

Name of Applicant: _____



LEOPARD
PRIVATE SECURITY

An Equal Opportunity Employer

Office Use Only

INSTRUCTIONS FOR APPLICANTS:

- This application will be kept active for 60 days
- Please complete the application in your handwriting and fill out all areas even though your resume is attached

Date Received: _____

Location: _____

Supervisor: _____

Date of Hire: _____

Pay Rate: _____

Uniform Size: _____

DATE OF APPLICATION: _____

A. PERSONAL IDENTIFICATION INFORMATION

NAME	(Last)	(First)	(Middle)	HOME PHONE
ADDRESS	(Street)	(Apt. #)	(City)	(State) (Zip code)
EMAIL ADDRESS				CELL PHONE

B. POSITION OBJECTIVE

POSITION DESIRED	SALARY/WAGE DESIRED	DATE AVAILABLE FOR EMPLOYMENT
TYPE OF EMPLOYMENT DESIRED (If more than one, use numbers to indicate preference) Full-time Part-time On call/Intermittent	HOW WERE YOU REFERRED TO US? Agency _____ Advertisement (Paper) _____ Employee (Name of employee) _____ Other _____	

C. GENERAL INFORMATION

D. EMPLOYMENT INFORMATION

1. ARE YOU CURRENTLY EMPLOYED? No Yes – Be certain to list all current employers below. IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYERS? No Yes			
2. FURNISH INFORMATION ABOUT EACH PERIOD OF EMPLOYMENT, INCLUDING MILITARY AND/OR VOLUNTEER SERVICE AND ALL EMPLOYMENT.			
a) CURRENT EMPLOYER	SUPERVISOR'S NAME	DATE EMPLOYED (MM/DD/YY) From: To:	STARTING SALARY \$ per ENDING SALARY \$ per
ADDRESS (INCLUDING ZIP CODE)		TELEPHONE NUMBER	
YOUR JOB TITLE		NAME UNDER WHICH EMPLOYED (if different)	
DESCRIPTON OF YOUR DUTIES		REASON FOR LEAVING	
b) PREVIOUS EMPLOYER	SUPERVISOR'S NAME	DATE EMPLOYED (MM/DD/YY) From: To:	STARTING SALARY \$ per ENDING SALARY \$ per
ADDRESS (INCLUDING ZIP CODE)		TELEPHONE NUMBER	
YOUR JOB TITLE		NAME UNDER WHICH EMPLOYED (if different)	
DESCRIPTON OF YOUR DUTIES		REASON FOR LEAVING	
c) PREVIOUS EMPLOYER	SUPERVISOR'S NAME	DATE EMPLOYED (MM/DD/YY) From: To:	STARTING SALARY \$ per ENDING SALARY \$ per
ADDRESS (INCLUDING ZIP CODE)		TELEPHONE NUMBER	

YOUR JOB TITLE		NAME UNDER WHICH EMPLOYED (if different)	
DESCRIPTON OF YOUR DUTIES		REASON FOR LEAVING	
d) PREVIOUS EMPLOYER	SUPERVISOR'S NAME	DATE EMPLOYED (MM/DD/YY) From: To:	STARTING SALARY \$ per ENDING SALARY \$ per
ADDRESS (INCLUDING ZIP CODE)		TELEPHONE NUMBER	
YOUR JOB TITLE		NAME UNDER WHICH EMPLOYED (if different)	
DESCRIPTON OF YOUR DUTIES		REASON FOR LEAVING	

E. EDUCATION AND TRAINING INFORMATION

School Attended/ Name (College, University/ Vocational)	Address	Year(s) Attended	Diploma or Degree	Major Field
High School			Yes No	
			Yes No	
			Yes No	
			Yes No	
U.S. MILITARY (Do not include if you have been out of the military for 5 or more years.)			TRAINING SKILLS ACQUIRED:	

F. SPECIALIZED SKILLS AND KNOWLEDGE

<p>LIST ANY ACHIEVEMENTS OR ACTIVITIES THAT YOU CONSIDER RELEVANT TO YOUR ABILITY TO PERFORM THE JOB THAT YOU ARE APPLYING FOR, SUCH AS AWARDS RECEIVED, MEMBERSHIPS OR OFFICES HELD IN PROFESSIONAL ORGANIZATIONS ETC.</p>
<p>LIST OFFICE MACHINES OR COMPUTER EQUIPMENT YOU CAN OPERATE (e.g. personal computer, typewriter, adding machine, machine transcription, mainframe computer.)</p>
<p>LIST ANY COMPUTER SOFTWARE YOU HAVE USED AND/OR PROGRAMMING LANGUAGES YOU KNOW.</p>

G. CERTIFICATION AND SIGNATURE

<p>Your Signature for the application _____ Date:</p>

Meal / Break Compensated Agreement:

I understand that our client requires my company services 24 hours per day. Therefore my breaks (10 minutes-twice per shift) and my meal period (one 30 minute period), which I am compensated for, will be taken as per company policy. (California Labor Code Section 226.7).

