



## EMPLOYMENT / JOB APPLICATION

### GENERAL INFORMATION

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
First Middle Last

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_  
City State Zip Code

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_ DESIRED PAY: \$ \_\_\_\_\_ / HOUR

POSITION APPLIED FOR: \_\_\_\_\_

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

CAN YOU WORK ANY SHIFT? YES NO

Day: (7:00AM - 3:00PM) Swing: (4:00PM - Midnight) Grave yard: (9:00PM to 5:00AM)

CAN YOU WORK OVERTIME, INCLUDING WEEKENDS? YES NO

### EMPLOYMENT ELIGIBILITY

DO YOU POSSES A VALID CALIFORNIA STATE GUARD CARD? YES NO

GUARD CARD NO. \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DO YOU POSSES A FIREARM PERMIT? YES NO

FIREARM PERMIT NO. \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DO YOU POSSES A BATON PERMIT? YES NO PERMIT NO. \_\_\_\_\_

ARE YOU AT LEAST 18 YEARS OR OLDER? YES NO  
(IF NO, YOU MAY BE REQUIRED TO PROVIDE AUTHORIZATION TO WORK)

### REFERRAL SOURCE

HOW DID YOU HEAR ABOUT US?

\_\_\_\_ WALK-IN \_\_\_\_ ADVERTISEMENT \_\_\_\_ REFERRAL \_\_\_\_ OTHER

HAVE YOU EVER WORKED FOR OUR COMPANY? YES NO

DO YOU KNOW ANYONE WHO WORKS FOR OUR COMPANY? YES NO

IF YES, WHO? \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

**EMPLOYER 1:** \_\_\_\_\_

Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street Address

Apt/Suite

City

State

Zip Code

JOB TITLE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SUPERVISORS NAME: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER: YES NO

RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER 2:** \_\_\_\_\_

Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street Address

Apt/Suite

City

State

Zip Code

JOB TITLE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SUPERVISORS NAME: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER: YES NO

RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER 3:** \_\_\_\_\_

Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street Address

Apt/Suite

City

State

Zip Code

JOB TITLE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SUPERVISORS NAME: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER: YES NO

RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

## EDUCATION

**HIGH SCHOOL:** \_\_\_\_\_ **CITY/STATE:** \_\_\_\_\_

**GRADUATE?** YES NO **DIPLOMA:** \_\_\_\_\_

**COLLEGE:** \_\_\_\_\_ **CITY/STATE:** \_\_\_\_\_

**GRADUATE?** YES NO **DIPLOMA:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_ **CITY/STATE:** \_\_\_\_\_

**DEGREE/CERTIFICATION:** \_\_\_\_\_

**TYPING SPEED:** \_\_\_\_\_

**SOFTWARE USED:** \_\_\_\_\_

**PC SKILLS** \_\_\_\_\_

**OTHER SKILLS** \_\_\_\_\_

\_\_\_\_\_

## REFERENCES (PROFESSIONAL ONLY)

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

## DISCLAIMER

**Please read carefully before signing.**

\_\_\_\_\_  
Initials I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Accolade Security, Inc to hire me. If I am hired, I understand that either Accolade Security, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Accolade Security, Inc. has the authority to make any assurance to the contrary.

\_\_\_\_\_  
Initials I authorize the Accolade Security, Inc. to release a copy of my application, licenses, background investigation, and Criminal History Record Information or other information that is reasonably related to the performance of my job to the client(s) to which I may be assigned. I understand that the Company reserves the right to require Substance Abuse Screening and/or other pre-placement screening as part of the pre-employment process and, where permitted by law, offers of employment may be contingent on the results of such screening.

\_\_\_\_\_  
Initials I also understand that, if hired as a security officer, I will be required to wear a uniform and will need to obtain and maintain all applicable licenses. In consideration of my employment, I agree to conform to the rules and regulations of the Company, and I understand and agree that my employment can be terminated, with or without cause or notice, at any time, at the option of either the Company or myself.

\_\_\_\_\_  
Initials I attest with my signature below that I have given to Accolade Security, Inc. true and complete information on this application. No requested information has been concealed. I authorize Accolade Security, Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

*Accolade Security, Inc. is an equal opportunity employer. Accolade Security, Inc. does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.*