

EMPLOYMENT APPLICATION

CALIFORNIA SECURITY SERVICES INC. DBA

ELITE UNIVERSAL SECURITY

6000 Lindhurst Ave, Suite 903, Marysville California 95901 (530) 749-0280 PPO14694

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Full Name	ITEMS HIGHLIGHTED ARE MANDATORY Name E-Mail Address			
)	
Address	Home Phone			
City	State	Zip	Other Phone	
How Long At Current Address				
Previous Address(Es) For Past Five Years:		ъ.	Y: 1771	
	Dates Lived There			
			es Lived There	
	Dates Lived There			
	Dates Lived There Dates Lived There			
In Emergency Notify				
Relationship		Pho	one #	
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 Any Crime (Adult or Juvenile)? Yes [] No []				
If Yes, Give Date, Type of Crime, Place And Your Age				
Are You Currently Awaiting Trial, Sentence If Yes, Give Details	-		-	

Have You Ever Served In The A	_		D 1
Dates of Service From Type of Discharge	To	Length of Service	
Have You Ever Applied For Wor Pending? Yes[] No [] Is	-		_
Do You Have Any Medical or Ph Duties As A Security Guard? Ye	•	-	-
Have You Ever Been Bonded?	Yes [] No []	Was A Bond Ever Refused?	Yes [] No []
Do You Speak Any Foreign Lang	_		And Writing Skills in
	<u>EDU</u>	<u>JCATION</u>	
Name / Location of School		Years Attended	Year Graduated
Grammar			
High School			
College			
P.O.S.T			
Other			
	DRIVIN	IG HISTORY	
Current California Drivers Lic #		Expiration Date	·
Are There Any Restrictions On Y If Yes, Explain			
Have You Ever Received A Citat If Yes, Explain			
Have You Ever Paid A Fine Ove If Yes, Explain			
Do You Hold Any Out Of State I Do You Own A Car? Yes []		Yes [] No [] State	

<u>Cards – Licenses – Permits</u>

	TYPE Guard Card	NUMBER #	EXPIRATION DATE
	Weapons Permit	#	
· <u> </u>	CPR Card		
	First Aid Card		
	Baton Permit	#	
IF PE	ERMITTED TO CARRY	A WEAPON PLEAS	E COMPLETE THE FOLLOWING:
Make	2	Model	Serial #
Make	<u></u>	Model	Serial #
	Employment His	tory (Most Recent I	First) For Previous Five Years
ve you eve	er been employed by Elite		•
so, When?			
1.	Employer		
1.			
	Address		Position Held
	From	То	Toshion Held Salary
			Salary
2	Б. 1		
2.			
	Address		Position Held
			Salary
			Sulary
2	Б. 1		
3.	Employer		
	Address		Position Held
	Phone #	То	Position Held Salary
	Erom		

Personal References

Relatives and previous employers are NOT applicable as personal ref Telephone Numbers below.	erences. State the Names, Addresses and
•	
•	
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 expected to work holidays, nights and wee	kends as required(Please initial)
PLEASE READ AND MAKE SURE YOU UNDERS BEFORE YOU SIGN AND DATE THIS	· · · · · · · · · · · · · · · · · · ·
I hereby affirm that the foregoing answers are true without reservation. Security and its officers and the officers of any company or person or heretofore, to answer any and all inquiries as to my conduct and qualistate so far as they my know, the cause of my leaving the same and he firms and persons from any liability for damage of whatever nature, or in determining my fitness for employment. I understand that I will be application is found to be untrue. I further understand that if I am employed and must abide by all rules and regulations of the company.	firm by which I have been employed ifications while in such services, and to ereby release any and all such companies, on account of furnishing information for use e subject to dismissal if anything in this
Should I be employed by Elite Universal Security, I hereby agree to t Universal Security and its agents.	he following conditions set forth by Elite
I further authorize that if I am employed by Elite Universal Security, return any and all uniforms, equipment and manuals issued to me. If deduct any and all amounts owed from my final paycheck.	not I authorize Elite Universal Security to
At no time will I consume any illegal drugs. At no time will I consume which could impair my responses while on duty for a period of at least duties/shift. Should I be on prescribed drugs, I will provide to Elite Uphysician stating that I am on prescribed drugs and that I am able to perform to a drug/alcohol test which may be required for prerequired to perform my duties on a special job site to which I may be found on my job site unable to perform my duties due to possible use necessary tests required by Elite Universal Security or it's clients. At by Elite Universal Security, or the agency requesting the tests.	st eight (8) hours prior to my assigned Universal Security a letter from my perform my duties safely. I also agree that I e-employment and/or which may be assigned to work. Further, should I be of drugs/alcohol, I also agree to any
FAILURE TO COMPLY WITH THE ABOVE CAN AND WILL RE OR IF EMPLOYED BY Elite Universal Security, IMMEDIATE TER	
Signature of Applicant/Employee Date	<u> </u>
California Security Services, Inc Date	e

DBA Elite Universal Security