If I am working a single person Post, I will take my breaks and meal period at my workstation in order to fulfill my role as a Security Officer at the location. If I am working a two-person post, I will take my breaks and meal period either at my Post or in the designated break room. I will only smoke in designated areas on my breaks or meal period and never within the Post work area. I understand that if I eat within the Post Area, it is my responsibility to clean the area. I will never eat or smoke while performing my duties as a Security Officer.

Employee Signature

Date

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

To provide a more accurate test evaluation under Leopard Private Security Security, Inc. pre-employment drug screening program, I have the option to disclose all prescribed substances I am currently using on the chain of custody form which is completed at the specimen collection site. If I choose to do so, and my test results indicate the presence of a controlled substance, I understand it may be necessary for the company to contact the physician who prescribed the medication in order to verify that the medication has been prescribed for me.

I therefore authorize _____
(the "Physician") to verify to the company that the medication has been prescribed for me and to indicate the particular medication, in the event that my test results indicate the presence of a controlled substance.

This authorization expires thirty (30) days after a decision is made whether to offer or refuse employment to me.

Applicant's Signature

Date

Witness Signature

Date

False information given or implied on an application form is grounds for immediate dismissal without further notice.

Applicant's Signature

Date

I hereby state that all information provided is accurate and may be verified by you. I agree that I may be discharged if Leopard Private Security Security, Inc. at any time learns of falsification or material omission in the information provided on this application form and related documents. Leopard Private Security Security, Inc. may contact my former employer in connection with the consideration of my employment with them. All references are hereby authorized to release all information which they may have relevant to my employment with them. I hereby release Leopard Private Security Security, Inc., its affiliates, successors, and assigns, and all references from any liability that might be claimed because of information provided by such references.

I agree that I will follow all Company policies, rules, procedures, and all other directions pertaining to my employment. I understand that Leopard Private Security Security, Inc. reserves the right to add, change, and/or delete any policies, procedures, work rules, and/or benefits at any time.

NO CONSIDERATION OF EMPLOYMENT WILL BE GIVEN TO ANY APPLICANT WHO DOES NOT SIGN THE ABOVE STATEMENT.
FIRST 90-DAYS IS CONSIDERED PROBATION PERIOD

IF you **do not pass** the background part of this application will be terminated immediately.

Note: Additional personal information will be required to complete benefit forms after being hired.

You will also be paid state minimum wage if you do not give a 2 week notice of separation.

Thank you for showing an interest in pursuing a career with Leopard Private Security Security, Inc.



PRE-EMPLOYMENT BACKGROUND INVESTIGATION & Consent to Procure a Consumer Report

I, _____ hereby give authorization to Leopard Private Security Investigations, to obtain or provide a consumer report, including an investigative consumer report regarding me. I understand this report may involve verifying or reviewing information on my application and/or resume and any and all verbal claims made by me during the evaluation process for employment, promotion or retention.

I understand that Investigative Background Inquiries are to be made on myself including Consumer, Criminal, Driving and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State and other Agencies which maintain records concerning my past activities relating to my Credit, Driving, Criminal, Civil and other experiences as well as Claims involving me in the files of Insurance Companies.

*** PLEASE WRITE CLEARLY ***

NOTE: Failing to do could lead to negative results

Print Full LEGAL Name: _____ Gender: __ M __ F

Social Security Number: _____/_____/_____ Date of Birth*: _____/_____/_____
Month Day Year

Driver's License Number: _____ State: _____

Current Address: _____ Apt. Number _____

City: _____ State: _____ Zip: _____

Current Phone Number: _____

Current Email Address: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Applicant's Signature: _____ Date: _____

Initial I have received, read and understand the "Notice of Intent to Procure Investigative Consumer Report"
(Background Check).

