



# Officer Application - Nova Agency

Nova Agency Command Office – 2431 Aloma Ave. Suite # 233 Winter Park FL 32792  
Phone #: (407) 208-9963, Ext #: 6 Fax #: (407) 487-2572 E-Mail: Employment@Nova-Agency.org

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

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

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ How Long at Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)  Yes  No

Are you looking for full-time employment?  Yes  No

If no, what hours are you available? \_\_\_\_\_

Are there any hours, shifts, or days you are **NOT** able to work?  Yes  No, Please Specify:

\_\_\_\_\_

Do you have a valid Driver's License?  Yes  No

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Expires on: \_\_\_\_\_

Do you now hold a Class D license?  Yes  No, Lic #: \_\_\_\_\_ Expires on: \_\_\_\_\_

Do you now hold a Class G license?  Yes  No, Lic #: \_\_\_\_\_ Expires on: \_\_\_\_\_

Do you now hold a Class MB license?  Yes  No, Lic #: \_\_\_\_\_ Expires on: \_\_\_\_\_

Have you **EVER** filed a Workers Comp Claim?  Yes  No

If yes, please describe date, location & list any retractions that would limit your ability to perform the job requirements. \_\_\_\_\_

\_\_\_\_\_

Have you **EVER** had action taken against your Security Licenses?  Yes  No

If yes, please describe conditions. \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a Crime? (This will not necessarily affect your application.)

Yes  No

If yes, please describe conditions. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment Desired**

Position applied for \_\_\_\_\_

How did you hear of this opening? \_\_\_\_\_

Have you ever applied for employment here?  Yes  No

When? \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever been employed by this company?  Yes  No

When? \_\_\_\_\_ Where? \_\_\_\_\_

Are you presently employed?  Yes  No

Are you willing to travel?  Yes  No If yes, what percent? \_\_\_\_\_

Date you can start: \_\_\_\_\_

Desired starting salary: \_\_\_\_\_

Please list applicable skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education**

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your work history, are there are other skills, qualifications, or experience that we should consider?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any scholastic honors received and offices held in school.

\_\_\_\_\_

Are you planning to continue your studies?  Yes  No

If yes, where and what courses of study?

\_\_\_\_\_

**Employment History (Start with most recent employer)**

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact?  Yes  No

Responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact?  Yes  No

Responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact?  Yes  No

Responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

**References**

List three personal references, not related to you, who have known you for more than one year.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

**Emergency Contact**

In case of emergency, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Please Read Before Signing:**

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

**I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record.** I agree that Nova Agency and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with Nova Agency, I will comply with all rules and regulations as set by Nova Agency in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to Nova Agency that verifies my right to work in the United States on the first day of employment. I have received from Nova Agency a list of the approved documents that are required.

I understand that employment at Nova Agency is “at will,” which means that either I or Nova Agency can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_