

ASAAP SECURITY EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. We seek and employ qualified persons for all positions without regard to race, color, religion, age, sex, sexual or affectional preference, national or ethnic origin, marital or veteran status, disability, or any other legally protected status.

Name: _____ **Date:** _____

_____ **Last** **First** **MI**

Address:

_____ **Street** **City** **State** **Zip**

Phone () _____

SSN# _____

Lived at above address from _____ **to present.**

1. ARE YOU EIGHTEEN YEARS OF AGE OR OLDER?

2. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (excluding traffic violations)? _____

(Due to the nature of our business, all job offers are contingent upon passing a criminal background check.)

If yes, explain: _____

3. DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? _____

4. IS THER ANY OTHER NAME UNDER WHICH YOU HAVE EMPLOYMENT OR EDUCATION RECORDS? _____

If yes, name(s): _____

5. HAVE YOU EVER WORKED FOR ASAAP SECURITY BEFORE? _____

**If yes, dates: _____ to _____
Position: _____**

Reason for leaving: _____

6. ARE YOU RELATED TO ANY EMPLOYEE OF THIS COMPANY? _____

If yes, name and relationship: _____

**7. DO YOU CONSENT TO A MEDICAL EXAM IF YOU ARE MADE A CONDITIONAL OFFER OF EMPLOYMENT?
_____**

8. DO YOU HOLD A VALID PERMIT FOR ANY OF THE FOLLOWING? (please circle one)

GUN BATON HANDCUFFS MACE

A.) Jurisdiction of Insurance: _____

B.) Type of Permit: _____

**C.) Guns listed on Permit (include Make, Model and Serial Numbers of all weapons on permit): _____
_____**

9. DO YOU HOLD A CURRENT, VALID SECURITY LICENSE (Guard Card)?

If yes, Registration# _____ State ____ Exp Date _____

10. DO YOU OBJECT TO WEARING A UNIFORM? _____

TYPE OF EMPLOYMENT PREFERRED

POSITION APPLIED FOR: _____

LIST OR DESCRIBE THE SPECIFIC GEOGRAPHIC ARE YOU ARE ABLE TO WORK (city, part of a city, county, borough, suburban area, etc.)

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK?

**WHICH HOURS ARE YOU GENERALLY AVAILABLE TO WORK?
(Indicate by listing hours on the workdays you are available)**

Mon:

Tue:

Wed:

Thurs:

Fri:

Sat:

Sun:

INDICATE THE TYPE OF EMPLOYMENT PREFERRED:

Full Time_____ **Part-Time**_____ **Either**_____

**WHAT MEANS OF TRANSPORTATION WILL YOU USE TO GET
TO THE JOB SITE? Car**_____ **Public** _____ **Other**_____

DO YOU HOLD A VALID DRIVER'S LICENSE? Yes____ **No**_____

If yes, State & License No: _____ **Exp Date**

DISTANCE WILLING TO TRAVEL (in miles or time)

MILITARY SERVICE

HAVE YOU EVER SERVED IN THE ARMED FORCES?

YES_____ **NO**_____

DATES OF SERVICE: From_____ **To**_____

BRANCH OF SERVICE: _____

RANK OR RATING:

REASON FOR/TYPE OF DISCHARGE:

EDUCATION

NAME AND LOCATION OF HIGH SCHOOL/GED EQUIVALENCY

#YEARS ATTENDED _____ **COURSE OF STUDY** _____
DEGREE _____

NAME AND LOCATION OF TECHNICAL/VOCATIONAL SCHOOL

#YEARS ATTENDED _____ **COURSE OF STUDY** _____

DEGREE _____

NAME AND LOCATION OF COLLEGE _____

#YEARS ATTENDED _____ **COURSE OF STUDY** _____

DEGREE _____

NAME AND LOCATION OF GRADUATE SCHOOL _____

#YEARS ATTENDED _____ **COURSE STUDY** _____

DEGREE _____

SPECIAL SKILLS AND QUALIFICATIONS

**SUMMARIZE SPECIAL JOB-RELATED SKILLS AND
QUALIFICATION ACQUIRED FROM EMPLOYMENT, MILITARY
OR OTHER EXPERIENCE:** _____

DO YOU HAVE ANY COMPUTER SKILLS? NO _____
BEGINNER _____ INTERMEDIATE _____ ADVANCED _____

EMPLOYMENT HISTORY

List present or most recent employment first. List all employment experience for the last ten years or from the time you left school. Use an additional page if necessary. You may attach supporting documents (resume, letter of reference, etc.), but you must complete the employment section. This information will be used in reference checks necessary for further consideration. Failure to answer all items in the following section may eliminate you from further consideration.

