



## APPLICATION FOR EMPLOYMENT

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PERSONAL INFORMATION				DATE APPLIED	DAY APPLIED
APPLICANT NAME (LAST, FIRST, MIDDLE)		HOME PHONE #	CELL. #	OTHER #	
SOCIAL SECURITY #	DATE OF BIRTH	DRIVERSLIC. #	CA ID #	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	
CURRENT ADDRESS, CITY, STATE, ZIP CODE			PERMANENT ADDRESS (IF SAME AS CURRENT, WRITE "SAME")		
WERE YOU REFERRED TO US? IF YES, BY WHOM AND RELATION?		HAVE YOU APPLIED HERE BEFORE? IF YES, WHERE AND WHEN?			
WHAT ARE YOUR INTERESTS OR HOBBIES?					
<b>POSITION APPLIED FOR:</b> <input type="checkbox"/> PATROL OFFICER <input type="checkbox"/> UNARMED PATROL OFFICER <input type="checkbox"/> OFFICE STAFF (SPECIFY) <input type="checkbox"/> SALES REPRESENTATIVE <input type="checkbox"/> MANAGEMENT POSITION (SPECIFY) <input type="checkbox"/> OTHER					
POSITION (SPECIFY IF NEEDED)					
SALARY INQUIRING	DATE YOU CAN START	WHAT DO YOU USE FOR TRANSPORTATION?	DO YOU HAVE ANY MILITARY OR LAW ENFORCEMENT EXPERIENCE? IF YES, WHAT ORGANIZATION(S)?		
<b>SCHEDULE APPLIED FOR:</b> <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> DAY SHIFT <input type="checkbox"/> NIGHT SHIFT <input type="checkbox"/> SWING SHIFT <input type="checkbox"/> ANY SHIFT <input type="checkbox"/> ON CALL <input type="checkbox"/> TEMPORARY					

PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT				
FROM	TO	COMPANY NAME, ADDRESS, CITY, STATE, ZIP CODE		
PHONE #	POSITION	SALARY	REASON FOR DEPARTURE	
FROM	TO	COMPANY NAME, ADDRESS, CITY, STATE, ZIP CODE		
PHONE #	POSITION	SALARY	REASON FOR DEPARTURE	
FROM	TO	COMPANY NAME, ADDRESS, CITY, STATE, ZIP CODE		
PHONE #	POSITION	SALARY	REASON FOR DEPARTURE	
ARE YOU CURRENTLY EMPLOYED? IF YES, PLEASE FILL IN SPACES.	FROM	COMPANY NAME, ADDRESS, CITY, STATE, ZIP CODE		
PHONE #	POSITION	SALARY	ARE YOU PLANNING ON LEAVING THIS COMPANY? IF YES, WHY?	

REFERENCES LIST 3 NON-RELATIVES WHOM YOU HAVE KNOWN FOR MORE THAN 1 YEAR			
NAME	PHONE #	RELATION	# OF YEARS KNOWN
NAME	PHONE #	RELATION	# OF YEARS KNOWN
NAME	PHONE #	RELATION	# OF YEARS KNOWN

EDUCATION BEGINNING WITH THE MOST RECENT		
SCHOOL	TERM	DEGREE
SCHOOL	TERM	DEGREE
SCHOOL	TERM	DEGREE





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APPLICANT NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY #
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LICENSES & PERMITS				
GUARD REGISTRATION CARD #	DATE EXPIRES	SCHOOL NAME	PHONE #	
FIREARMS PERMIT #	DATE EXPIRES	QUALIFIED FIREARMS (CALIBERS)	SCHOOL NAME	PHONE #
BATON PERMIT #	SCHOOL NAME		PHONE #	
PEPPER SPRAY PERMIT # (IF APPLICABLE)	SCHOOL NAME		PHONE #	
OTHER (PERMIT TYPE & NUMBER)	DATE EXPIRES (IF ANY)	SCHOOL NAME	PHONE #	
OTHER (PERMIT TYPE & NUMBER)	DATE EXPIRES (IF ANY)	SCHOOL NAME	PHONE #	

STATEMENTS	
<p>HAVE YOU BEEN CONVICTED OF ANY CRIME WITHIN THE PAST TEN (10) YEARS?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>IF YES, BRIEFLY EXPLAIN.</p>
<p>HAVE YOU EVER TAKEN OR ABUSED ILLEGAL DRUGS?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>IF YES, BRIEFLY EXPLAIN.</p>
<p>DO YOU HAVE FUTURE PLANS ON MAKING A CAREER OUT OF SECURITY AND OR LAW ENFORCEMENT?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>IF YES, BRIEFLY EXPLAIN.</p>
<p>HAVE YOU EVER BEEN IN A SITUATION WHERE YOU HAD TO ASSUME AUTHORITATIVE RESPONSIBILITY?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>IF YES, BRIEFLY EXPLAIN THE SITUATION AND HOW IT WAS HANDLED.</p>
<p>HAVE YOU EVER BEEN FALSELY ACCUSED OF DOING SOMETHING YOU DIDN'T DO?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>IF YES, BRIEFLY EXPLAIN THE SITUATION AND HOW IT WAS HANDLED.</p>
<p>HOW DO YOU PLAN TO CARRY OUT YOUR JOB DUTIES?</p> <input type="checkbox"/> BY THE BOOK <input type="checkbox"/> WITH MORALS AND ETHICS <input type="checkbox"/> BOTH	<p>PLEASE EXPLAIN.</p>





