

Name of Applicant: _____



An Equal Opportunity Employer

INSTRUCTIONS FOR APPLICANTS:

- This application will be kept active for 60 days
- Please complete the application in your handwriting and fill out all areas even though your resume is attached

DATE OF APPLICATION

| | | |
|-------|------|------|
| Month | Date | Year |
| | | |

Please complete in ink.

A. PERSONAL IDENTIFICATION INFORMATION

| | | |
|---------------------------------|--------------------|-------------|
| NAME (Last) (First) (Middle) | OTHER FORMER NAMES | HOME PHONE: |
| ADDRESS (Street) (City) (State) | (Zip code) | DAY PHONE: |

B. POSITION OBJECTIVE

| | | |
|---|--|-------------------------------|
| POSITION DESIRED | SALARY/WAGE DESIRED | DATE AVAILABLE FOR EMPLOYMENT |
| TYPE OF EMPLOYMENT DESIRED (If more than one, use numbers to indicate preference) Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On call/Intermittent <input type="checkbox"/> | HOW WERE YOU REFERRED TO US? (Check the box and fill-in the blank line) Agency _____ Advertisement (Paper) _____ Employee (Name of employee) _____ Other _____ | |

C. GENERAL INFORMATION

| | | |
|---|---|--|
| <p>HAVE YOU PERVIOUSLY BEEN EMPLOYED BY Safety Investigative Services, Inc. OR ANY OF ITS AFFILIATED COMPANIES?</p> <p>No <input type="checkbox"/></p> <p>Yes, employed at: _____ (Company, Branch, Department Name) (Location) (Dates)</p> | | |
| <p>PERSONS UNDER 18 YEARS OF AGE MUST SHOW A WORK PERMIT OR OTHER PROOF OF ELIGIBILITY. IF HIRED, CAN YOU FURNISH THIS PROOF?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>DO YOU HAVE ANY RELATIVES EMPLOYED BY Safety Investigative ?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes _____ (Name of Relative)</p> <p>_____ (Relationship) (Branch/Dept. Name Location)</p> | |
| <p>ARE YOU CURRENTLY INVOLVED IN THE MANAGEMENT/OPERATION OF ANY BUSINESS? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please explain)</p> | | |
| <p>DO YOU HAVE ANY ACTIVE LICENSES (Guard Cards, Sheriff, State)? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please explain)</p> <p>_____ (Type of License) (License #) (Expiration Date)</p> | | |
| <p>HAVE YOU EVER BEEN FIRED OR DISCHARGED FROM EMPLOYMENT? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please explain)</p> | | |
| <p>HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? Note: This information is subject to verification. (Exclude from your answer any conviction for which the record has been judicially ordered, sealed, expunged, or statutorily eradicated.) <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes, date of conviction: _____ Charge: _____</p> <p>City/State of Conviction: _____ <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony</p> <p>Details:</p> | | |
| <p>Note: A conviction will not necessarily disqualify you from employment and each case will be considered on an individual basis.</p> | | |

E. EDUCATION AND TRAINING INFORMATION

| School Attended/ Name (College, University Vocational) | Address | Year(s) Attended | Diploma or Degree | Major Field |
|--|---------|------------------|-------------------|---------------------------|
| High School/ | | | Yes No | |
| | | | Yes No | |
| | | | Yes No | |
| | | | Yes No | |
| U.S. Military (Do not include if you have been out of the military for 5 or more years.) | | | | TRAINING SKILLS ACQUIRED: |

F. SPECIALIZED SKILLS AND KNOWLEDGE

LIST ANY ACHIEVEMENTS OR ACTIVITIES THAT YOU CONSIDER RELEVANT TO YOUR ABILITY TO PERFORM THE JOB THAT YOU ARE APPLYING FOR, SUCH AS AWARDS RECEIVED, MEMBERSHIPS OR OFFICES HELD IN PROFESSIONAL ORGANIZATIONS ETC.

LIST OFFICE MACHINES OR COMPUTER EQUIPMENT YOU CAN OPERATE (e.g. personal computer, typewriter, adding machine, machine transcription, mainframe computer.)

LIST ANY COMPUTER SOFTWARE YOU HAVE USED AND/OR PROGRAMMING LANGUAGES YOU KNOW.

