



# Sword of Truth

Security Company, LLC

Phone: (936) 585-1312

Email: [swordoftruthsecurity@gmail.com](mailto:swordoftruthsecurity@gmail.com)

## Job Application

### Personal Information

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP Code: \_\_\_\_\_

Mailing Address (if difference from regular address): \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DL #: \_\_\_\_\_

Do you have any social media accounts? (Facebook, Instagram, X, etc.)  Yes  No

If so, list usernames to all social media accounts and what platform they are on:

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### Education Information

Name the High School you graduated from or where you obtained your GED:

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_

Date of completion: \_\_/\_\_/\_\_\_\_ (Please attach a copy of your diploma or GED)

Did you ever attend college?  Yes  No

If so, please complete the following, if not, skip to the next section:

College/University: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_

Dates Attended: \_\_/\_\_/\_\_\_\_ to \_\_/\_\_/\_\_\_\_ Major/Minor: \_\_\_\_\_

No. hours successfully completed at this school: \_\_\_\_ Did you graduate?  Yes  No

If so, what degree did you attain:  Associate's  Bachelor's  Master's  Doctorate

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College/University: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Dates Attended: \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_ Major/Minor: \_\_\_\_\_  
No. hours successfully completed at this school: \_\_\_\_\_ Did you graduate? \_\_ Yes \_\_ No  
If so, what degree did you attain: \_\_ Associate's \_\_ Bachelor's \_\_ Master's \_\_ Doctorate

College/University: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Dates Attended: \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_ Major/Minor: \_\_\_\_\_  
No. hours successfully completed at this school: \_\_\_\_\_ Did you graduate? \_\_ Yes \_\_ No  
If so, what degree did you attain: \_\_ Associate's \_\_ Bachelor's \_\_ Master's \_\_ Doctorate

List any other specialized training, including trade, vocational, or business schools:

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### Employment History Information

**Please list the last 3 jobs you've held, include part time and seasonal**

1. Employer: \_\_\_\_\_ From: \_\_/\_\_/\_\_ To: \_\_/\_\_/\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Are you eligible for rehire? \_\_ Yes \_\_ No Your position/title: \_\_\_\_\_  
Describe job duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ From: \_\_/\_\_/\_\_ To: \_\_/\_\_/\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Are you eligible for rehire? \_\_ Yes \_\_ No Your position/title: \_\_\_\_\_  
Describe job duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_ From: \_\_/\_\_/\_\_ To: \_\_/\_\_/\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Are you eligible for rehire? \_\_ Yes \_\_ No Your position/title: \_\_\_\_\_  
Describe job duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

## Personal References

List three people that know you well enough to provide character information about you.  
Exclude immediate family members or other people already listed on this application

Name: \_\_\_\_\_ Contact Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_  
Where is this person employed: \_\_\_\_\_  
Job Duties (if known): \_\_\_\_\_  
How do you know this person: \_\_\_\_\_  
How long have you known this person: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_  
Where is this person employed: \_\_\_\_\_  
Job Duties (if known): \_\_\_\_\_  
How do you know this person: \_\_\_\_\_  
How long have you known this person: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_  
Where is this person employed: \_\_\_\_\_  
Job Duties (if known): \_\_\_\_\_  
How do you know this person: \_\_\_\_\_  
How long have you known this person: \_\_\_\_\_

## Certification

I affirm that the facts set forth in my application above for employment with Sword of Truth Security Company, LLC are true, correct, and complete to the best of my knowledge. I understand that I may be required to provide written information not requested on this application form, and that during the application process, any information provided by me is subject to verification and that inaccurate information or intentional omission of information is just cause for rejection of my application.

I understand and agree that, if hired, my employment would be contingent upon specific conditions relative to my position. I also understand that if I am hired before it is found that I misinformed on this application, that is just cause for termination of future employment

\_\_\_\_\_  
Signature of Application

\_\_\_\_\_  
Date