

California Security Services, Inc.
DBA



Universal Security

5548 Feather River Blvd.

Olivehurst, CA 95901

Phone: (530) 749-0280 Fax: (530) 741-9194

License # PPO 14694 / California Small Business & DVBE # 0032131

Pre-Employment Questionnaire – Security Officer

Name: _____

Guard Card #: _____ Expiration Date: _____

Did you receive your Guard Card after July 1, 2004? Yes [] No []

If yes, when and where did you receive your training? _____

Have you received your 8 hour yearly continuous training? Yes [] No []

If yes, Certificate #: _____ Facility: _____

Have you received your full (8) hours **Phase One** training – Including Powers to Arrest test and Weapons of Mass Destruction/Terrorism Awareness? Yes [] No []

If yes, Certificate #: _____ Facility: _____

Have you received your full (16) hours **Phase Two** Training? Yes [] No []

If yes, Certificate #: _____ Facility: _____

Have you received your full (16) hours **Phase Three** Training? Yes [] No []

If yes, Certificate #: _____ Facility: _____

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA,
That the aforementioned information is true and correct to the best of my knowledge.

Signature

Date

ELITE Representative

Date

EMPLOYMENT APPLICATION

CALIFORNIA SECURITY SERVICES, INC.

DBA

ELITE UNIVERSAL SECURITY

5548 Feather River Blvd. Marysville, CA 95901

(530) 749-0280

PPO 14694

PLEASE PRINT APPLICATION

Full Name: _____

Soc Sec #: _____ - _____ - _____ Date of Birth (Optional): _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Other Phone: _____

How long at current address: _____

Previous Addresses for the past seven (7) years:

1) _____ Dates lived there: _____

2) _____ Dates lived there: _____

3) _____ Dates lived there: _____

4) _____ Dates lived there: _____

5) _____ Dates lived there: _____

1. In emergency, notify: _____ Relationship: _____ Phone #: _____

2. In emergency, notify: _____ Relationship: _____ Phone #: _____

PERSONAL INFORMATION

Have you ever been known by any other name? Yes [] No []

If yes, list name(s): _____

Have you ever been dismissed or asked to resign from any job? Yes [] No []

If yes, give name of employer and explanation: _____

Have you ever worked as a peace officer? Yes [] No []

If yes, where? _____

Have you ever been arrested and charged with a crime (Adult or Juvenile)? Yes [] No []

If yes, give date, type of crime, place and your age: _____

Are you currently awaiting trial, sentencing or have an arrest warrant pending? Yes [] No []

If yes, give details: _____

Have you served in the armed forces? Yes [] No []

If yes, complete the following information: Branch: _____ Rank: _____

Dates of service from: _____ to _____ Length of Service: _____

Type of discharge: _____

Have you ever applied for workman's compensation for any injury received while working (Past, Present, Pending)? Yes [] No []

If yes, explain: _____

Do you have any medical / physical limitations which may impair your ability to safely perform your duties as a Security Officer?

Yes [] No [] If yes, explain: _____

Have you ever been bonded? Yes [] No [] Was a bond ever refused? Yes [] No []

Do you speak any foreign languages? If so, state language, fluency and reading/writing skills of each:

EDUCATION

<u>Name/Location</u>	<u>of School</u>	<u>Years Attended</u>	<u>Year Graduated</u>
Grammar:	_____	_____	_____
High School:	_____	_____	_____
College:	_____	_____	_____
P.O.S.T.:	_____	_____	_____
Other:	_____	_____	_____

DRIVING HISTORY

Current California Drivers License #: _____ Expiration Date: _____

Are there any restrictions on your drivers license? Yes [] No []

If yes, explain: _____

Have you ever received a citation for a driving offense? Yes [] No []

If yes, explain: _____

Have you ever paid a fine over \$499.00? Yes [] No []

If yes, explain: _____

Do you hold any out of state drivers license? Yes [] No [] State: _____

Do you own a car? Yes [] No []

