

# CHAMPION SECURITY, LLC

## Application for Employment

Please print all information. Use blue or black ink.

### GENERAL INFORMATION:

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_
2. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
3. List any other names you have been known to use and give reason \_\_\_\_\_  
\_\_\_\_\_
4. Are you at least 21 years of age? Yes \_\_\_\_ No \_\_\_\_  
If hired, can you submit proof of age? Yes \_\_\_\_ No \_\_\_\_
5. Do you have a valid drivers license? Yes \_\_\_\_ No \_\_\_\_  
Number \_\_\_\_\_ State of Issuance \_\_\_\_\_
6. Your current physical address \_\_\_\_\_
7. Your current mailing address \_\_\_\_\_
8. Your current home telephone number \_\_\_\_\_
9. Your current cell/mobile telephone number \_\_\_\_\_
10. Your current work telephone number \_\_\_\_\_
11. Are you a citizen of the United States? Yes \_\_\_\_ No \_\_\_\_  
If not, do you have the legal right to work in the United States? Yes \_\_\_\_ No \_\_\_\_
12. Can you perform the essential functions of this job? Yes \_\_\_\_ No \_\_\_\_
13. Have you ever applied for employment with Champion Security, LLC, before? Yes \_\_\_\_ No \_\_\_\_
14. Do you have reliable transportation? \_\_\_\_\_  
Describe: \_\_\_\_\_
14. Have you ever been discharged or asked to resign from any position or employment? Yes \_\_\_\_ No \_\_\_\_  
If yes, give employer and explain in detail. **USE BACK IF NECESSARY**  
\_\_\_\_\_  
\_\_\_\_\_
15. Have you ever been ***convicted*** of a felony or misdemeanor, including military courts martial?  
(Omit traffic offenses) Yes \_\_\_\_ No \_\_\_\_ . If yes, list offense, dates, locations, and arresting agencies. **USE BACK IF NECESSARY** \_\_\_\_\_  
\_\_\_\_\_

16. Have you ever been the focus of an internal investigation by prior employers? Yes \_\_\_\_\_ No \_\_\_\_\_.  
If yes, list charges, dates, locations and investigating agencies. **USE BACK IF NECESSARY**

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17. Describe any *illegal* drug use in the past two (2) years: \_\_\_\_\_

18. Can you work any schedule including nights, weekends, holidays, rotating shifts, or overtime required of you by Champion Security, LLC? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, please explain:

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19. List any commitments that currently have on a regular basis such as national Guard, Reserves, class schedule or other employment that you wish to maintain. \_\_\_\_\_

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20. List any relatives that are now or have been in the past employed by Champion Security, LLC

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21. ADDRESSES: List all previous addresses for the past eight (8) years. Account for all time. Start with the most recent address. List date of residence, length of residence and name, address, and telephone number of the landlord. **USE BACK IF NECESSARY**

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22. EMPLOYMENT: Begin with your present or most recent job and list your work history for the past ten (10) years. When listing military service, give your rank, job title, type of discharge, and the name and rank of your last supervisor. Please include all periods of unemployment and why. **USE BACK IF NECESSARY**

Company \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Your job title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Company \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Your job title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

=====  
Company \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Your job title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

=====  
Company \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Your job title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

=====  
23. REFERENCES: List three (3) people who know you well enough to provide current and past information about you. **Do not** list relatives or former employers. **USE BACK IF NECESSARY**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Years known \_\_\_\_\_ Relationship \_\_\_\_\_

=====  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Years known \_\_\_\_\_ Relationship \_\_\_\_\_

=====  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Years known \_\_\_\_\_ Relationship \_\_\_\_\_

24. EDUCATION: List all high schools, colleges, universities, trade and business schools you have attended if pertinent to this job. Give dates of attendance.

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If you attended college, what was your major? \_\_\_\_\_

What degree(s) did you earn? \_\_\_\_\_

25. List any other training or education you have had which might qualify you for this job:

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26. Emergency Contact Information:

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work or Other Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

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**\* \* \* PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING \* \* \***

I understand that having made application for employment shall in no way suggest a guarantee or promise of employment.

The statements contained in this and or any other company books, notices, bulletins, employment correspondence, or publications of any kind (whether past, present or future) are informational only, and should not be interpreted as contracts or contractual rights or promises enforceable by employees or third parties. Furthermore, Champion Security LLC does not guarantee any specific position, any specific location, any specific pay level or any specific schedule and such conditions are contingent upon the contractual relationship between Champion Security LLC and its clients.

Champion Security LLC continues to retain the right to modify or terminate existing policies, retroactively or prospectively, and to establish new policies at its sole discretion and with prior notice.

I also understand that I am required to give one (1) weeks notice prior to termination of my employment, failure to do so may result in an unfavorable recommendation to future employers.