EMPLOYER:

TELEPHONE NUMBER _____

ADDRESS (include street, city, state)

SUPERVISOR'S NAME _____

MAY WE CONTACT FOR REFERENCE? YES _____ NO _____

POSITION _____ FULL TIME _____ PART TIME _____

EMPLOYED FROM _____ TO _____

REASON FOR LEAVING _____

STARTING SALARY _____ FINAL SALARY _____

DESCRIBE DUTIES _____

EMPLOYER _____

TELEPHONE NUMBER _____

ADDRESS (include street, city, state) _____

SUPERVISOR'S NAME _____

MAY WE CONTACT FOR A REFERENCE? _____

POSITION _____ **FULL TIME** ___ **PART TIME** ___

EMPLOYED FROM _____ **TO** _____

REASON FOR LEAVING _____

STARTING SALARY _____ **FINAL SALARY** _____

DESCRIBE DUTIES _____

EMPLOYER _____

TELEPHONE NUMBER _____

ADDRESS (include street, city, state) _____

SUPERVISOR'S NAME _____

MAY WE CONTACT FOR REFERENCE? YES ___ **NO** _____

POSITION _____ **FULL TIME** ___ **PART TIME** ___

EMPLOYED FROM _____ **TO** _____

REASON FOR LEAVING _____

STARTING SALARY _____ FINAL SALARY _____

DESCRIBE DUTIES: _____

GAPS IN EMPLOYMENT

FROM _____ TO _____ REASON FOR GAP IN EMPLOYMENT

FROM _____ TO _____ REASON FOR GAP IN EMPLOYMENT

FROM _____ TO _____ REASON FOR GAP IN EMPLOYMENT

RESIDENCES

Please list your residences for the last ten years (not including your present residence listed on the front page).

FROM _____ TO _____ STREET _____

CITY _____ STATE _____ ZIP _____

FROM _____ TO _____ STREET _____

CITY _____ STATE _____ ZIP _____

FROM _____ TO _____ STREET _____

CITY _____ STATE _____ ZIP _____

FROM _____ TO _____ STREET _____

CITY _____ STATE _____ ZIP _____

APPLICANTS AUTHORIZATION

(Please read carefully and sign)

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, I authorize this company to review my previous employment, driving and criminal records, and/or other background data as it may relate to the Position (s) for which I am applying. I hereby authorize all former employers and educational institutions 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, background investigation, and criminal report 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 ASAAP Security reserves the right to change the shifts, days and locations and job assignments at its discretion.

In consideration of my employment, I agree to conform the rules and regulations of the company, and I understand and agree that my employment and compensation can be terminated, with or without notice, at any time, at the option of either the company or myself.

APPLICANT'S SIGNATURE_____

DATE _____

EMPLOYMENT INFORMATION FOR SECURITY PERSONNEL

Dear Applicant:

Thank you for your interest in ASAAP Security. To assist both you and ASAAP in determining whether a Security Officer position is the proper career field for you, some pertinent information is provided to make you aware of some of our established standards.

To be considered for employment, please complete all the sections of the attached application packet. Your application will then be reviewed. If your availability and qualifications match the requirements of our current openings, we will contact you to arrange an interview.

In the event that we are unable to match your availability and qualifications with current requirement, your application will remain active in our database for six (6) months and will be reviewed against future openings.

To be considered for employment with ASAAP Security, BASIC QUALIFICATION includes the following:

- . At least 18 years of age or state age requirement**
- . Able to provide proof of ability to work in the United States**
- . Ability to read, write and speak English**
- . High school diploma/GED or 10 years of verifiable full time work experience.**
- . Ability to interact with the public in a direct and professional manner.**
- . Ability to perform the essential functions of the position with or without reasonable accommodation**
- . No felony convictions**
- . Negative result on the pre-employment drug screen**
- . Ability to successfully complete basic orientation and testing.**

STATE MANDATED LICENSING

Many states require that the State Division of Licensing license security officer. If you currently hold a valid license, please bring a copy to your interview. In some states, transfer and new license fees may be required.

In many cases, ASAAP'S recruiting staff can assist in processing your application to the appropriate state agency and, if it is available, licensing fees can be paid through a payroll deduction.

APPEARANCE

Men- Conventional haircut, a natural color, collar length in the back, less than half the ear covered on the side. Neat closely trimmed and groomed beard and mustache (if allowed at the client site). No earrings or piercing to be worn while on duty.

