

FIRST NAME:\*

M.I.:

LAST NAME:\*

SUFFIX:

HOME PHONE:\*

WORK PHONE:

MOBILE PHONE:

EMAIL:\*

STREET ADDRESS:\*

CITY:\*

STATE/PROVINCE:\*

POSTAL:\*

COUNTRY:\*

WHERE DID YOU FIRST LEARN ABOUT THIS OPPORTUNITY?\*

Are you at least 18 years of age?\*

 Yes  No

Are you authorized to work in the United States?\*

 Yes  No

Are you able to communicate effectively in English, both verbally and in writing?\*(  
(Can you speak, read and write in English?))

 Yes  No

Have you worked for at least one verifiable employer?\*

 Yes  No

Do you have a high school diploma or GED?\*

 Yes  No

Are you willing to participate in a thorough background and drug screen?\*

 Yes  No

Have you ever been convicted of a felony?\*

 Yes  No

Have you ever been convicted of one of the following misdemeanor offences?\*

Illegally using, carrying or possessing a pistol or other dangerous weapon, explosives; Making or possessing burglar's instruments (Possession of instruments of crime); Burglary; Buying or receiving stolen property; Unlawful entry of a building; Corruption of Minors; Forgery/Fraud, deceptive practices, false report; Aiding escape from prison; Unlawfully possessing or distributing habit forming narcotic drugs (includes all possession and paraphernalia, drug abuse); Theft/Shoplifting/Larceny/Picking Pockets or attempt; Soliciting any person to commit sodomy or other lewdness, prostitution; Recklessly endangering another person including manslaughter; Harassment and Stalking; Kidnapping; Terrorist threats; Aggravated/Simple Assault/Sexual Assault/Indecent Assault and Battery, Rape/involuntary deviate sexual intercourse; Indecent Exposure; Incest; Sexual Abuse of Children, Child Abuse, Child Endangerment; Dealing in Infant

Children; Unlawful Restraint; Resisting Arrest

 Yes  No

Do you currently face an arrest pending adjudication for a felony or any of the above misdemeanors?\*

 Yes  No

Have you ever been dishonorably discharged from the Armed Forces?\*

 Yes  No

I certify that all of the answers above are truthful.

## 2. Job Related Information

1. What shift(s) are you available to work? \*

|                   |                          |
|-------------------|--------------------------|
| 7 a.m. to 3 p.m.  | <input type="checkbox"/> |
| 3 p.m. to 11 p.m. | <input type="checkbox"/> |
| 11 p.m. to 7 a.m. | <input type="checkbox"/> |

2. Are you willing to participate in an extensive background check(s) to include a Criminal Background, Drug Screen, Social Security Verification, Previous Employment, Education Check, etc.? \*

Yes       No

3. Do you have a security license? \*

Yes       No

4. Are you willing to work on holidays? \*

Yes       No

5. Can you Stand and/or Walk for (8) eight hours \*

Yes       No

6. Do you have a high school diploma, GED or at least 10 years verifiable employment history? \*

Yes       No

7. Do you have reliable transportation? \*

Yes       No

8. What is your current level of computer experience? \*

|                      |                          |
|----------------------|--------------------------|
| <input type="text"/> | <input type="checkbox"/> |
|----------------------|--------------------------|

## 3. Resume or Profile – Insert Here

#### 4. Voluntary Affirmative Action Information

The purpose of this Voluntary Supplement is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. However, the completion of this voluntary supplement is optional. In addition, your cooperation is voluntary and YOU DO NOT HAVE TO ANSWER THESE QUESTIONS TO BE CONSIDERED FOR EMPLOYMENT WITH THE ORGANIZATION.

If you choose to volunteer the requested information, please note that all Voluntary Supplement sheets are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Inclusion or exclusion of any data will not affect your employment opportunities with this organization. ASA Protective Services is proud to be an Equal Opportunity Employer M/F/D/V.

##### Gender

- Female
- Male
- I prefer not to answer

##### Ethnic Background

- [White \(Not Hispanic or Latino\)](#)
- [Black or African American \(Not Hispanic or Latino\)](#)
- [Asian \(Not Hispanic or Latino\)](#)
- [Native Hawaiian or Other Pacific Islander \(Not Hispanic or Latino\)](#)
- [Hispanic or Latino](#)
- [American Indian or Alaskan Native \(Not Hispanic or Latino\)](#)
- Two or More Races (not Hispanic or Latino)
- I prefer not to answer

##### Veteran Status

- [Veteran](#)
- [Not a Veteran](#)
- I prefer not to answer

I do not wish to participate in the EEO survey

**Are there any other name(s) which you have been known as (nicknames, maiden name, etc...)?\***

Yes  No

**PLEASE LIST ALL PREVIOUS RESIDENCES FOR THE LAST TEN (10) YEARS**

I have lived at my current address since (MM/YYYY)\*

If less than 10 years, the following information is required. Add additional on separate paper along with timeline.

