



Please indicate branch for which you are applying

EMPLOYMENT APPLICATION

- Bend / Redmond
- Coos Bay
- Eugene / Springfield
- Roseburg

Date: _____ / _____ / _____

NORTH PACIFIC SECURITY, INC. is committed to Equal Employment Opportunity, and compliance with the Americans with Disabilities Act. Our commitment includes providing a respectful working environment that is free from discrimination and harassment in the workplace. NORTH PACIFIC SECURITY, INC. complies with all applicable Federal, State, and Local laws and regulations.

Please print legibly or type (do not use pencil or felt-tip marker).

LAST NAME FIRST NAME MIDDLE NAME			ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
POSITION APPLYING FOR		SOCIAL SECURITY NUMBER - -		EMAIL ADDRESS			
ADDRESS			CITY	STATE	ZIP CODE		
ARE YOU DPSST CERTIFIED? Department of Public Safety Standards & Training If YES your No. _____ <input type="checkbox"/> NO							
CELL PHONE No.		HOME or ALTERNATE No.		DATE AVAILABLE		WAGE DESIRED	
VALID DRIVER'S LICENSE Number: State:		VEHICLE COLOR	YEAR	MODEL	BODY	LICENSE	
HAVE YOU EVER BEEN EMPLOYED BY OUR COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? _____		ARE YOU APPLYING FOR FULL TIME OR PART TIME WORK? <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> EITHER <input type="checkbox"/> MIN # HRS/WEEK _____					
LIST ANY OTHER NAMES YOU HAVE USED IN THE PAST FOR EMPLOYMENT OR EDUCATIONAL PURPOSES							

EDUCATION	Name and Location of School	Years Attended	Did you graduate?
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO
College			<input type="checkbox"/> YES <input type="checkbox"/> NO
Business or Trade School(s)			<input type="checkbox"/> YES <input type="checkbox"/> NO
Correspondence School(s)			<input type="checkbox"/> YES <input type="checkbox"/> NO
Military Training School(s)			<input type="checkbox"/> YES <input type="checkbox"/> NO

SKILLS AND ABILITIES

List school courses or any additional training, licenses, scholastic honors, or other qualifications which have a bearing on your fitness for this position.

Do you speak a language other than English, fluently? YES NO If YES, which language(s)? _____

EMPLOYMENT HISTORY

BEGINNING WITH MOST RECENT, list the jobs you have held in the last 10 years. Include any other experience related to the position for which you are applying, and any volunteer work, even if that experience occurred longer than 10 years ago. If your work history begins less than 10 years ago, please state so by writing **NO PREVIOUS WORK HISTORY** in the "employer" box following the last job you list.

EMPLOYER AND ADDRESS		DATES EMPLOYED (MO/YR)			SUPERVISOR'S NAME	
		FROM	TO	HRS/WK	CONTACT PHONE	
POSITION HELD	REASON FOR LEAVING					
DESCRIBE IN DETAIL WORK PERFORMED, EQUIPMENT USED, AND SKILLS REQUIRED TO PERFORM YOUR DUTIES						

EMPLOYER AND ADDRESS		DATES EMPLOYED (MO/YR)			SUPERVISOR'S NAME	
		FROM	TO	HRS/WK	CONTACT PHONE	
POSITION HELD	REASON FOR LEAVING					
DESCRIBE IN DETAIL WORK PERFORMED, EQUIPMENT USED, AND SKILLS REQUIRED TO PERFORM YOUR DUTIES						

EMPLOYER AND ADDRESS		DATES EMPLOYED (MO/YR)			SUPERVISOR'S NAME	
		FROM	TO	HRS/WK	CONTACT PHONE	
POSITION HELD	REASON FOR LEAVING					
DESCRIBE IN DETAIL WORK PERFORMED, EQUIPMENT USED, AND SKILLS REQUIRED TO PERFORM YOUR DUTIES						

REFERENCES

References should not be related to you.

REFERENCES & TITLE OR OCCUPATION	ADDRESS	TELEPHONE	NATURE OF ASSOCIATION

CHECK ALL THAT APPLY

CONCEALED WEAPONS PERMIT

Ever applied for a permit to carry a concealed weapon? YES NO

If YES, please provide the following: Permit Granted? YES NO

Date _____ Name of Issuing Agency _____

Purpose _____

FIRST AID CERTIFICATES YES NO

If YES, Type _____ Issued by _____ Exp. Date _____

LAW ENFORCEMENT EXPERIENCE YES NO

If YES, list name of agency and dates of employment. _____

Including reserve or Law Enforcement Explorer? _____

MILITARY EXPERIENCE YES NO

If YES, Branch _____ Rank at Discharge _____ Type of Discharge _____

Served From _____ To _____

SECURITY EXPERIENCE / SECURITY LICENSES YES NO

If YES, please list any previous experience or licenses as well as locations and dates.

IF APPLYING FOR A POSTED POSITION AT A HEALTH CARE FACILITY

Have you ever been tested for Tuberculosis (TB) YES NO

Have you ever been inoculated for Hepatitis YES NO

If YES to either of the above, please provide dates and location of vaccinations.

If any answers to the previous questions are affirmative, explain fully on a supplement sheet attached to this form.

Do you have any scheduling restrictions? YES NO

If YES, what are the days and times you are NOT available to work?

SIGNATURE AND RELEASE

I hereby certify that the information provided in my application is freely given, true, and complete. I understand that any false statements, answers, or any misleading information may be sufficient grounds for immediate employment disqualification or dismissal at any time. I understand that NORTH PACIFIC SECURITY, INC. (NPS) may thoroughly investigate my work and educational history and verify data provided on this application or given during the interview process. Furthermore, I also understand that NPS may conduct a criminal background, a motor vehicle records check, and a general background check of my present or past employers if necessary. I authorize all past employers mentioned herein to release information requested about me. I hereby release NORTH PACIFIC SECURITY, INC. from any liability or damage which may result from obtaining the information requested. NPS may make copies of my signed authorization available to those contacted.

Signature

Date