

Basic Info- Please Print

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

**\*\*IMPORTANT INFORMATION\*\***  
**READ PRIOR TO FILLING OUT APPLICATION**

Dear Applicant:

Thank you for your interest in working for Star Protection Agency, LLC. Please return your complete criminal history record information to our office as soon as possible. The criminal history record may be obtained online the Hawaii Criminal Justice Data Center at [ecrim.ehawaii.gov](http://ecrim.ehawaii.gov). When you turn in your original criminal history record to our office, we will attach it to your application. However, if you would like to keep the original criminal history record, we will first need to make a copy of the original criminal abstract.

If you have a resume, military records, certificates of achievement, or other documents, which may be helpful in our evaluation, we encourage you to submit them with your application, even if these documents include your employment history. Incomplete applications will not be reviewed for employment, so please ensure that you have accurately completed the ENTIRE application, not leaving any blank spaces.

We will keep your application on file for six months from the date it was received by our office. Each time that a new position opens, we will generally review all of our applications on file from the previous six months and contact the most suitable applicants for interview. Due to the overwhelming amount of applications we receive, we request that you do not contact our office to check on your application (unless you have a telephone or address change). If six months pass since you submitted your application and you have not been contacted, you may reapply by submitting a new application.

If hired by Star Protection Agency, LLC., you will be required to provide black shoes. Star Protection Agency, Inc will issue all other uniform items.

Thank you again for your interest in working with Star Protection Agency, LLC.

I have read and understand the requirements listed on this page:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**Applicant Status Form**

Equal Opportunity Employment. We do not discriminate against any applicant because of his/her race, color, religion, sex, national origin, disability, marital status, sexual orientation or other protected basis, except as permitted by law.

**CONFIDENTIAL**

All information submitted through this application will be held in the strictest confidence and handled through this company only except where disclosure is required by law.

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_  
Last First Middle

Any Aliases/Former Names  
Include Maiden Names: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City (County)/State (Country)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_



# STAR PROTECTION AGENCY, LLC.

## EMPLOYMENT APPLICATION

Tel: 532-3911 Fax: 532-3916

### GENERAL INFORMATION

NAME	SOCIAL SECURITY NUMBER	PHONE NUMBER
ADDRESS		ALTERNATE PHONE NUMBER
CITY	STATE	ZIP

**EMPLOYMENT RECORD STARTING WITH** present or most recent, list all previous employers. Include self-employment, military service, summer, and part-time jobs. Please attach additional sheets if necessary.

Name & Address of Employer	Dates Employed	Position & Duties	Salary	Reasons for Leaving
Company Name	From Mo/Yr To Mo/Yr		Starting \$	
Street Address			Leaving \$	
City & State Zip			Supervisor's Name	
Name & Address of Employer	Dates Employed	Position & Duties	Salary	Reasons for Leaving
Company Name Phone	From Mo/Yr To Mo/Yr		Starting \$	
Street Address			Leaving \$	
City & State Zip			Supervisor's Name	
Name & Address of Employer	Dates Employed	Position & Duties	Salary	Reasons for Leaving
Company Name	From Mo/Yr To Mo/Yr		Starting \$	
Street Address			Leaving \$	
City & State Zip			Supervisor's Name	

### REFERENCES (Not relatives)

Name	Relationship	Occupation
Address		Telephone Number
Name	Relationship	Occupation
Address		Telephone Number

**PLEASE CHECK ALL THAT APPLY**

- NEWSPAPER
- TV NEWS
- UNEMPLOYMENT OFFICE
- INTERNET
- EMPLOYMENT NEWS
- OTHER \_\_\_\_\_
- REFERRAL BY: \_\_\_\_\_

**EDUCATION**

	Name of School	Address (City & State)	No. Of Years	Degrees
Jr. High/Inter.				
High School				
College				
Other (Trade, etc.)				

**PERSON TO CONTACT IN CASE OF EMERGENCY**

Name & Relationship	Phone #'s (Home, Work, Pager, etc.)		
Street Address	City	State	Zip

**U.S. MILITARY SERVICE**

Branch of Service	Year Separated	Rank on Separation
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**OTHER**

"Have you ever been convicted in any jurisdiction of a crime which reflects unfavorably on your fitness to work as a guard? As used in this sentence, the word "guard" means a uniformed or non-uniformed person responsible for the safekeeping of a client's properties and persons within a defined area, and for observation and reporting relative to such safekeeping." \_\_\_\_\_ (YES OR NO)

If so, please explain:

Do you know anyone presently working for our Company? YES / NO (Please circle one)

If so, who?

Are you currently using any illegal drugs/substances? YES / NO (Please circle one)

**NOTE**

**It is the policy of this company to hire only U.S. citizens and aliens who are authorized to work in this country, (As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service's Form I-9).**

**ACKNOWLEDGEMENT**

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is not complete. Further, I understand that any misrepresentation or omission will subject me to discharge and I hereby authorize any investigation of the above or related work experience, education or reputation information for purposes of consideration of my application for employment.

