

LAKE ARROWHEAD PATROL AND SECURITY SERVICES, INC.

781 S. GRASS VALLEY ROAD
LAKE ARROWHEAD, CALIFORNIA 92352

APPLICATION FOR EMPLOYMENT

WE DO NOT UNLAWFULLY DISCRIMINATE WITH REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP, OR ANY OTHER LEGALLY PROTECTED STATUS.

PERSONAL INFORMATION

DATE: _____ SOCIAL SECURITY NUMBER: _____

NAME: _____
LAST FIRST MIDDLE

PHYSICAL ADDRESS: _____
STREET CITY STATE ZIP CODE

MAILING ADDRESS: _____
PO BOX CITY STATE ZIP CODE

PHONE NO: _____ CELL PHONE: _____ DRIVER'S LICENSE # AND EXP: _____

IF RELATED TO ANYONE IN OUR COMPANY REFERRED
STATE NAME AND DEPARTMENT: _____ BY: _____

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU EMPLOYED NOW: _____ IF SO, MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER: _____

EVER APPLIED TO THIS COMPANY BEFORE: _____ WHERE: _____ WHEN: _____

Table with 5 columns: EDUCATION, NAME AND LOCATION OF SCHOOL, FROM / TO, DID YOU GRADUATE, SUBJECTS STUDIED. Rows include HIGH SCHOOL, COLLEGE, and TRADE BUSINESS OR CORRESPONDENCE SCHOOL.

ADDITIONAL EDUCATION

GUARD CARD? YES ___ NO ___ If YES, hours of certified training completed ___ (please provide copy of certification)
YEARS OF DRIVING EXPERIENCE _____
NUMBER OF TICKETS/ACCIDENTS in last 3 years _____ HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____
IF YES PLEASE EXPLAIN: _____
(Choose which is applicable)
PATROL EXPERIENCE: _____
OFFICE EXPERIENCE: _____
ALARM EXPERIENCE: _____

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND PHONE NUMBER OF EMPLOYER	SALARY	POSITION / TITLE	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE NUMBER	TYPE OF BUSINESS

IN CASE OF EMERGENCY NOTIFY: _____
 NAME ADDRESS PHONE NO.

AUTHORIZATION

I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER OR, IF I AM HIRED, IN MY DISMISSAL FROM EMPLOYMENT. I HEREBY AUTHORIZE THE EMPLOYER TO WHOM I AM NOW APPLYING TO INVESTIGATE MY REFERENCES, WORK RECORD, CREDIT RECORD IF APPLICABLE, EDUCATION AND OTHER MATTERS RELATING TO MY SUITABILITY FOR EMPLOYMENT AND, FURTHER, AUTHORIZE MY FORMER EMPLOYERS TO DISCLOSE TO THIS COMPANY ANY AND ALL LETTERS, REPORTS AND OTHER INFORMATION RELATED TO MY WORK RECORDS. TO THE EXTENT, IF AT ALL, I HAVE A RIGHT TO WAIVE THE RIGHT TO NOTICE OF SUCH DISCLOSURES, I HEREBY DO SO AND FURTHERMORE, TO THE EXTENT I HAVE A RIGHT TO RELEASE THIS COMPANY, MY FORMER EMPLOYERS AND ALL OTHER PERSONS, CORPORATIONS, PARTNERSHIPS AND ASSOCIATES FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF, OR IN ANY WAY RELATED TO SUCH INVESTIGATION OR DISCLOSURE, I HEREBY DO SO.

I UNDERSTAND AND ACKNOWLEDGE THAT THE EMPLOYER CONDUCTS DRUG TESTING FOR GOOD CAUSE AS WELL AS CONDUCTS DRUG TESTING POST-ACCIDENT/INCIDENT AND AGREE TO SAME.

I UNDERSTAND THIS EMPLOYMENT APPLICATION IS NOT TO BE CONSTRUED AS A GUARANTEE OF EMPLOYMENT FOR A SPECIFIC TIME. I FURTHER UNDERSTAND THAT MY EMPLOYMENT WITH THE ORGANIZATION DOES NOT CONSTITUTE ANY FORM OF CONTRACT, IMPLIED OR EXPRESSED. 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 CAUSE, AT THE OPTION OF EITHER MYSELF OR THE COMPANY TO WHICH I AM NOW APPLYING FOR EITHER EMPLOYMENT AND/OR PROMOTION, AND THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON THE COMPANY. MY CONTINUED EMPLOYMENT IS DEPENDENT ON SATISFACTORY PERFORMANCE AND THE CONTINUED NEED FOR MY SERVICES AS DETERMINED SOLELY BY THE COMPANY.

I UNDERSTAND THAT PROOF OF IDENTITY AND RIGHT TO WORK IN THE UNITED STATES WILL BE REQUIRED WITHIN THE FIRST THREE DAYS OF EMPLOYMENT WITH THE COMPANY FOR WHICH I AM NOW APPLYING. THIS INFORMATION, I UNDERSTAND, IS REQUIRED FOR CONTINUED EMPLOYMENT.

I HEREBY ACKNOWLEDGE AND AGREE THAT UPON CESSATION OF MY EMPLOYMENT, MY FINAL PAYCHECK WILL IMMEDIATELY BE PROVIDED TO ME BY MAIL TO MY LAST KNOWN MAILING ADDRESS.

☐ BY CHECKING THIS BOX, I HEREBY ACKNOWLEDGE AND AGREE THAT I AM WAIVING THE RIGHT TO RECEIVE A COPY OF ANY PUBLIC RECORD OBTAINED WHILE DOING ANY TYPE OF BACKGROUND CHECK ON MYSELF.

I ACKNOWLEDGE THAT I HAVE READ ALL OF THE ABOVE STATEMENTS AND THAT I UNDERSTAND THEM.

DATE: _____ SIGNATURE: _____