From (MM/YYYY):  To (MM/YYYY):   
 Address:  City:\*   
 State:\*  Country:\*  Zip Code:

From (MM/YYYY):  To (MM/YYYY):   
 Address:  City:\*   
 State:\*  Country:\*  Zip Code:

From (MM/YYYY):  To (MM/YYYY):   
 Address:  City:\*   
 State:\*  Country:\*  Zip Code:

**EDUCATION AND TRAINING**

Do you have a high school diploma or GED?\*

Yes  No

If you have answered yes, the following information is required.

|  |                                  |                                |                      |                      |
|--|----------------------------------|--------------------------------|----------------------|----------------------|
| <b>High School</b>                           |                                  |                                | <b>City</b>          | <b>State</b>         |
| <input type="text"/>                         |                                  |                                | <input type="text"/> | <input type="text"/> |
| <b>College / University</b>                  | <b>Number of years completed</b> | <b>Type of Degree Received</b> | <b>City</b>          | <b>State</b>         |
| <input type="text"/>                         | <input type="text"/>             | <input type="text"/>           | <input type="text"/> | <input type="text"/> |
| <b>Graduate</b>                              |                                  |                                |                      |                      |
| <input type="text"/>                         | <input type="text"/>             | <input type="text"/>           | <input type="text"/> | <input type="text"/> |
| <b>Other (including trade schools, etc.)</b> |                                  |                                |                      |                      |
| <input type="text"/>                         | <input type="text"/>             | <input type="text"/>           | <input type="text"/> | <input type="text"/> |

Honors and/or awards received, certifications, designations, professional organizations or any special job related skills:

## EMPLOYMENT HISTORY

To be completed by all applicants. In order to be considered for a position, please include all places of employment for the past 10 years. Include military service, full time, part time, contract and temporary positions. Please include your current or most recent employment information below. For each additional employer you will need to complete on separate piece of paper.

Please note, we will not contact current employer until a contingent offer has been extended.

I do not have work history.

### CURRENT OR MOST RECENT EMPLOYER

**Company Name\***

**Telephone (XXX-XXX-XXXX)**

**Company Address:**

**City:\***

**State:\***

**Zip Code:**

**Dates of Employment**

**Start Date (MM/YYYY)\***

**End Date (MM/YYYY)\***

Click here if you are still employed

**Type of Business**

**Full or Part Time**

**Position Held\***

**Pay Rate\***

Hourly  Annually

**Name of supervisor\***

**Describe Your Responsibilities\***

**Reason For Leaving?\***

**PREVIOUS EMPLOYER**

**Company Name\***

**Telephone (XXX-XXX-XXXX)**

**Company Address:**

**City:\***

**State:\***

**Zip Code:**

**Dates of Employment**

**Start Date (MM/YYYY)\***

**End Date (MM/YYYY)\***

Click here if you are still employed

**Type of Business**

**Full or Part Time**

**Position Held\***

**Pay Rate\***

Hourly

Annually

**Name of supervisor\***

**Describe Your Responsibilities\***

**Reason For Leaving?\***

**PREVIOUS EMPLOYER**

**Company Name\***

**Telephone (XXX-XXX-XXXX)**

**Company Address:**

**City:\***

**State:\***

**Zip Code:**

**Dates of Employment**

**Start Date (MM/YYYY)\***

**End Date (MM/YYYY)\***

Click here if you are still employed

**Type of Business**

**Full or Part Time**

**Position Held\***

**Pay Rate\***

Hourly

Annually

Name of supervisor\*

Describe Your Responsibilities\*

Reason For Leaving?\*

## PERIODS OF UNEMPLOYMENT

Please explain any periods of previous unemployment (within the last 10 years):

From(MM/YYYY):

To(MM/YYYY):

Explanation:

## WORK ASSIGNMENT INFORMATION

I am willing to commute to / from work up to (check one box)

5  10  20  30 miles of\*

City, State\*

Do you have reliable transportation to get to work?\*

Yes  No

I am interested in working (check all that apply):\*

Full-Time  Part-Time  On Call  Floater

Desired Salary?\*

Hourly  Annually

Shifts available:\*

Any  Days  Evenings  Night

Days available:\*

Any  Mondays  Tuesdays  Wednesdays  
 Thursdays  Fridays  Saturdays  Sundays

Are you related to any employee of this company?\*

Yes  No

## CERTIFICATIONS

Do you have a valid Florida issued security license?\*

Yes  No

Do you have a valid permit, license, or training certification for any of the following (Taser, Baton, Chemical Aerosols such as O.C. Spray or Mace, or Handcuffs)?

