



# EKS Security, Inc.

## INITIAL APPLICATION FOR EMPLOYMENT

<b>INSTRUCTIONS</b> (READ CAREFULLY)	<p>* PRINT OR TYPE YOUR RESPONSE.</p> <p>* COMPLETE APPLICATION FULLY AND ACCURATELY.</p> <p>* DO NOT ENTER REFER TO RESUME OR SEE ATTACHED AS DOING SO MAY CAUSE YOUR APPLICATION TO BE CONSIDERED INCOMPLETE AND DISQUALIFY YOU FROM FURTHER CONSIDERATION.</p> <p>* A DMV PRINTOUT IS REQUIRED ALONG WITH THIS APPLICATION.</p> <p>* ENTER N/A IF A QUESTION DOES NOT APPLY TO YOU.</p> <p>* AFTER COMPLETING THIS APPLICATION YOU MUST REVIEW AND SIGN THE CERTIFICATION STATEMENT IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED.</p> <p>* THE COMPANY PROVIDES EQUAL EMPLOYMENT OPPORTUNITY FOR ALL APPLICANTS WITHOUT REGARDS TO RACE, SEX, SEXUAL ORIENTATION, COLOR, NATIONAL ORIGIN, RELIGION, MARITAL STATUS, MEDICAL CONDITION OR PHYSICAL OR MENTAL DISABILITY.</p>																								
<b>I. PERSONAL INFORMATION</b>	LEGAL NAME (LAST) (FIRST) (M)																								
	ADDRESS (NUMBER) (STREET)			HOME PHONE																					
	(CITY) (STATE) (ZIP)			CELL PHONE																					
	ARE YOU AT LEAST 18 YEARS OF AGE? YES NO			SSN.	DL NO.																				
	DO YOU HAVE A <b>DRIVERS LICENSE</b> ? YES NO																								
	STATE OF ISSUE: NUMBER: EXPIRATION DATE:																								
	HAVE YOU PREVIOUSLY SUBMITTED AN APPLICATION? YES NO IF YES PROVIDE APPROXIMATE DATE AND NAME USED AT THE TIME DATE: NAME:																								
<b>II. EMPLOYMENT DESIRED</b>	MINIMUM SALARY DESIRED \$ PER		FIRST DAY AVAILABLE TO WORK																						
	TYPE OR EMPLOYMENT DESIRED FULL TIME PART TIME ON-CALL																								
	WOULD YOU BE WILLING TO WORK PART TIME, ON-CALL UNTIL FULL TIME POSITION BECAME AVAILABLE? YES NO																								
<b>III. QUALIFICATIONS</b>	WILL YOU WORK OVER TIME WHEN REQUIRED? YES NO																								
	DO YOU HAVE A CURRENT CALIFORNIA STATE GUARD CARD? YES NO																								
	GUARD CARD NO. _____ EXPIRES: ____/____/____																								
	DO YOU HAVE A FIREARM PERMIT? YES NO																								
<b>IV. FORMAL EDUCATION</b>	FIREARM PERMIT NO. _____ EXPIRES: ____/____/____																								
	IT IS A PREREQUISITE OF EMPLOYMENT THAT APPLICANTS ARE ELIGIBLE TO OBTAIN A STATE OF CALIFORNIA GUARD CARD. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR ENTERED A PLEA OF NOLO CONTENDERE? This item includes misdemeanors and felonies regardless of the length of time that has lapsed since that occurrence. Minor traffic violations resulting in a fine of \$ 499 or less do not need to be disclosed and you should not disclose any conviction any connection that has been judicially sealed or expunged. Conviction dismissed under section 12034 of the Penal Code must be disclosed. YES NO																								
	PROVIDE THE FOLLOWING INFORMATION FOR EACH HIGH SCHOOL COLLEGE AND/OR VOCATIONAL SCHOOL PROFESSIONAL ACADEMY YOU ATTENDED. IF YOU DID NOT RECEIVE A CERTIFICATE OR DEGREE, ENTER THE APPROXIMATE NUMBER OF SEMESTER UNITS FOR WHICH YOU ACTUALLY RECEIVED CREDIT.																								
<b>IV. FORMAL EDUCATION</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">NAME OF INSTITUTION</th> <th style="width: 10%;">STATE</th> <th style="width: 25%;">YEARS COMPLETED</th> <th style="width: 10%;">UNITS COMPLETED</th> <th style="width: 30%;">DEGREE CERTIFICATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>					NAME OF INSTITUTION	STATE	YEARS COMPLETED	UNITS COMPLETED	DEGREE CERTIFICATE															
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PLEASE PROVIDE CURRENT AND PAST REQUESTED INFORMATION REGARDING YOUR EMPLOYMENT HISTORY DURING THE LAST TEN YEARS. YOU MUST ACCOUNT FOR ANY GAPS IN EMPLOYMENT THAT EXCEED ONE MONTH BY ENTERING UNEMPLOYED AND THE FROM /TO DATES. IT IS SUGGESTED TO INDICATE THE REASON, SUCH AS IN SCHOOL, ETC. REQUEST A SUPPLEMENTAL EMPLOYMENT HISTORY FORM IF MORE ROOM IS NEEDED.																									