Initial I have received a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act".

I understand that if the above named organization requests a copy of my consumer credit report, I have the right under California, Minnesota and Oklahoma law only to receive a copy of that consumer credit report directly from the Consumer Reporting Agency, TransUnion LLC, free of charge. Please check here to have a copy of your Consumer Credit Report sent directly to you by TransUnion LLC at the address listed above.

Requested by: _____

Email: _____

Fax #: _____

Leopard Private Security Security
Job Description

Job Title:

Security Guard/Officer

FLSA Status:

Non-Exempt

Reports Directly to:

Area Supervisor & Corporate Office Representative

Job Summary:

- The security guard team member will perform traditional security guard duties as requested in their post orders and company guidelines.
- The primary role of a security guard is to observe & report all breeches of security as defined by the post orders and company guidelines.
- At all times the security guard will maintain a professional appearance and demeanor while performing their duties.

Essential Job Duties:

- Prolonged Standing, Sitting and Walking
- Lifting up to 25 pounds
- Foot Patrol as described in the post orders for your location and defined as Perimeter Checks which may include walking up to half a mile without rest
- Ability to react to emergent situation(s) which may require running
- Must be able to communicate in English
- Must be able to write reports in English

Equipment and Skills required:

- State required Guard Card & BSIS Permit(Firearm,Baton,Paper spray)
- Reliable transportation to and from work
- Must have good vision with or without prescription eyeglasses
- Reliable contact number for change of schedule information and/or to obtain or relay company information as needed.
- Understand written instructions and general policy statements

_____ **Yes, I am able to perform the essential functions as stated above and as described in the post orders for my location.**

_____ **No, I am not able to perform the essential functions as stated above and/or as described in the post orders for my location.**

Explain: _____

Notes: _____

Printed Name

Signature

Date

APPLICATION AGREEMENT

- I am a serious potential candidate for employment with Leopard Private Security Security Inc, who seeks steady employment. I am trustworthy and I am not "shopping" guard companies.
- I will not waste the time and effort put forth by employees of Leopard Private Security Security, Inc to quit my employment after I have agreed and accepted a schedule.
- Therefore, I commit that if I sign this paper and complete my interview, accept uniforms, and accept a schedule, I will work out that schedule.
- I understand that I must give my two (2) weeks written notice upon leaving employment. If I do not I will be paid at minimum wage for the last day (s) of employment.
- I understand, and agree that it is policy to work through my two (2) week notice of termination.
- I understand, and agree that my first 90-day is considered a probation period

- I understand that if I fail to give 2 week notice or abandon my post as a result of my actions, the company has to pay additional monies to handle this incident and to staff my position in order to fulfill the contractual obligations it has with its client. I also understand that Leopard Private Security Security has the option to seek a financial remedy from me in civil small claims court and the law provides this option for a period of one year.
- I understand that this is a binding agreement to Leopard Private Security Security Inc, and by signing below, I agree to all of the above.

Applicant's Signature

Date

EMPLOYMENT APPLICATION
Additional Terms and Conditions of Employment

Initials:

_____ I certify that the answers given by me to the foregoing questions and statements on the employment application and/or during the employment interview process are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that the Company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application.

_____ I understand that this application is designed for use with several types of jobs and some questions may not be completely applicable to the position for which I am applying.

_____ I authorize the companies, schools, persons or entities given during the employment process, and the employer (if employed), while employed, or during internal investigations, as references or past employers or affiliations, to give any information regarding my employment, character, qualifications, certifications and licenses, and hereby release said companies, schools, persons or entities from all liability for any damage for issuing this information. A favorable result may be a condition of employment, commencement, or continuation of any employment duties where elements are job-related.

_____ I understand that a background check may be conducted during the employment process and that if employed; a background check may be conducted periodically as deemed necessary by the employer.

_____ I understand that a credit check may be conducted during the employment process and that if employed, a background check may be conducted periodically as deemed necessary by the employer.

_____ I understand that I may be required to have a medical examination and/or drug and alcohol test after an offer of employment has been made and prior to the commencement of my employment duties as well as any time throughout my employment according to company policy. A favorable result on the medical examination and/or drug and alcohol test would be a condition of my employment or commencement of any employment duties.

_____ I realize that operating conditions may require me to work shifts or work hours scheduled other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or the management.