I fully understand that I have not been promised a specific shift or client location and may be called to work at other Champion client locations on a temporary basis. I further understand Champion Security has a right to hire or terminate my employment at will.

I certify that my answers to the above questions are true and correct. Understand that my future employment is subject to termination without notice should any of the above statements are found to be false or inaccurate.

I hereby agree to submit to medical test and/or examinations as a condition of employment or continued employment with necessary. I also understand that employee drug and alcohol tests are required on a pre-employment, random and post accident basis.

Understand that a background investigation will be made and I hereby agree to authorize all people, schools, companies, consumer reporting agencies, and other organizations to supply any accurate information concerning my background. I also understand I have a right to disclosure such information reported, as provided by law.

Champion Security LLC is an equal opportunity employer that believes in, follows the principle of non-discrimination in employment and intends to comply with all federal state and municipal laws concerning civil rights. Champion Security, LLC shall without regard to race, age, religion, sex, national origin and mental or physical disability, except where the disability is a genuine occupational disqualification shall fill all jobs and promotions.

Agree that if during the course of my employment with Champion Security LLC, I commit any act or engage in any activity against equal opportunity in any respect, the county will immediately discharge me without recourse. I also understand and agree that if during my employment I engage in any form of sexual harassment (verbal or physical) against any employee, client, visitor or other person that I may come in contact with, while on the job, I will be subject to immediate discharge.

As a new hire, I understand that I will be subject to a 90-day probationary period. During the 90 days, if I leave the company, without a two-week notice, my pay for the current period will be at the current minimum wage. After the 90-day probation period is complete, if I leave the company without notice (one week required) my pay for the current period will be reduced to the current minimum wage.

So understand that a telephone at my place of residence or a mobile/cell phone as well as a reliable mode of transportation is a condition of employment. I also understand that failure to maintain the above may lead to my termination, if already employed.

I authorize Champion Security, LLC to obtain information concerning me from previous employers, education officials and references. I certify that all information given on this application is correct to the best of my knowledge. I understand that any willful omissions, falsifications, or misrepresentations may constitute grounds for termination. If I am hired, my employment shall be "at will" and may be terminated at any time for any reason with or without prior notice or cause. Any oral statements or promises to the contrary are not binding upon the employer.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# CHAMPION SECURITY, LLC

## PERSONAL INFORMATION INQUIRY CONSENT FORM

To Whom It May Concern:

I respectfully request and authorize you to furnish to Champion Security, LLC copies (if requested) of any and all information that you may have concerning me, my work record, training records, conviction records and my financial and credit status if applicable. You may include any information of a confidential nature including my performance ratings, disciplinary actions including the results of internal investigations about me and commendations or awards I received while employed or associated with you. This information is to be used to determine my qualifications and suitability for the position that I am seeking as a security officer with Champion Security.

I hereby release you and all of your duly authorized agents from any liability or damage, which may result from furnishing the information requested above.

\_\_\_\_\_  
Applicant – Print Full Name

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

\_\_\_\_\_  
Date

Witnessed By:

\_\_\_\_\_  
Champion Security Representative

\_\_\_\_\_  
Date

# CHAMPION SECURITY, LLC

## DRUG AND ALCOHOL TESTING CONSENT FORM

I hereby agree, upon a request made under the drug/alcohol testing policy of Champion Security, LLC (the Company), to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

\_\_\_\_\_  
Applicant – Print Full Name

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

Witnessed By:

\_\_\_\_\_  
Champion Security Representative

\_\_\_\_\_  
Date

# CHAMPION SECURITY, LLC

## BACKGROUND CHECK CONSENT FORM

Please complete and sign this form in the spaces provided.  
Your authorization is necessary for the completion of the application process.

I, \_\_\_\_\_ hereby certify that the facts set forth in the completed employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application may result in dismissal. I release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I hereby authorize Champion Security, LLC to make any investigation of my personal history academic/professional credentials, military service records, criminal, driving, financial and credit record through any investigative or credit bureaus of your choice.

I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

### **For the purpose of obtaining a background check, please provide the following information.**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

Your Telephone Number \_\_\_\_\_

\_\_\_\_\_  
Applicant – Print Full Name

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

\_\_\_\_\_  
Date

Witnessed By:

\_\_\_\_\_  
Champion Security Representative

\_\_\_\_\_  
Date



# CHAMPION SECURITY, LLC

## EMPLOYMENT WITH OTHER SECURITY COMPANIES WAIVER AND ACKNOWLEDGEMENT FORM

I acknowledge and understand the fact that if or when I am employed by Champion Security, LLC that I may NOT be employed by or work for another security company in any way, either on a full time or part time basis.

\_\_\_\_\_  
Applicant – Print Full Name

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

\_\_\_\_\_  
Date

Witnessed By:

\_\_\_\_\_  
Champion Security Representative

\_\_\_\_\_  
Date