V. TEN YEARS EMPLOYMENT HISTORY

1	EMPLOYER NAME	POSITION	SALARY START	SALARY END
ADDRESS			PHONE	
FULL TIME PART TIME	TEMP.	FROM	TO	SUPERVISORS NAME
SUPERVISORS TITLE				
BRIEFLY DESCRIBE PRIMARY DUTIES:				
EXPLAIN REASON FOR LEAVING		MAY WE CONTACT FOR REFERENCE YES NO		DO YOU THINK YOU ARE ELEGIBLE FOR REHIRE? YES NO
2				
EMPLOYER NAME		POSITION	SALARY START	SALARY END
ADDRESS			PHONE	
FULL TIME PART TIME	TEMP.	FROM	TO	SUPERVISORS NAME
SUPERVISORS TITLE				
BRIEFLY DESCRIBE PRIMARY DUTIES:				
EXPLAIN REASON FOR LEAVING		MAY WE CONTACT FOR REFERENCE YES NO		DO YOU THINK YOU ARE ELEGIBLE FOR REHIRE? YES NO
3				
EMPLOYER NAME		POSITION	SALARY START	SALARY END
ADDRESS			PHONE	
FULL TIME PART TIME	TEMP.	FROM	TO	SUPERVISORS NAME
SUPERVISORS TITLE				
BRIEFLY DESCRIBE PRIMARY DUTIES:				
EXPLAIN REASON FOR LEAVING		MAY WE CONTACT FOR REFERENCE YES NO		DO YOU THINK YOU ARE ELEGIBLE FOR REHIRE? YES NO
4				
EMPLOYER NAME		POSITION	SALARY START	SALARY END
ADDRESS			PHONE	
FULL TIME PART TIME	TEMP.	FROM	TO	SUPERVISORS NAME
SUPERVISORS TITLE				
BRIEFLY DESCRIBE PRIMARY DUTIES:				
EXPLAIN REASON FOR LEAVING		MAY WE CONTACT FOR REFERENCE YES NO		DO YOU THINK YOU ARE ELEGIBLE FOR REHIRE? YES NO

VI. REFERENCES

REFERENCES: LIST THE NAMES AND TELEPHONE NUMBERS OF TWO BUSINESS WORK REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS SUPERVISORS, IF NOT APPLICABLE LIST TWO SCHOOL OR PERSONAL REFERENCES WHO ARE NOT RELATED TO YOU.

NAME	RELATIONSHIP	TELEPHONE	YEARS KNOWN

INSTRUCTIONS: PLEASE COMPLETE THIS SECTION BY INDICATING ALL SHIFTS AND TIMES YOU ARE INTERESTED IN WORKING BE VERY SPECIFIC.