Yes  No

Do you have a valid permit, license, or training certification for a Firearm?

Yes  No

Do you possess a current security clearance?

Yes  No

## DRIVING RECORD

Do you hold a valid driver's license in good standing?\*

Yes  No

Have you had any motor vehicle accidents within the past three years?

Yes  No

Have you been found guilty of motor vehicle violations within the past three years?

Yes  No

Have you ever had your driver's license suspended, with knowledge or without knowledge?

Yes  No

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If yes, provide specifics:

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## MILITARY SERVICE

Are / were you in the U.S. Armed Forces or Reserves?

Yes  No

**PLEASE READ CAREFULLY AND ACKNOWLEDGE YOUR ACCEPTANCE OF THE AGREEMENT**

I certify that the information I have given on this application is true.

I understand that any false or misleading information and/or omissions may result in rejection of my application or, if employed, in termination of employment.

To determine my qualifications for employment and continued employment, I authorize this Company to at any time review my previous employment, driving and Criminal History Record Information, and/or other background data as it may relate to the position(s) for which I am applying. I understand that a Criminal History Records Information check may include the submission of my fingerprints to a State Identification Bureau and/or to the Federal Bureau of Investigation, and expressly authorize such a check for the purpose of employment as a private security officer. I hereby authorize all former employers and educational institutions, and Criminal History Records Information repositories to furnish their records, together with all information they may have concerning me, whether on record or not. I also release any person, firm, or institution from any and all liability for any damage whatsoever for issuing such information. Should I be employed by this Company, the foregoing authorization and release shall extend to this Company in connection with issuing such information to future prospective employers.

I further authorize this Company to release a copy of my application, licenses, background investigation, and Criminal History Record Information 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 Psychological Testing as part of the pre-employment process. I further understand that offers of employment may be contingent on the results of the substance screen and/or psychological test results.

I understand that ASA Protective Services reserves the right to change the shifts, days and locations of job assignments at its discretion. I also understand that, if hired as a security officer, I will be required to wear a designated uniform on the job and will need to obtain or maintain all applicable licenses associated with this job. 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 and compensation can be terminated, with or without cause and with or without notice, at any time, at the option of either the Company or myself.

In connection with my application for employment with ASA Protective Services Security, ("Company"), I understand that a consumer report or investigative consumer report, as those terms are defined in the federal Fair Credit Reporting Act as amended ("FCRA"), 15 U.S.C. 1681 et seq., will be obtained by the Company from a consumer reporting agency ("Agency"). I further understand that the Agency may not give out information about me to the Company without my written consent. It is also understood that the Agency may not report medical information about me to the Company without my specific prior consent as to the release of such information, which is in addition to my general authorization herein. I understand that an investigative consumer report is a special type of consumer report in which information about my character, general reputation, personal characteristics, and mode of living is obtained through personal interviews. I understand that a Criminal History record check (as described above) and a Social Security Check, plus a Credit Report and/or Motor Vehicle Report (as applicable to the position I am applying for), will be obtained. I understand that I (a) am entitled to receive a summary of my rights, and (b) have the right to request additional disclosures provided for below as follows:

Upon my written request to the Company within a reasonable period of time after my receipt of this Fair Credit Reporting Act Consumer Disclosure and General Authorization, the Company shall make a complete and accurate disclosure of the nature and scope of the investigation requested. It is understood that this disclosure shall be made in writing and mailed, or otherwise delivered, to me not later than five (5) business days after the date on which the request for such disclosure was received from me or such report was first requested, whichever is later in time.

I hereby authorize the Company now, or at any time while I am employed by the company, to obtain a consumer report, or investigative consumer report, and Criminal History Records Information check on me, as applicable. I understand that information contained in the consumer report may prevent me from obtaining or continuing employment with the Company. This authorization does not include the release of my medical information. I further acknowledge that I have received a summary of my rights under the FCRA.

I authorize ASA Protective Services to release information it may have about me to current ASA Protective Services clients insofar as the information is reasonably related to the performance of my job.

I have read and understand these statements and certify that all of the above information is correct

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_