APPLICANT NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY #
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**STATEMENTS** *CONTINUED*

WOULD YOU CONSIDER YOURSELF:

<input type="checkbox"/> AGGRESSIVE	IF YOU ANSWERED 'ALL OF THE ABOVE,' PLEASE EXPLAIN
<input type="checkbox"/> FAIR / NEUTRAL	
<input type="checkbox"/> PASSIVE	
<input type="checkbox"/> ALL OF THE ABOVE	

HAVE YOU EVER DONE SOMETHING MOST PEOPLE WOULD CONSIDER HEROIC?

<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BRIEFLY EXPLAIN.

WHAT ARE YOU LOOKING TO GAIN SHOULD YOU BE HIRED BY SECURITY SPECIALISTS?

PLEASE EXPLAIN.

DO YOU CONSIDER YOURSELF TO BE A PROFESSIONAL INDIVIDUAL?

<input type="checkbox"/> YES <input type="checkbox"/> NO	PLEASE EXPLAIN.

WHAT DO YOU HAVE TO OFFER SECURITY SPECIALISTS, WHERE IT MAY BE CONSIDERED AN ASSET?

PLEASE EXPLAIN.

IF YOU WERE WORKING AS AN ARMED PATROL OFFICER, DRIVING IN A MARKED PATROL UNIT, AND YOU HAPPENED TO WITNESS A PERSON COMMITTING ROBBERY AT A NON-CLIENT PROPERTY, WHAT WOULD YOU DO?

<input type="checkbox"/> PURSUE THE SUSPECT AND USE FORCE, IF NEEDED	PLEASE EXPLAIN YOUR ANSWER.
<input type="checkbox"/> OBSERVE AND NOTIFY LOCAL AUTHORITIES	
<input type="checkbox"/> CALL FOR BACKUP AND WHEN BACKUP ARRIVES, THEN PURSUE SUSPECT	
<input type="checkbox"/> CONTINUE DRIVING AS IF YOU DIDN'T SEE ANYTHING	

WOULD YOU AGREE TO TAKE A DRUG TEST UPON COMPANY'S REQUEST?

<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, PLEASE EXPLAIN.

I CERTIFY ALL STATEMENTS TO BE TRUE AND CORRECT AND AUTHORIZED THE INVESTIGATION OF ALL STATEMENTS IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL.

APPLICANT SIGNATURE	DATE
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Form fields for APPLICANT NAME (LAST, FIRST, MIDDLE) and SOCIAL SECURITY #

DISCLOSURE AND AUTHORIZATION TO OBTAIN AND OR INVESTIGATE BACKGROUND INFORMATION

IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT.

SECURITY SPECIALISTS MAY, UPON THE EXECUTION OF THIS AUTHORIZATION, INVESTIGATE THE INFORMATION CONTAINED IN YOUR EMPLOYMENT APPLICATION AND/OR OTHER BACKGROUND INFORMATION, THE RESULTS OF WHICH WILL BE USED AS ONE FACTOR IN MAKING EMPLOYMENT DECISIONS.

THE "CONSUMER REPORT" MAY BE MADE AVAILABLE IN WRITTEN, ORAL, OR OTHER COMMUNICATION OF INFORMATION OBTAINED FROM AN OUTSIDE CONSUMER REPORTING AGENCY WHICH WILL BE USED TO SERVE AS A FACTOR IN ESTABLISHING YOUR ELIGIBILITY FOR EMPLOYMENT.

AN "INVESTIGATIVE CONSUMER REPORT" MAY ALSO BE OBTAINED. THE INFORMATION CONTAINED IN THIS INVESTIGATIVE CONSUMER REPORT, CONCERNING YOU, MAY BE OBTAINED BY A CONSUMER REPORTING AGENCY FROM PUBLIC RECORDS, OR THROUGH PERSONAL INTERVIEWS WITH YOUR CO-WORKERS, FRIENDS, ASSOCIATES, NEIGHBORS, CURRENT OR FORMAL EMPLOYERS, OR OTHER PERSONAL ACQUAINTANCES.

ACKNOWLEDGEMENT AND AUTHORIZATION section with three signature lines and corresponding text blocks.

Form fields for APPLICANT NAME (LAST, FIRST, MIDDLE) and APPLICANT SIGNATURE

Form fields for SOCIAL SECURITY # and TODAY'S DATE

SS AFE P5 157 (06/00) REVISED (06/07)

APPLICATION FOR EMPLOYMENT



NOTE: YOU HAVE REACHED THE END OF THIS APPLICATION. PLEASE SAVE THIS APPLICATION & EMAIL AS AN ATTACHMENT TO STEVELEON@SECURITYSPECIALISTS.PRO