DAY OF WEEK	1. WATCH (GRAVE)	2. WATCH (DAY)	3. WATCH (SWING)
SUNDAY			
MONDAY			

<b>VII. AVAILABILITY</b>	TUESDAY			
	WEDNESDAY			
	THURSDAY			
	FRIDAY			
	SATURDAY			
	1. IF YOU WORK ANOTHER JOB OTHER THAN EKS SECURITY, INC. PLEASE LIST THE DAYS AND TIMES YOU WORK.			
2. IF YOU ATTEND SCHOOL PLEASE LIST THE DAYS AND TIMES.				
3. WILL YOU BE TAKING A BREAK FROM SCHOOL, IF SO DURING WHAT DAYS AND TIMES?				
4. IF ON A BREAK NOW WHEN WILL YOU BE RETURNING AND TO WHAT DAYS AND TIMES.				
5. DO YOU HAVE A MILITARY COMMITMENT THIS YEAR IF SO WHEN AND HOW LONG?				
<b>VIII. UNIFORMS</b>	PLEASE LIST YOUR SIZES FOR THE FOLLOWING UNIFORM ITEMS:			
	BLAZER	SHIRT NECK	SLEEVE LENGTH	SLACKS WAIST SLACKS LENGTH
	POLO SHIRT S M L XL XXL	WIND BREAKER S M L XL XXL		SWEATER S M L XL XXL
<b>IX. EMERGENCY CONTACTS</b>	1. EMERGENCY CONTACT NAME		RELATIONSHIP	
	EMERGENCY CONTACT PHONE		EMERGENCY CONTACT ALT. PHONE	
	ADDRESS			
	2. EMERGENCY CONTACT NAME		RELATIONSHIP	
	EMERGENCY CONTACT PHONE		EMERGENCY CONTACT ALT. PHONE	
	ADDRESS			
<b>X. CERTIFICATION STATEMENT (READ CAREFULLY PRIOR TO SIGNING)</b>	I HEREBY CERTIFY, BY MY SIGNATURE THAT:			
	<input type="checkbox"/> I understand that any information provided by me that is false, incomplete or misrepresented in any respect, will be sufficient to (1) cancel further consideration of this application or (2) immediately discharge me from the employers service whenever it is discovered.			
	<input type="checkbox"/> I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment it will be necessary to reapply and fill out a new application.			
	<input type="checkbox"/> I understand and agree that employment with EKS Security, Inc.(the company employer) is voluntary entered into, and the employee is free to resign at will, any time, without cause. EKS Security, Inc. may terminate the employment relationship at will at any time without notice or cause, so long as there is no violation of Federal or State law.			
	<input type="checkbox"/> I understand that in order to retain necessary flexibility in the administration of policies and procedures EKS Security, Inc. reserves the right to change, revise or eliminate any of the policies and or benefits described in the employee handbook that will be issued to me if I am offered employment, except for its policy of employment at will. The only recognized deviations from the stated policies are those authorized and signed by the president of EKS Security, Inc.			
	<input type="checkbox"/> I understand that before a job offer will be made to me. I will be asked to submit for review and copying documents indicating my legal authorization to work in the United States. This procedure is in compliance with the immigration reform and Control Act of 1996, which applies to all persons hired with any US employer after November 5, 1986. Upon submission of these documents. I will also sign an INS form I-9 form under penalty of perjury indicating that I am a citizen or national of the US, an alien lawfully admitted for permanent residence, or an alien who is otherwise authorized by immigration laws to obtain employment in the US.			
	_____ APPLICANTS NAME		_____ APPLICANTS SIGNATURE	
<b>EKS ADMIN. OFFICE USE ONLY</b>	1. APPLICATION ACCEPTED DENIED IF DENIED, REASON :		3. TELEPHONE INTERVIEW	
	INCOMPLETE INFORMATION FALSIFIED		DATE: ___/___/___ TIME: _____	
	APPLICATION TURN IN DATE: ___/___/___		4. IN PERSON INTERVIEW	
	2. REFERENCE CHECKS (RC) COMPLETED BY:		DATE: ___/___/___ TIME: _____	
	COMMENTS OF RC1:		APPLICANT RISK: ANALYZER PASS FAIL	
COMMENTS OF RC2:		6. DRUG SCREEN: PASS FAIL		
			<b>SEAL</b>	ADDITIONAL COMMENTS