CARDS – LICENSES – PERMITS

TYPE	NUMBER	EXPIRATION DATE
____ Guard Card # _____		_____
____ Weapons Permit # _____		_____
____ CPR Card # _____		_____
____ First Aid Card # _____		_____
____ Tear Gas/Pepper Spray Certificate # _____		_____
____ Baton Permit # _____		_____

IF PERMITTED TO CARRY A WEAPON, PLEASE COMPLETE THE FOLLOWING:

Make: _____ Model/Caliber: _____ Serial #: _____

Make: _____ Model/Caliber: _____ Serial #: _____

EMPLOYMENT HISTORY (MOST RECENT FIRST) FOR THE LAST 5 YEARS

Have you ever been employed with ELITE Universal Security? Yes [] No []

If so, when? _____

1. Employer: _____
 Address: _____
 Phone #: _____ Position held: _____
 From: _____ to _____ Salary/Wage: _____
 Reason for leaving: _____
2. Employer: _____
 Address: _____
 Phone #: _____ Position held: _____
 From: _____ to _____ Salary/Wage: _____
 Reason for leaving: _____
3. Employer: _____
 Address: _____
 Phone #: _____ Position held: _____
 From: _____ to _____ Salary/Wage: _____
 Reason for leaving: _____

If any further space is needed, use the reverse side of this page

Are you related to anybody who works for ELITE Universal Security? Yes [] No []

If yes, state name and relationship to them below:

- _____
- _____
- _____

PERSONAL REFERENCES

Relatives and previous employers are NOT applicable as Personal References. State the names, addresses and telephone numbers below:

- _____
- _____
- _____

EMPLOYMENT SPECIFICS

What position are you interested in? _____

What hours per day are you available to work? _____

What days per week are you available to work? _____

What distances are you willing to travel? _____

I understand that I may be required to work holidays, nights and weekends as required: _____ (Please Initial)

**PLEASE READ AND MAKE SURE YOU UNDERSTAND THE FOLLOWING
BEFORE YOU SIGN AND DATE THIS APPLICATION**

I hereby affirm that all the aforementioned information is true without reservation. I further authorize ELITE Universal Security and its officers and the officers of any company or person or firm by which I have been employed heretofore, to answer any and all inquiries as to my conduct and qualifications while in such services, and to state so far as they may know, the cause of my leaving the same and hereby release any and all such companies, firms and persons from any liability for damage of whatever nature, on account of furnishing information for use in determining my fitness for employment. I understand that I will be subject for dismissal if anything in this application is found to be untrue. I further understand that if I am employed, I am required to act honestly, legally and must abide by all rules and regulations of the company.

Should I be employed by ELITE Universal Security, I hereby agree to the following conditions set forth by ELITE Universal Security and its agents.

I further authorize that if I am employed by ELITE Universal Security, and leave for any reason whatsoever, I will return any and all uniforms, equipment and manuals issued to me. If not, I authorize ELITE Universal Security to deduct any and all amounts owed from my final paycheck

- (PLEASE INITIAL)

At no time will I consume any illegal drugs. At no time will I consume any alcohol or prescription which could impair my responses while on duty for a period of eight (8) hours prior to my assigned duties/shift. Should I be on prescribed drugs, I will provide to ELITE Universal Security a letter from my physician stating I am on prescribed drugs and that I am able to perform my duties safely. I also agree that I will fully consent to a drug/alcohol test which may be required for pre-employment and/or which may be required to perform my duties on a special job site to which I may be assigned to work. Furthermore, should I be found on my job site unable to perform my duties due to possible use of drugs/alcohol, I also agree to any necessary tests required by ELITE Universal Security or it's clients. Any costs incurred for the tests will be paid by ELITE Universal Security, or the agency requesting the tests.

FAILURE TO COMPLY WITH THE ABOVE CAN AND WILL RESULT IN YOUR NOT BEING HIRED, OR IF EMPLOYED BY ELITE Universal Security, IMMEDIATE TERMINATION

Signature of Applicant/Employee _____ Date _____

California Security Services, Inc. DBA ELITE Universal Security	Date
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