application for employment or in the course of review of any employment. I authorize all persons, schools, companies, corporations, credit bureaus, department of motor vehicles, government agencies and law enforcement agencies to supply information concerning my background.

A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person. If there is a dispute, I understand that I have the right to request a copy of any report by writing to Security Walls, LLC within 60 days.

_____ _____
Signature Date Date of Birth

_____ _____
Other names used Social Security Number

_____ _____
Name as it appears on driver's license D.L. Number State

_____
Address City/State Zip

_____
Phone Number (Must Be Provided Before Processing)

Requested By: **Security Walls, LLC**
Organization Name (Must Be Provided Before Processing)

Please print or type all information
All forms must be faxed to 865-546-2932 to respect individuals' privacy.

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Fair Credit Reporting Act Disclosure Regarding Consumer Reports

As a condition of your employment (post-offer/pre-employment), when deciding whether to continue your employment (if you are hired), and when making other employment related decisions directly affecting you, may wish to obtain and use a "consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act ("FCRA"). As an applicant for employment or employee of **Security Walls, LLC**, you are a "consumer" with rights under the FCRA.

A "consumer reporting agency" is a person or business which, for monetary fees, dues or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing "consumer reports" to others, such as **Security Walls, LLC**.

A "consumer report" is any written, oral or other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility or continued eligibility for employment purposes.

If **Security Walls, LLC** obtains a "consumer report" about you, and if **Security Walls, LLC** considers any information in such report when making an employment related decision that directly and adversely affects you, you will be provided with a copy of the "consumer report" before the decision is finalized. You also may contact the Federal Trade Commission about your rights under the FCRA as a "consumer" with regard to "consumer reports" and "consumer reporting agencies."

Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is later.

_____ _____

Applicant's Name (Please Print) Social Security Number

_____ _____

Applicant's Signature Date

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Acknowledgment of Responsibility Regarding Background Check Errors

This acknowledgment outlines the responsibilities of applicants and Security Walls, LLC regarding the accuracy of information in background check reports. This document is separate from the required disclosure and authorization form under the Fair Credit Reporting Act (FCRA).

1. Notification of Errors

I acknowledge that I am responsible for reviewing the background check report provided in connection with my application for employment. If I discover any inaccurate, incomplete, or misleading information in the report, I agree to notify Security Walls, LLC in writing within **30 days** of discovering the error.

The written notification must include:

• A detailed description of the inaccurate, incomplete, or misleading information; and

• Supporting documentation, if available, to help identify and correct the issue.

2. Time to Correct Errors

I agree to provide Security Walls, LLC with a period of **30 days** from the date of my written notification to investigate and correct the identified error.

3. Limitation of Liability

I understand and agree that Security Walls, LLC will not be held liable for any inaccuracies or errors in the background check report unless:

• I have provided written notice of the error in accordance with the terms outlined above; and

• Security Walls, LLC fails to investigate and correct the error within the 30-day correction period.

4. Preservation of Legal Rights

This acknowledgment does not waive or limit any of my rights under the FCRA or other applicable federal, state, or local laws. I retain the right to dispute the accuracy of information directly with the consumer reporting agency that provided the background check report.

5. Acknowledgment of Separate Disclosure and Authorization

I understand that this document is separate from and does not form part of the required disclosure and authorization form under the FCRA.

6. Acceptance of Terms

By signing below, I confirm that I have read and understood this acknowledgment. I agree to the terms outlined above as a condition of my application for employment with **Security Walls, LLC**, for whom Security Walls, LLC is conducting the background check.

_____ _____

Applicant's Name (Please Print) Date

_____

Applicant's Signature

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An Equal Opportunity / Affirmative Action Employer

VOLUNTARY SELF-IDENTIFICATION

NOTICE TO ALL EMPLOYEES AND PROSPECTIVE EMPLOYEES

Security Walls takes affirmative action to employ and advance in employment qualified minorities, females, veterans of the Vietnam era, other protected veterans, and recently separated veterans. Qualified applicants are considered for employment and employees are treated during employment without regard to race, color, religion, gender, age, national origin, citizenship, ancestry, marital status, veteran status, disability status, medical condition, or sexual orientation. Solely to comply with required record-keeping, reporting and other legal requirements, please complete this Voluntary Self-Identification Sheet. Submission of this information is purely voluntary and choosing not to disclose this information will not subject you to any adverse treatment. This information will be held strictly confidential and separate from your application and the personnel file, if hired, and will not be used in consideration for your employment. If you belong to one of these protected groups and would like to be considered under our voluntary affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future. This information will assist us in meeting our affirmative action obligations.

Name: _____ Position Applied For: _____

Gender: ☐ Male ☐ Female Prefer Not To Disclose: ☐

Race/Ethnicity (check only one)

☐ **White (not Hispanic or Latino)**: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Black or African American (not Hispanic or Latino)**: A person having origins in any of the black racial groups of Africa.

☐ **Hispanic or Latino**: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ **Native Hawaiian or other Pacific Islander (not Hispanic or Latino)**: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Asian (not Hispanic or Latino)**: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.

☐ **American Indian or Alaska Native (not Hispanic or Latino)**: A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ **Two or more races (not Hispanic or Latino)**: All persons who identify with more than one of the above six races.

Veteran Status (Please check all that apply)

☐ Non Veteran ☐ Vietnam Era Veteran ☐ Other Eligible Veteran

☐ Recently Separated Veteran - Date of Separation _____/_____/_____

Prefer not to disclose

Other

Referral Source : ☐ Advertisement ☐ Employee Referral ☐ Job Fair

☐ Internet Job Posting ☐ Other (please specify)