Women-Conventional haircut, a natural color; if shoulder length or longer, must be pulled back for safety. Post-type earrings no larger than a dime may be worn, No other visible piercing while on duty.

UNIFORMS

Uniforms will be provided by ASAAP for all sites. An escrow account may be established (where allowed by state regulations) for any uniforms that are lost or destroyed. If you leave the company, your escrow will be released when your uniforms are returned. Where escrows do not exist, deductions may be taken for uniforms not returned in acceptable condition.

BENEFITS

Medical, dental and life insurance are offered at most sites to full time employees. Full time employees enjoy paid vacation, paid holidays and, along with part-time employees, a 401(k) plan, referral bonuses and direct deposit.

IF YOU ARE CALLED FOR AN INTERVIEW, come dressed appropriately and be prepared with the following information:

- . Driver's License or State ID or School ID or Military ID or passport**
- . Social Security Card or Birth Certificate or INS Employment verification**
- . Original or a Certified copy of High School or College diploma or GED**
- . DD214 (Military Service Discharge)**

NOTICE TO ALL APPLICANTS

ASAAP Security, will not knowingly employ, in any capacity whatsoever, any person who has been convicted of a felony, or any of the following offenses, and who has not, subsequent to such conviction, received executive pardon therefore removing this disability: (1) illegally using, carrying or possessing a pistol or other dangerous weapon; (2) making or possessing burglar's instruments; (3) buying or receiving stolen property; (4) unlawful entry of a building; (5) aiding escape from prison; (6) unlawfully possessing or distributing habit-forming narcotic drugs; (7) picking pockets or attempting to do so; (8) soliciting any person to commit sodomy or other lewdness; (9) any person whose private detective license or investigator's license has been, revoked or application for such a license was denied by the court of common pleas or by the authorities of any other state or territory because of a conviction of any crimes or offenses specified in this section; (10) recklessly endangering another person; (11) terroristic threats; or (12) committing simple assault.

The previous paragraph lists the minimum standards applicable for employment consideration; individual state regulations or clients may have additional standards by which ASAAP Security will abide.

In order to remain in compliance with this policy, ASAAP Security will conduct criminal background checks on all applicants. Some states require fingerprinting as part of such checks. If a search reveals a conviction of any disqualifying offense, the employee will not be hired; or, if found after hire, that employee will be terminated immediately.

I have read and understand the above.

APPLICANT'S NAME (please print) _____

APPLICANT'S SIGNATURE _____

DATE _____

___ VIETNAM ERA VETERAN ___ OTHER-ERA VETERAN ___
SPECIAL DISABLED VET ___ DISABLED VET ___

EMPLOYMENT QUESTIONNAIRE
(Please Print)

NAME _____ DATE _____

SIGNATURE _____ DATE _____

**WHAT SKILLS DID YOU USE IN YOUR PREVIOUS JOBS THAT
WILL HELP YOU BE A SUCCESSFUL SECURITY OFFICER?** _____

WHY DO YOU WANT TO WORK AS A SECURITY OFFICER? _____

**IF ASAAP BECAME YOUR EMPLOYER, WHAT WOULD THE
COMPANY HAVE TO DO TO MOTIVATE AND KEEP YOU
SATISFIED ON THE JOB?** _____

**WHAT STRENGTHS DO YOU HAVE THAT WILL HELP YOU BE
A SUCCESSFUL SECURITY OFFICER?** _____

**WHAT ADDITIONAL TRAINING DO YOU HAVE THAT MIGHT
BE HELPFUL (i.e. CPR, EMT, First Aid)?** _____

**WHAT SHOULD YOU DO IF, WHILE IN THE MOVIES, YOU ARE
THE FIRST PERSON TO SEE SMOKE AND FIRE?** _____

HOW WOULD YOU HANDLE A CLIENT'S EMPLOYEE WHO GETS ANGRY WHEN YOU REQUEST AN INSPECTION OF HIS POSSESSIONS? _____

IF YOU REPORTED A LIGHT OUT IN THE HALLWAY THE NIGHT BEFORE, AND SAW THE SAME LIGHT OUT THE NEXT NIGHT, WHAT WOULD YOU DO? _____

LET'S SAY YOU ARE WALKING THROUGH A MANUFACTURING PLANT AND TWO WORKERS ARE PLAYFULLY THROWING SMALL PLASTIC PARTS AT EACH OTHER. WHAT WOULD YOU DO? _____

WHAT WOULD YOU DO IF YOU TELL AN EX-EMPLOYEE TO LEAVE THE CLIENT'S PREMISES, AND THE PERSON IGNORES YOU AND WALKS PAST YOU INTO THE BUILDING? _____

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you-such as if you pay your bills on time or have filed bankruptcy-to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681 et seq., at the Federal Trade Commission's Internet web site (www.frc.gov). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

.YOU MUST BE TOLD IF INFORMATION IN YOUR FILE HAS BEEN USED AGAINST YOU.