_____ I understand that my employment is not for a specified or definite term and that I may resign, or I may be discharged at any time, for any reason, with or without good cause and with or without prior notice. I further understand that this policy cannot be changed or amended except by written agreement signed by me and by a corporate officer. I understand that this is an application for employment and that no employment contract is being offered.

_____ I understand that only United States citizens or aliens who are legally entitled to work in the United States are eligible for employment.

_____ My employment shall be in accordance with the terms of this application, all safety and incident reporting rules, and all other Company rules and regulations. The Company shall have the right to amend, modify, or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will be bound by the rules and regulations now or hereafter in effect.

_____ I certify that as part of the application process, I have been provided with a written job description or have had the opportunity to review and/or discuss the requirements for the position of _____.

_____ I certify that I understand each requirement and that I am capable of meeting each and every requirement.

Printed Name

Applicant Signature

Date

Notice of Intent to Procure Consumer Investigative Report (Employment Background Check)

The Federal Fair Credit Reporting Act (FCRA) and other State Civil Codes require that notice be provided to you that as part of our procedure in processing and evaluating your application for employment, we will be obtaining and reviewing a "Consumer Investigative Report" for employment purposes concerning you.

A "Consumer Investigative Report" as described in Section 1786.2 of the California Civil Code, means a consumer report in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through any means. This can include work habits, work performance and experience, and where applicable, reasons for disciplinary action in or termination of current or past employment.

The Consumer Investigative Report will include, except where restricted by law, the following information:

Civil Court Records	Employment Verification	Professional Reference Interviews
Credit Reports	Education Verification	Social Security Number Verification
Criminal Court Records	National Sex Offender Verification	Worker's Compensation
DMV/MVR Reports	Prof. License Verification	Other _____

This report will be obtained through the following Investigative Consumer Reporting Agency:

Leopard Private Security Investigations
PO Box 55597
Valencia CA 91385
Phone: (800) 459-4068
Fax: (661) 702-8732

You have the right to obtain a copy of this consumer investigative report by making a written request with proper identification to the above named Investigative Consumer Reporting Agency (ICRA) within a reasonable period of time after receiving this notice. A copy of your file will be made available for a fee not to exceed the actual cost of duplication services provided. If the ICRA procures a credit report regarding you, you have the right under Minnesota and Oklahoma law to receive a free copy directly from the credit bureau.

California Applicants Only:

An investigative consumer reporting agency (ICRA) shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice. Files maintained on you shall be made available for your visual inspection in person if you appear in person and furnish proper identification. By certified mail, if you submit a written request with proper identification and by telephone, if you submit a written request, with proper identification. A copy of your file will be made available for a fee not to exceed the actual cost of duplication services provided. Any telephonic requests that require a toll charge must be prepaid or charged directly to you. Proper Identification shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you are unable to reasonably identify yourself with the information described above; the ICRA will require additional information concerning your employment and personal or family history in order to verify your identity. The ICRA will provide you a trained authorized personnel to explain any information provided to you. Should there be coded information contained in your files the ICRA will provide a written explanation, but, only when the file is provided to you during a visual inspection. You are permitted to be accompanied by one other person of your choosing. This person must identify himself and you must provide written permission to the ICRA in order for the ICRA to discuss your consumer report in such person's presence. The ICRA may by law withhold any medical information in your files from your inspection until and unless you provide written authorization from your attending physician to inspect the medical information. The ICRA is not required by law to make available to you the sources of information in your files, although such information would be obtainable through proper discovery procedures in any court action brought under Title 1.6A of the Civil Code pertaining to ICRA's.

Leopard Private Security Security
Office: (818) -233-6641
Office@LeopardPrivateSecuritySecurity.Com

A Summary of Your Rights under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed for bankruptcy – to creditors, employers, landlords and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§1681 – 1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA give you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an applicant for credit, insurance, or employment – must tell you, and give you the name, address and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of the information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its finding to the CRA. (The source must also advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement of your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove the accurate data from you file unless it is outdated (as describe below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate item with the source of the information.** If you tell anyone – such as a creditor who report to a CRA – that you dispute an item they may not them report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two (2) years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different Federal Agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's , creditors and others not listed below	Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 (202) 326-3791
National banks, federal branches / agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 (800) 613-6743
Federal reserve system member banks (Except national banks, and federal branches / agencies of foreign Banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 (202) 452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 (800) 842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 (703) 518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 (800) 934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 (202) 366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 (202) 720-7051