

APPLICATION MUST BE COMPLETELY FILLED OUT LEGIBLY & SIGNED.
 APPLICATIONS THAT CAN NOT BE READ WILL NOT BE ACCEPTED.
 COMPLETED APPLICATIONS DO NOT GUARANTEE EMPLOYMENT.



**PATROL
MASTERS**

EMPLOYMENT APPLICATION

Date: _____

Position Applying for: _____ Full Time Part Time

Full Name: _____, _____, _____ Social Security #: _____
Last First Middle

Address: _____, _____, _____, _____, _____
Street Apt. City State Zip Code

Home Telephone: _____ Cell phone #: _____

Please list all places of residence for the last seven (7) years, beginning with the most recent.

1. _____, _____, _____, _____, _____, _____
Street Apt. City State Zip Code Years
2. _____, _____, _____, _____, _____, _____
Street Apt. City State Zip Code Years
3. _____, _____, _____, _____, _____, _____
Street Apt. City State Zip Code Years

How did you hear about Patrol Masters? (CIRCLE ONE) (ANSWER THIS SECTION COMPLETELY)

Employee Referral Walk In Yellow Pages Newspaper

Do you have reliable means of transportation? YES NO

Give the description of your transportation: _____

Do you have a valid driver's license? YES NO

If yes: _____, _____, _____
Driver's License Number Exp. Date Issuing State

If you do not have a valid driver's license, do you have a California issued identification card? YES NO

If yes: _____, _____
Identification Number Issuing State

Do you have any family members working for Patrol Masters? YES NO

Have you worked for Patrol Masters before? YES NO

If yes, when? _____

License	License #	Exp. Date
Guard Card		
Fire Arms Permit		
Baton		
Tear Gas/Mace		

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Education	Name of School	City/State/ Country	Units Completed	Diploma or Degree
High School				
Trade School				
College				

Have you served in the Armed Forces _____ Yes No
 If yes, what Branch? _____ Character of Discharge: _____

How many years served? _____ Major Duties: _____

Please list all of your employers, to include any gaps of employment for the last seven (7) years, beginning with the most recent. Explain any involuntary terminations (request another sheet if another is required)

Dates of Employment		1. Company's Name 2. Address 3. City, State, Zip	1. Your Position 2. Supervisor's Name 3. Telephone Number	Pay Rate	Reason for leaving
From	To				

The Immigration Reform and Control Act of 1986 requires that all employees verify proof of legal right to work in the United States. A US passport or combination of government-issued picture identification, Social Security card, or Alien Registration card are examples of proof. Can you, after an offer of employment, provide proof as required? YES NO

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Unemployment History: Please account for any time you were not employed in the last ten (10) years, after leaving school. You need not list any unemployment periods of one (1) month or less.

Dates of employment:

Reason(s) You are no longer Unemployed

_____	_____
_____	_____
_____	_____
_____	_____

Please list below, three (3) personal references. (We will contact each)

Personal References Name	Mailing address	Telephone #	Years Known

Performance of Job-Related Functions: Are you able to perform the essential functions of the job with or without reasonable accommodations(s), for which you are applying? Yes No

Do you take any illegal drugs? Yes No

Describe fully if you checked yes: _____

Do you use alcohol? If yes, do you drink to extent that you would be prevented from performing the essential functions of the job for which you are applying, with or without reasonable accommodations? Yes No

Describe fully if you checked yes: _____

If requested, are you available to work (**CHECK AS MANY THAT APPLY**):

Weekends Holidays Overtime
 Days Swings Graves

CRIMINAL MATTERS

Have you ever been arrested, convicted of (or pleaded guilty or no contest to) a crime? Yes No

Have you ever committed a crime? Yes No

Are you currently charged with an unresolved criminal charge (a charge which has not yet resulted in pleas, trial, or a dropping of the charge, or for which you are out on bail or on your own recognizance pending trial)? Yes No



AUTHORIZATION

Please read carefully and initial each paragraph before signing

“I declare under penalty of perjury that the facts contained in this application or any resume or other documentation submitted are true and complete to the best of my knowledge. I understand that any false information or significant omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.” _____ Initials

“I agree to immediately notify Patrol Masters if I should be convicted of any crime while my job application is pending or during my period of employment, I hired.” _____ Initials

“I authorize the investigation of all statements contained in this application (and accompanying resume, if any) and further authorize any person, school, current employer (except as expressly noted), past employer(s), consumer reporting agency and organizations, whether or not named in this application form (and accompanying resume, if any), to provide the company with records, information and opinion that may be useful in making a hiring decision. I release all such informants and the company from all liability for any decision, claim or damage that may result from furnishing and / or relying on such information and opinion (which is truthful or made in good faith) to you.” _____ Initials

“I give permission for a pre-employment drug/alcohol screening exam and, if the company makes a conditional job offer, I give permission for a complete employment physical and mental examination. I also consent to the appropriate release of any and all medical information, as may be deemed necessary.” _____ Initials

“I understand that, if hired, and during my employment, I shall always give preference to Patrol Master’s business. I further agree not to use or disclose company and trade secrets or confidential or proprietary information to anyone outside of patrol Masters or anyone within Patrol Masters who is not authorized to have the information. I will not engage in other activities that create a conflict of interest with my position with Patrol Masters unless given permission in writing by Patrol Masters.” _____ Initials

“If I become employed, in consideration of my employment, I agree that my employment will be at-will, and may be terminated with or without cause, and with or without notice, at any time at the option of myself or Patrol Masters. Only the president of Patrol Masters has the authority to enter into an employment agreement for a specified period of time or for termination only for cause, and any such agreement must be in writing. I understand and acknowledge that this constitutes the entire agreement between me and Patrol Masters regarding the term of my employment and supersedes any other oral or written agreement.” _____ Initials

“If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of the company.” _____ Initials

“If offered employment, I understand that I will be required to review, complete and execute various employment documents (including, but not limited to, this application, confidentiality and non-disclosure agreements), and agree that the process of my being hired will not be complete until all employment documents have been signed.” _____ Initials



Equal Employment Opportunity Data

To assist Patrol Masters in gathering the statistical information required to demonstrate our compliance with Affirmative Action / Equal Employment Opportunity Laws, we ask that you voluntarily complete this portion of the application. Whether or not you choose to provide this information, will in no way impact our decision regarding your employment. This portion will be detached from your application and filed separately.

Applicant Name (print)

Date

Sex: Male Female

Race / Ethnicity:

- American Indian / Alaskan Native
-
- Asian / Pacific Islander
- Black
- Hispanic
- White
- Other

If you wish to be identified as qualifying for placement or accommodation, under the Rehabilitation Act of 1973 and / or the Veteran Era Veterans Readjustment Act of 1974 please check the applicable box:

- Vietnam Era Veteran
- Other Eligible Veteran
- Disabled Veteran
- Individual with a Disability

To Be Filled Out By The Employer
EEO-1 Category

- | | | |
|---|--|--|
| <input type="radio"/> Officials and managers | <input type="radio"/> Professionals | <input type="radio"/> Technicians |
| <input type="radio"/> Sales | <input type="radio"/> Office and clerical | <input type="radio"/> Crafts – skilled |
| <input type="radio"/> Operatives – semi skilled | <input type="radio"/> Laborers – unskilled | <input type="radio"/> Service Workers |