This application is not a contract and cannot create a contract. I understand that if I am employed, my employment is "at will" which means that either I or Star Protection Agency, Inc. can terminate the employment relationship at anytime, with or without notice, with or without cause or reason.

\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Applicant's Signature



## ANSWER ALL OF THE FOLLOWING QUESTIONS

1. Fill in the missing times (military).

<u>0100</u>	<u>1:00 AM (example)</u>
<u>          </u>	<u>2:30 AM</u>
0530 HRS	<u>          </u>
<u>          </u>	<u>8:15 AM</u>
1245 HRS	<u>          </u>
<u>          </u>	<u>6:50 PM</u>
2135 HRS	<u>          </u>

2. Define the word SECURED.
3. Define the word UNSECURED.
4. You are assigned to work at a shopping center and while you are doing your physical door check, you come upon an open door. Based upon your experience, what actions would you take?
5. You are assigned to work at a guardhouse checking vehicles in and out. All of a sudden a vehicle drives through without stopping. Based upon your experience, what actions do you take?
6. You are assigned to work a condominium and while you are patrolling you come upon a suspicious person who refuses to cooperate. Based upon your experience, what actions do you take?



Star Protection Agency, Inc.

Fair Credit Reporting Act  
Notice of Request for Investigative Consumer Report

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Star Protection Agency, Inc. has requested, as a part of its employment process, an investigative consumer report concerning you from a consumer reporting agency.

The requested investigative consumer report may include information on your character, general reputation, personal characteristics, or mode of living that is obtained through personal interviews with your neighbors, friends, or associates, or with others whom you are acquainted or who may have knowledge concerning any such items of information.

You have the right to request from Star Protection Agency, Inc. a disclosure as to the nature and scope of the investigation requested. If you do request a disclosure, Star Protection Agency, Inc. will provide you with a written response within five days after your request is received or within five days from the date in which such report was first requested, whichever is later.

Star Protection Agency, LLC.

Fair Credit Reporting Act  
Disclosure and Authorization Form

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DISCLOSURE

As a part of its employment process, Star Protection Agency, LLC. may request, obtain and utilize credit reports from consumer reporting agencies. There are two types of credit reports that Star Protection Agency, Inc. may request: consumer reports and investigative consumer reports.

Consumer reports include any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living that is used or expected to be used or collected in whole or in part for the purpose of serving as a factoring establishing the consumer's eligibility for employment purposes.

An investigative consumer report is essentially the same as a consumer report, with the major difference being the method in which the information is obtained through personal interviews with neighbors, friends, or associates of the consumer reported on or with others with whom he or she is acquainted or who may have knowledge concerning any such items of information. You have the right to request from Star Protection Agency, LLC. a disclosure as to the nature and scope of the investigation of any investigative consumer report requested from a consumer reporting agency concerning you.

If Star Protection Agency, LLC. requests and obtains a consumer report and/or investigative consumer report concerning you, the report(s) will be used solely for employment purposes. Such purposes include the assessment and evaluation of your employment status, promotion, reassignment or retention as an employee with Star Protection Agency, Inc.

AUTHORIZATION

I, \_\_\_\_\_, authorize Star Protection Agency, LLC. to request, obtain and utilize consumer reports and/or investigative consumer reports from consumer reporting agencies to assess and evaluate my employment status, promotion, reassignment and/or retention as an employee with Star Protection Agency, Inc.

I understand that if Star Protection Agency, LLC. request an investigative consumer report, I will be provided with a notice of such request within three days after the date in which the report is requested.

I further understand that in the event a consumer report and/or investigative consumer report is used as a basis for any adverse employment action, Star Protection Agency, Inc. will provide me with notice of the adverse employment action, including a copy of the report, a description of my rights under the fair Credit Reporting Act as prescribed by the Federal Trade Commission, The name, address and telephone number of the consumer

Star Protection Agency, LLC.

Fair Credit Reporting Act  
Disclosure and Authorization Form

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reporting agency that issued the report, a statement that the consumer reporting agency did not make the adverse employment decision, my right to obtain a free copy of the report from the consumer reporting agency and my ability to dispute the accuracy or completeness of any information in a consumer report furnished by the consumer reporting agency.

Furthermore, Star Protection Agency, LLC. has explained to me that any consumer reports and/or investigative consumer reports obtained from consumer reporting agencies will be used solely for employment purposes in accordance with the Fair Credit Reporting Act.

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Signature

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Date



Star Protection Agency, LLC.

Availability Form

Name: \_\_\_\_\_  
Last First MI

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Can you receive emails on your mobile phone? Please check one box only:

Yes ( ) No ( )

Area of Residence: \_\_\_\_\_ How will you be arriving to and from your work location? Circle:

Car / Bus

**Please list ALL times you are available for work:**

(All schedules offered are not based on availability, this form is to help accommodate your needs to the best of our ability.)

Sunday:	
Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	
Saturday:	

Date: \_\_\_\_\_