



P: 1.888.682.1578
F: 1.909.568.2426

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

**APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

Important Information: Minimum Hiring Criteria

- | | | |
|--|------------------------------|-----------------------------|
| • Are you at least 18 years old? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Do you currently possess a valid California State Guard Card? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Do you have a reliable means of communication (i.e. cellular phone)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Do you have a reliable means of transportation (public or private)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Do you have a legal right to work in the United States? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Do you have the ability to effectively speak, read, and write English? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you cannot answer yes to all of the above questions please let us know immediately before you continue with the application. Thank you.

PLEASE COMPLETE PAGES 1-6.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long at above address _____ If less than 7 years please list past addresses on last page of application.

Telephone (____) _____ Social Security No. _____ - _____ - _____

Position applying for (1) _____ Days/hours available to work
 No Pref. _____ Thur _____
 and salary desired (2) _____ Mon _____ Fri _____
 (Be specific) Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____

Can you work days? Yes No Swing shift? Yes No Graveyard shift? Yes No

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to start work? _____

How were you referred to the company? _____

Do you have any friends or relatives employed by this company? Yes No If yes, who? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR & DEGREE
High School				
College/Trade School				

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HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation (If you need more space please use back of application).

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license
or I.D. card
number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? Yes No If yes, how many? _____

Have you had any moving violations during the past three years? Yes No If yes, how many? _____

SECURITY GUARD REGISTRATION SECTION

Do you possess a valid security guard license? Yes No If yes, list expiration date _____ and # _____

Do you possess a valid firearm permit? Yes No If yes, list expiration date _____ and # _____

Do you possess a valid tear gas permit? Yes No If yes, list expiration date _____ and # _____

Do you possess a valid baton permit? Yes No If yes, list expiration date _____ and # _____

Please list two references, other than relatives, who have knowledge of your work performance.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone () _____ Telephone () _____

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An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD OR RESERVES? Yes No

Branch/Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your **most recent** job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer: Address: City, State, Zip Code: Phone number: ()	Name of last supervisor	Employment dates From To	Pay or salary Start Final
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Your last job title:

Reason for leaving (be specific):

Name of employer: Address: City, State, Zip Code: Phone number: ()	Name of last supervisor	Employment dates From To	Pay or salary Start Final
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Your last job title:

Reason for leaving (be specific):

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APPLICATION FOR EMPLOYMENT

Name of employer: Address: City, State, Zip Code: Phone number: ()	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title:			
Reason for leaving (be specific):			
Name of employer: Address: City, State, Zip Code: Phone number: ()	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title:			
Reason for leaving (be specific):			
Name of employer: Address: City, State, Zip Code: Phone number: ()	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title:			
Reason for leaving (be specific):			
Name of employer: Address: City, State, Zip Code: Phone number: ()	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title:			
Reason for leaving (be specific):			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please explain any gaps in your employment history: _____ _____ _____			

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Avalon Protective Services (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Avalon Protective Services, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Director of Services or General Manager of the Company. Both the undersigned and Avalon Protective Services may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant: _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our company.

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PREVIOUS ADDRESSES

Past address _____
Number Street City State Zip

How long at above address _____

Past address _____
Number Street City State Zip

How long at above address _____

Past address _____
Number Street City State Zip

How long at above address _____

Past address _____
Number Street City State Zip

How long at above address _____