

PHOENIX PROTECTIVE SERVICES

SECURITY GUARDS & MOBILE PATROL

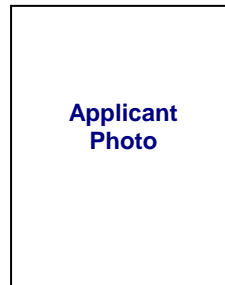
State License # PPO 14757

Commercial-Residential-Industrial-Construction Sites-Special Events

Employment Application Form



Please mail completed application to:
 P.O Box :131226 Carlsbad, CA 92013-1226
 or fax application to:  **Contacts:**
 (760) 602-4214 (760) 602 -9693
 or E-Mail application at:
 ppssec@ppssecurity.net
Office: 2244 Faraday Ave. – Suite # 109
 Carlsbad, CA 92008



OFFICE USE ONLY:
 Date received: _____
 Reviewed by: _____

PPS

PLEASE COMPLETE PAGES 1-5. DATE : ____/____/____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long at current address? _____ Social Security No. _____ - _____ - _____

Phone # _____ Cell # _____ Date of Birth : ____ / ____ / ____

Are you under age 18 ___ YES ___ NO, if "YES", can you provide proof of your eligibility to work? ___ YES ___ NO

Are you currently authorized to work in the United States? ___ YES ___ NO. Proof of eligibility will be required if hired.

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

How many hours can you work weekly? _____

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

When are you available to start work? _____

Licenses/ Permits and Training :

State of California Guard Card # : _____ Exp : _____ / Fire Arm Permit # : _____ Exp: _____
 Baton Permit : _____ Pepper Spray Permit : _____ CPR : _____ First Aid : _____
 Other : _____

EDUCATION :

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

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PPS

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license

number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years?

How many? _____

Have you had any moving violations during the past three years?

How Many? _____

OFFICE
POSITIONS
ONLY

Typing Yes
 No _____ WPM

10-key Yes
 No

Word Processing Yes
 No _____ WPM

Personal Computer Yes PC

No Mac

Other _____

Skills _____

Please list two references other than relatives.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations.

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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

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

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past seven 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	Pay or salary
		From To	Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Your Last Job Title			

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* May we contact your present employer? Yes No

* Did you complete this application yourself? ___Yes___No. If not who did? _____

* After reviewing the attached job , please indicate if you are able to perform the essential functions of the job for which you have applied ,___Yes ___No .

* Have you ever been convicted of a crime which is substantially related to the functions of this job ? ___Yes ___No

If Yes please explain _____

Applicant Name (Printed) : _____ **Signature :** _____ **Date :** _____

Please Provide a Photo Copy of : Guard Card Driver License Social Security Other : _____

Baton Permit Pepper Spray Permit Firearm Permit DMV Record

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

In exchange for the consideration of my job application by PHOENIX 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 Company , 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 Owner/Managing Member of the Company.____ Both the undersigned and the Company 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, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact._____

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 relationship with the Company is terminable at will for any reason by either party._____

Signature of applicant _____ Date: _____

PHOENIX PROTECTIVE SERVICES is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age . We assure you that your opportunity for employment with the Company depends solely on your qualifications.

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