D. EMPLOYMENT INFORMATION

1. ARE YOU CURRENTLY EMPLOYED? No Yes – Be certain to list all current employers below.
 IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYERS? No Yes

2. FURNISH INFORMATION ABOUT EACH PERIOD OF EMPLOYMENT, INCLUDING MILITARY AND/OR VOLUNTEER SERVICE AND ALL EMPLOYMENT.

| | | | |
|------------------------------|-------------------|--|------------------------|
| a) CURRENT EMPLOYER | SUPERVISOR'S NAME | DATE EMPLOYED (MO/DAY/YR) | STARTING SALARY \$ per |
| | | From: / / To: / / | ENDING SALARY \$ per |
| ADDRESS (INCLUDING ZIP CODE) | | TELEPHONE NUMBER | |
| | | () | |
| YOUR JOB TITLE | | NAME UNDER WHICH EMPLOYED (if different) | |
| DESCRIPTON OF YOUR DUTIES | | REASON FOR LEAVING | |
| | | | |

| | | | |
|------------------------------|-------------------|--|------------------------|
| b) PREVIOUS EMPLOYER | SUPERVISOR'S NAME | DATE EMPLOYED (MO/DAY/YR) | STARTING SALARY \$ per |
| | | From: / / To: / / | ENDING SALARY \$ per |
| ADDRESS (INCLUDING ZIP CODE) | | TELEPHONE NUMBER | |
| | | () | |
| YOUR JOB TITLE | | NAME UNDER WHICH EMPLOYED (if different) | |
| | | | |

| | |
|---------------------------|--------------------|
| DESCRIPTON OF YOUR DUTIES | REASON FOR LEAVING |
|---------------------------|--------------------|

| | | | |
|------------------------------|-------------------|---|--|
| c) PREVIOUS EMPLOYER | SUPERVISOR'S NAME | DATE EMPLOYED (MO/DAY/YR) From: / / To: / / | STARTING SALARY \$ per ENDING SALARY \$ per |
| ADDRESS (INCLUDING ZIP CODE) | | TELEPHONE NUMBER () | |
| YOUR JOB TITLE | | NAME UNDER WHICH EMPLOYED (if different) | |
| DESCRIPTON OF YOUR DUTIES | | REASON FOR LEAVING | |

| | | | |
|------------------------------|-------------------|---|--|
| d) PREVIOUS EMPLOYER | SUPERVISOR'S NAME | DATE EMPLOYED (MO/DAY/YR) From: / / To: / / | STARTING SALARY \$ per ENDING SALARY \$ per |
| ADDRESS (INCLUDING ZIP CODE) | | TELEPHONE NUMBER () | |
| YOUR JOB TITLE | | NAME UNDER WHICH EMPLOYED (if different) | |
| DESCRIPTON OF YOUR DUTIES | | REASON FOR LEAVING | |

Meal / Break Compensated Agreement:

I understand that our client requires my company services 24 hours per day. Therefore my breaks (10 minutes-twice per shift) and my meal period (one 30 minute period), which I am compensated for, will be taken as per company policy. (California Labor Code Section 226.7).

If I am working a single person Post, I will take my breaks and meal period at my workstation in order to fulfill my role as a Security Officer at the location. If I am working a two-person post, I will take my breaks and meal period either at my Post or in the designated break room. I will only smoke in designated areas on my breaks or meal period and never within the Post work area. I understand that if I eat within the Post Area, it is my responsibility to clean the area. I will never eat or smoke while performing my duties as a Security Officer.

Employee Signature

Date

G.CERTIFICATION AND SIGNATURE

Your Signature for the application _____ Date: _____

**AUTHORIZATION FOR RELEASE
OF MEDICAL INFORMATION**

To provide a more accurate test evaluation under Safety Investigative Services, Inc. pre-employment drug screening program, I have the option to disclose all prescribed substances I am currently using on the chain of custody form which is completed at the specimen collection site. If I choose to do so, and my test results indicate the presence of a controlled substance, I understand it may be necessary for the company to contact the physician who prescribed the medication in order to verify that the medication has been prescribed for me.

I therefore authorize _____
(the "Physician") to verify to the company that the medication has been prescribed for me and to indicate the particular medication, in the event that my test results indicate the presence of a controlled substance.

This authorization expires thirty (30) days after a decision is made whether to offer or refuse employment to me.

Applicant's Signature

Date

Witness

Date