Employment Application

"This is an Equal Opportunity Employer"

CONTACT INFORMATION

CONTACT IN CIMILATION					
Full Name:					
Date:	Email Address:				
Street Address:		Apt #:			
City: Stat	e: Zip	Code:			
Day Phone:	Evening Phone:				

EMPLOYMENT DESIRED

Position Applying I	For	Secui	rity Officer	Arme	ed	Unarme	d
Location:	Sacrame	nto	Bay Ar	ea	Tri Vall	еу	
Available Days:	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.
Hours:					•		
If temporary, what period of time are you applying for?		or?	Available for weekends?				
					Ye	es	No
Available for overting	me?	If hired, what date can you start?		Salary o	lesired:		
Yes	No	Start!					

PERSONAL INFORMATION

Have you ever applied to this compa	ny before?	Yes	No	If Yes, when?
Do you have any relatives working for If Yes, state name and relationship:	or this compa	ny?	Yes	No
Name:	Relation:			
Name:	Relation:			
Why are you applying for work at this	s company?			
If hired, would you have a reliable me	eans of transp	oortation	to and f	rom work?
				Yes No

Are you at least 18 years old? (if under 18, him	e is subject to verificati	on that you ate	of	
minimum legal age.)		Yes	No	
If hired, can you present evidence of your U.S and work in this country?	. citizenship or proof of	your legal righ Yes	t to live No	
Are you able to perform the essential functions with or without reasonable accommodation?	s of the job for which yo	ou are applying Yes	, either No	
If no, describe the functions that cannot be pe	rformed:			
(Note: We comply with ADA and consider reasonable accommodation measures tha Hire may be subject to passing a medical examination and to skill and agility tests.)	t may be necessary for eligible applicants/	employees to perform esse	ential functions.	
Have you ever been convicted of a criminal of	•		•	
(Convictions for marajuana-related offenses that are more than two years old need not to be listed.) Yes No				
If yes, State nature of crime(s), when and whe	ro convicted, and dispe		180.	
if yes, State flature of chine(s), when and whe	re convicted, and dispo	Silion of the Ca	156.	
(Nata Na applicant will be desired ample most solely on the grounds of consisting of	to eximinal effects. The nature of effects	the data of the offense these	a corrected in a	
(Note: No applicant will be denied employment solely on the grounds of conviction or circumstances and the relevance offense to the position(s) applied for may, however		the date of the offense, the	surrounding	
Are you currently employed?	If so, may we contac	t your current e	employer?	
Yes No		Yes	No	
EDUCATION, TRAINI	NG AND EXPERIENC	E		
High School:				

High School:						
Address:						
Graduate?	Yes	No	Years attended?	Diploma?	Yes	No
College:						
Address:						
Graduate?	Yes	No	Years attended?	Diploma?	Yes	No
Many of our customers do not speak English. Do you speak, write or understand any foreign languages?					oreign	
Yes	Yes No If yes, which language(s)?					
Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at this company? Yes No If yes, please explain:						

Answer the following questions if you are applying for a professional position: Are you licensed/certified for the job for which you are applying?						
The year neer local sertification th	o job for willon you are applying	Yes No				
Name of license/certification:	Issuing State:	License #:				
Has your license/certification ever been revoked or suspended? Yes No						
If yes, state reason(s), date of revocation or suspension, and date of reinstatement:						
	EMPLOYMENT HISTORY					
Employer:	Type of Business:	Dates Employed:				
Address:						
Phone:	Supervisor's Name:	Rate of Pay:				
Your Position and Duties:						
Reason for Leaving:						
May we contact this employer f	for reference?	Yes No				
Employer:	Type of Business:	Dates Employed:				
Address:						
Phone:	Supervisor's Name:	Rate of Pay:				
Your Position and Duties:						
Reason for Leaving:						
May we contact this employer f	or a reference?	Yes No				
Employer:	Type of Business:	Dates Employed:				
Address:						
Phone:	Supervisor's Name:	Rate of Pay:				

Your Position and Du	ties:	
Reason for Leaving:		
May we contact this e	employer for a reference?	Yes No
Employer:	Type of Business:	Dates Employed:
Address:		
Phone:	Supervisor's Name:	Rate of Pay:
Your Position and Du	ties:	
Reason for Leaving:		
May we contact this e (Note: Attach additional page(s) if neces	employer for a reference?	Yes No
	MILITARY SERVICE	 :
Have you obtained ar	ny special skills or abilities as the res	sult of service in the military? Yes No
If so, describe:		
List three persons not	REFERENCES related to you who have knowledge of yo	our performance over the last few years.
First Name:	Last Name:	Relationship:
Address:		
Phone:	Years Acquainted:	Occupation:
First Name: Last Name:		Relationship:
Address:		1
Phone:	Years Acquainted:	Occupation:
First Name:	Last Name:	Relationship:
Address:		
Phone:	Years Acquainted:	Occupation:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I hereby authorize this company and Employer's Guardian to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I hereby authorize this company and Employer's Guardian to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the release of all information obtained by Employer's Guardian, LLC. while performing Human Resources, Payroll, Workers' Compensation Administration, OSHA and other employer related duties for other organizations where the applicant may have applied for employment, interviewed for a job opportunity or been employed over the past five years. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative. Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. I waive receipt of a copy of any public record described in the paragraph above.

Please Read Carefully, Initial Each Paragraph and Sign Below

Date

Applicant's Signature

^{*} Applications are considered active for employment consideration for sixty (60) days. If you wish to be considered for any openings after sixty (60) days, please submit an updated application.