



SHIELD PRIVATE SECURITY

"PROFESSIONALS PROVIDING A SAFE ENVIRONMENT"



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

LAST:	FIRST:	MIDDLE:
ALAISES:	SSN (IF HIRED):	CDL/ID# (IF HIRED)
DOB:	DATE AVAILABE TO START:	TRANSPORTATION: Y / N
ADDRESS:		WILLING TO WORK OUT OF TOWN: Y / N
PHONE:	EMAIL:	REFERRED BY:
HAVE YOU EVER BEEN ARRESTED: Y / N	WHERE/WHEN:	OUTCOME:
TRAFFIC CITATIONS: Y / N	WHERE/WHEN:	OUTCOME:

PROFESSIONAL

GUARD CARD: Y / N	CHEMICAL AGENT: Y / N	BATON: Y / N
FIREARMS: Y / N	P.O.S.T.: Y / N	CPR: Y / N
P.C. 1299: Y / N	CONCEALED WEAPON: Y / N	OTHER:

EDUCATION

H.S. DIPLOMA: Y / N	G.E.D.: Y / N	COLLEGE DEGREE: Y / N
HIGH SCHOOL:	ADDRESS:	DATES:
COLLEGE:	ADDRESS:	DATES:
OTHER:	ADDRESS:	DATES:
COMPUTER SKILLS: Y / N	TYPING WPM:.	LANGUAGES:

SHIELD PROTECTION GROUP, INC.

310 Sun West Place Suite B. Manteca, Ca. 95337 Phone: 209.825.2211 Fax: 209.923.4169

www.shieldprivatesecurity.com

EMPLOYMENT HISTORY

LIST ALL EMPLOYERS FOR (5) YEARS, STARTING WITH THE MOST RECENT POSITION. ALL INFORMATION MUST BE COMPLETED. YOU MAY ATTACH A RESUME BUT, NOT IN PLACE OF COMPLETING THE APPLICATION IN FULL.

FROM:	EMPLOYER:	SUPERVISOR:	PHONE:
TO:	ADDRESS:	POSITION:	WAGE:

RESPONSIBILITIES:	REASON FOR LEAVING:
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FROM:	EMPLOYER:	SUPERVISOR:	PHONE:
TO:	ADDRESS:	POSITION:	WAGE:

RESPONSIBILITIES:	REASON FOR LEAVING:
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FROM:	EMPLOYER:	SUPERVISOR:	PHONE:
TO:	ADDRESS:	POSITION:	WAGE:

RESPONSIBILITIES:	REASON FOR LEAVING:
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EMERGENCY CONTACTS (IF HIRED)

NAME:	ADDRESS:	PHONE:
NAME:	ADDRESS:	PHONE:
NAME:	ADDRESS:	PHONE:
NAME:	ADDRESS:	PHONE:

REFERENCES

NAME:	ADDRESS:	PHONE:
NAME:	ADDRESS:	PHONE:
NAME:	ADDRESS:	PHONE:
NAME:	ADDRESS:	PHONE:
NAME:	ADDRESS:	PHONE:

MAY WE CONTACT YOUR EMPLOYERS/REFERENCES: Y / N	DAYS AND HOURS OF AVAILABILITY:
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PLEASE DISCLOSE ANY CONDITIONS THAT MAY IMPEAD YOUR ABILITY TO PERFORM YOUR WORK DUTIES:

MILITARY

MILITARY EXPERIENCE: Y / N:	HONORABLY DISCHARGED: Y / N	BRANCH:
SERVICE YEARS:	HIGHEST RANK ACHIEVED:	IF YOU CURRENTLY HAVE DRILL PLEASE LIST THE TIME FRAME AND END YEAR:

PLEASE LIST FURTHER EXPERIENCE OR ABILITIES AND OR WHY WE SHOULD HIRE YOU:

CERTIFICATION & AUTHORIZATION:

THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT IF EMPLOYED WITH SHIELD PROTECTION GROUP, INC AND, OR AMERICAN JUSTICE INVESTIGATIONS, INC. I MAY BE TERMINATED IF ANY FALSE INFORMATION OR STATEMENTS ARE DISCOVERED BY MY EMPLOYER REGARDLESS, OF THE DATE OF DISCOVERY. I UNDERSTAND THAT EMPLOYMENT WITH SHIELD PROTECTION GROUP, INC AND, OR AMERICAN JUSTICE INVESTIGATIONS, INC IS "AT WILL", AND I CAN BE TERMINATED FOR ANY PURPOSE OR REASON THE COMPANY CHOOSES TO DO SO. I HEREBY, AUTHORIZE AND GIVE CONSENT TO SHIELD PROTECTION GROUP TO INQUIRE INTO MY CRIMINAL AND CIVIL BACKGROUND IN ADDITION TO CONFIRMING ALL INFORMATION I HAVE PROVIDED IN THIS ENTIRE APPLICATION OR PROCESS OF HIRING IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT AND, IF HIRED MY EMPLOYMENT IS CONSIDERED AT WILL AS AFOREMENTIONED. THIS COMPANY IS AN EQUAL OPPURTUNITY EMPLOYER ALL QUALIFIED APPLICANTS ARE CONSIDERED REGARDLESS OF AGE, RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, OR DISABILITY.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date