Anyone who uses information from a CRA to take action against you—such as denying an application for credit, insurance, or employment—must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

.YOU CAN FIND OUT WHAT IS IN YOUR FILE.

At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within sixty days of receiving notice of the action. Where applicable, you also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within sixty days (2) you are on welfare, or (3) your report is inaccurate due to fraud. Other a CRA may charge you up to eight dollars.

. YOU CAN DISPUTE INACCURATE INFORMATION WITH THE CRA

If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items, (usually within thirty days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source must also advise national CRA's to which it has provided the data-of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

.INACCURATE INFORMATION MUST BE CORRECTED OR DELETED.

A CRA must remove or correct inaccurate or unverified information from its files, usually within thirty days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.

If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.

.YOU CAN DISPUTE INACCURATE ITEMS WITH THE SOURCE OF THE INFORMATION.

If you tell anyone-such as a creditor who reports to a CRA-that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of error in writing, it may no continue to report the information if it is, in fact, an error.

.OUTDATED INFORMATION MAY NOT BE REPORTED.

In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

FCRA CONSUMER DISCLOSURE AND GENERAL AUTHORIZATION

In connection with my application for employment with ASAAP Security, 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. 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 and 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) 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 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 ASAAP to release information it may have about me to current ASAAP clients insofar as the information is reasonably related to the performance of my job.

PRINT NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH _____

DRIVERS LICENSE NUMBER/STATE _____

FAMILY NAME OR OTHER NAMES USED _____

SIGNATURE _____ DATE _____

EMPLOYMENT VERIFICATION RELEASE

I hereby authorized ASAAP Security to investigate any of my employment history and educational background.

SIGNATURE _____ DATE _____

PRINT NAME _____

SOCIAL SECURITY NUMBER _____

**ASAAP SECURITY
DRUG-FREE WORKPLACE AGREEMENT/CONSENT FORM**

SUBSTANCE REGULATIONS:

- A. The manufacture, possession, use, purchase, or distribution of illegal drugs (meaning those drugs for which there is no general accepted medical use, e.g. marijuana, cocaine, methamphetamine, etc.) or paraphernalia associated with illegal drugs by an employee in a company or client vehicle, at a job site, on company or client property, or during work hours is strictly prohibited. Substantiated evidence of noncompliance will result in employment termination.**

- B. The use of alcohol by an employee in a company or client vehicle, at a job site, or on company or client property is strictly prohibited. Substantiated evidence of noncompliance will result in employment termination.**

- C. Reporting to work or working while intoxicated by alcohol or under the influence of any controlled substance is specifically prohibited and may result in termination.**

- D. ASAAP reserves the right to require testing of employees involved in work-related accidents and/or when the company has “reasonable cause” to believe that an**

employee is under the influence of controlled substances and/or alcohol.

- E. As a condition of employment with ASAAP Security, candidates for placement will be required to take a drug-screening test. This will normally be a pre-employment test; however, if a client's contract (or renegotiated contract) requires more than the standard number of panels, personnel transferring or already assigned to that account may be required to pass another drug test as a condition of continuation.**

- F. Employees who operate vehicles as part of their ASAAP responsibilities must notify their supervisor or appropriate company manager when they are taking prescription or non-prescription medication which contains a WARNING LABEL stating that the use of that drug may impair their ability to safely operate machinery or vehicles.**

I have read the above statements. I understand and authorize that I may be drug tested, pre-employment or post-employment, on site (as allowed by state regulations) or at a facility listed on a Chain of Custody form given to me. I authorized the release of all results to ASAAP and I hereby release ASAAP, any examining physicians and any all testing individuals and facilities, their agents and employees from any and all liability that allegedly may result.

I understand that if I test positive for the presence of illegal drugs or alcohol, any offer of employment will be rescinded and/or employment will be terminated. I further understand and confirm that no promises or assurances have been made to me regarding employment or the retention thereof in the event I am examined and/or tested even though I may pass all aspects thereof.

APPLICANT'S NAME _____

(Please Print)

APPLICANT'S SIGNATURE _____

DATE _____

