

Please Type or Print Clearly. All Sections of this Application must be Filled Out Completely or Application can be rejected. If something does not apply or has no answer, write N/A or NONE.

Apollo Protective Service

PERSONAL INFORMATION

Name (Last):			(First):			(Middle):		
Date of Birth:			Social Security Number:			Driver's License Number:		
Residence Address:								
Mailing Address:								
Home Phone Number:				Mobile Phone Number:				
Do you currently take any Prescription Medication?								
Name Of Medication(s)								
Reason for Medication(s)								
Do you take any other Drugs or Medications? Why?								
Do you have any physical limitations, permanent or temporary? What?								
Do you own or have access to reliable transportation at any time?								
Have you graduated high school or completed a GED or Proficiency Exam?						Date:		
Have you ever been convicted of a crime?						Was it a felony or misdemeanor?		
When did it occur?						Dollar Amount of Fine?		
Are you currently Employed?			Employer:					
Have you ever applied with Apollo Protective Services before?						When?		
Position Desired?			Pay Rate / Salary Desired?			Date You can Start:		

GUARD CARD INFORMATION

Guard Card Number:			Expiration Date:			Date of First Issue:		
Name and Address of School or Agency that issued Guard Card Examination:								
Full Name:								
Full Address:								
Are you in Compliance with AB 2880 (Proof of compliance must be submitted.)?								

OTHER SECURITY RELATED PERMITS & LICENSES

Firearms Permit Number:			Expiration Date:			Calibers Qualified On:		
Baton Permit Number:			Issue Date:			Batons Qualified On:		
Chemical Permit Number:			Issue Date:					
Stun Gun Permit Number:			Issue Date:					
List Any Others Here:								

EDUCATION

List any Universities, Colleges, Trade Schools or Security Schools below.

1. Name:			Years Attended:					
Address:								
Degrees or Certificates Held:								
2. Name:			Years Attended:					
Address:								
Degrees or Certificates Held:								
3. Name:			Years Attended:					
Address:								
Degrees or Certificates Held:								

LAW ENFORCEMENT / MILITARY EXPERIENCE

NAME OF POLICE DEPARTMENT:								
City:			County:			State:		
Contact Phone Number:						(records office)		
Beginning Date of Service:						Ending Date of Service:		

MILITARY EXPERIENCE

Branch:		Rank:		Specialty:		Dates Of Service:		Status:
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FOREIGN LANGUAGES

List any foreign language you speak and state whether you can read it, write it or both.

- 1.
- 2.

EMPLOYMENT HISTORY

Please list all employment, starting with current or last job and back at least 5 years.

1. Employer:

Address:

Phone Numbers:

Contact Name:

Title:

Position:

Ending Pay Rate / Salary:

Duties:

Dates Employed From: ____/____ To: ____/____ (month/year)

Reason for leaving:

2. Employer:

Address:

Phone Numbers:

Contact Name:

Title:

Position:

Ending Pay Rate / Salary:

Duties:

Dates Employed From: ____/____ To: ____/____ (month/year)

Reason for leaving:

3. Employer:

Address:

Phone Numbers:

Contact Name:

Title:

Position:

Ending Pay Rate / Salary:

Duties:

Dates Employed From: ____/____ To: ____/____ (month/year)

Reason for leaving:

PERSONAL REFERENCES

You must provide 3 persons, not related to you, whom you have known at least 1 year.

1. Name:

Phone #:

Years known:

Address:

Occupation:

2. Name:

Phone #:

Years known:

Address:

Occupation:

3. Name:

Phone #:

Years known:

Address:

Occupation:

EMERGENCY CONTACTS

1. Name

Relation:

Address:

Home phone:

Cell phone:

Work phone:

1. Name

Relation:

Address:

Home phone:

Cell phone:

Work phone:

1. Name

Relation:

Address:

Home phone:

Cell phone:

Work phone:

Authorization and Disclaimer

I declare that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal or rejection. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. This investigation may also include looking into my credit report and my B.S.I.S. permits and licenses. I authorize the company to supply my employment record in whole or part and in any confidence to any employer, insurance agency, or other party with a legal and proper interest, and I hereby release the company from any liability and agree to hold harmless any employee of the company who furnishes such information.

I understand that my employment is for no fixed time and maybe discontinued without cause by myself or the company. The Company is vested with the responsibility to run its affairs in a manner it determines in its discretion as appropriate. This includes, but is not limited to, the right to offer employment or decide not to employ or to terminate the services of any person at any time, to assign work, to decide to the nature of the work, the locations for conducting business, and the wage and hours and other terms and conditions for employment. Your right to freely choose to work here and the corresponding right of the Company to decide who will work for it and on what terms and conditions is called an "AT-WILL" employment relationship. An At-Will Employment Relationship is recognized in California Labor Code Section 2922, which applies to your employment at the Company. This law reads in part:

"An employment, having no specified term, may be terminated at the will of either party on notice to the other."

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

I have applied for employment with Apollo Protective Services in a position that requires me to safely deal with people and secure private and/or public property. I agree to submit to drug screening to determine fitness for employment and to a post-conditional offer of employment medical examination(s) to determine fitness for employment as it relates to the essential functions of the position applied for, which will be conducted without charge to me. I hereby authorize any physician, laboratory, hospital or medical professional retained by Apollo Protective Services for screening purposes to conduct such screening and to provide the results to Apollo Protective Services, and I release Apollo Protective Services and any person affiliated with Apollo Protective Services and any such institution or person conducting the screening, from liability therefore. Also, if required, I agree to be fingerprinted and photographed for identification and that my fingerprints may be filled with the Federal Bureau of Investigations and/or Local Police Authority.

The company does not condone the use of illegal drugs of any kind or the use of alcohol before or during work hours. We reserve the right to drug test and alcohol test all new applicants and employees at the company's discretion.

I have read, understand and agree to comply and cooperate with the staff of Apollo Protective Services, whether or not I am employed, in implementing the above stated policies and statements.

Applicant's Signature _____

Date ____/____/____

Interviewed By _____

Date ____/____/____

Applicant, DO NOT Write on this page.

LICENSES / CERTIFICATES CHECKLIST

Received Copies of:

<input type="checkbox"/> Driver's License	<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Guard Card
<input type="checkbox"/> Gun Permit	<input type="checkbox"/> Stun Gun Permit	<input type="checkbox"/> Baton Permit
<input type="checkbox"/> Other Permit	<input type="checkbox"/> Other Permit	<input type="checkbox"/> Other Permit
<input type="checkbox"/> AB 2880 Certificates	<input type="checkbox"/> Law Enforcement Documentation	<input type="checkbox"/> Military Documentation

EMPLOYMENT FORMS CHECKLIST

<input type="checkbox"/> W-2	<input type="checkbox"/> I-9	<input type="checkbox"/> Uniform & Equipment Sheet	<input type="checkbox"/> Employee Manual
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DRUG & ALCOLHOL TESTING

<input type="checkbox"/> Drug Test Given	<input type="checkbox"/> Alcohol Test Given
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PERSONAL INFORMATION

Personal Grooming:

Neatness:

Attire:

Hygiene:

Able to Speak Clearly:

Personality:

Attitude:

Handwriting:

Other:

UNIFORM & EQUIPMENT SIZES

Shirt: Jacket: Pants: Shoes: Hat:

Other:

Remarks: