



**PART A – CANDIDATE INFORMATION**

LAST NAME		FIRST NAME		MI
SOCIAL SECURITY NO		DATE OF BIRTH		AGE
PHYSICAL ADDRESS			ADDRESS SINCE	
CITY		STATE	ZIP	
MAILING ADDRESS <input type="checkbox"/> SAME AS PHYSICAL			ADDRESS SINCE	
CITY		STATE	ZIP	
PREVIOUS ADDRESS			ADDRESS FROM - TO	
CITY		STATE	ZIP	

DRIVERS LICENSE NUMBER	ISSUE STATE	EXPIRATION DATE
HOME PHONE	CELL PHONE	
EMAIL		

**PART D – LICENSES**

*Check each license that you currently possess and provide additional information*

<input type="checkbox"/> California Guard Card #	ISSUE DATE	EXPIRATION DATE
<input type="checkbox"/> California Exposed Firearm Permit #	ISSUE DATE	EXPIRATION DATE

- Baton Permit  
  TASER Permit  
  OC Spray Permit  
  CPR/AED  
  EMT  
  Handcuffing  
 Other: \_\_\_\_\_

**PART E – EDUCATION**

POST HIGH SCHOOL EDUCATION / INSTITUTION	FROM (MM/YYYY)	TO (MM/YYYY)
DEGREE / DIPLOMA	CREDITS	COMPLETED?
HIGH SCHOOL NAME	FROM (MM/YYYY)	TO (MM/YYYY)
<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED / EQUIVALENT	CREDITS	COMPLETED?

## PART B – WORK HISTORY

*Please start with current employer or check here if currently unemployed*

NAME OF EMPLOYER	WORK LOCATION (CITY, STATE)	FROM (MM/YYYY)	TO (MM/YYYY)
JOB TITLE	SUPERVISOR / TITLE	PHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
JOB DUTIES			
NAME OF EMPLOYER	WORK LOCATION (CITY, STATE)	FROM (MM/YYYY)	TO (MM/YYYY)
JOB TITLE	SUPERVISOR / TITLE	PHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
JOB DUTIES			
NAME OF EMPLOYER	WORK LOCATION (CITY, STATE)	FROM (MM/YYYY)	TO (MM/YYYY)
JOB TITLE	SUPERVISOR / TITLE	PHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
JOB DUTIES			

## PART F – MILITARY

Have you served in the Military?

Yes

No

BRANCH	COMPONENT	TO (MM/YYYY)	FROM (MM/YYYY)
RANK AT DISCHARGE	HIGHEST RANK OBTAINED	TYPE OF DISCHARGE	

## PART C – REFERENCES

NAME	YEARS KNOWN	<input type="checkbox"/> Personal <input type="checkbox"/> Professional
OCCUPATION	PHONE	EMAIL
NAME	YEARS KNOWN	<input type="checkbox"/> Personal <input type="checkbox"/> Professional
OCCUPATION	PHONE	EMAIL

## PART C – EMERGENCY CONTACT

NAME	RELATIONSHIP
ADDRESS	PHONE
	EMAIL

Applicant: \_\_\_\_\_

**PART H – ACKNOWLEDGEMENT**

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the firm unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the firm contacts, to provide the firm any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the firm as well as from any use or disclosure of such information by the firm or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its President, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the President not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the President and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral, written, or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the firm's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

If your qualifications match our openings and you are made an offer of employment, all offers will be contingent upon the following conditions being met satisfactorily and timely. Contingencies must be met prior to commencing employment.

- Passing a post-offer drug test
- Satisfactory Reference Check
- Satisfactory Background Check
  - Sexual Offender Registry
  - All Crimes
  - Social Security Trace
- Proof of eligibility to work in the United States
- Acceptable driving record and insurable by our auto carrier (if applicable)
- Verification of Guard License

Failure to meet all contingencies satisfactorily will result in the offer of employment being rescinded. In the rare occasion that a candidate may be allowed to commence work while waiting for the results of the contingencies, the employment would terminate immediately if any of the above contingencies is not satisfied.

Offers of employment must be in writing, and by signed or authorized by the President of ProTac, INC. in order to be valid.

SIGNATURE	DATE
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Applicant: \_\_\_\_\_

On behalf of ProTac, Inc., we are pleased that you are applying for employment with our company. By signing below, you acknowledge that you are aware of the following company policies that will be applicable to you, if you are offered and accept a position with ProTac:

### **Equal Employment Opportunity**

ProTac, Inc. is an equal opportunity employer and makes employment decisions on the basis of merit. We want to have the best available persons in every job. We will recruit, hire, train, and promote individuals, as well as administer any and all personnel actions, without regard to age, ancestry, citizenship, color, creed, family status, marital status, medical condition, mental disability, national origin, physical disability, pregnancy, race, religion, sex or sexual orientation, past, present or future membership in a uniformed service of the United States, including status as a disabled veteran or a Vietnam era veteran, or any other consideration made unlawful by federal, state or local laws. All such discrimination is unlawful. ProTac is committed to complying with all applicable laws providing equal employment opportunities and will take positive steps to ensure that employees and applicants are treated equally with regard to all employment actions. This commitment applies to all persons involved in the operations of ProTac and prohibits unlawful discrimination by any employee of ProTac. To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, ProTac will make reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee unless undue hardship would result. Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact a Company representative with day-to-day personnel responsibilities and request such an accommodation. The individual with the disability should specify what accommodation he or she needs to perform the job. ProTac then will conduct an investigation to identify the barriers that make it difficult for the applicant or employee to have an equal opportunity to perform his or her job. ProTac, along with the applicant, will identify possible accommodations, if any, that will help eliminate the limitation. If the accommodation is reasonable and will not impose an undue hardship, ProTac will make the accommodation assuming the applicant is otherwise suitable for employment.

### **At-Will Employment**

Employment with ProTac, Inc. is "at will." This means that both ProTac and the employee have the right to terminate the employment relationship at any time, for any reason, with or without prior notice or cause. Thus, nothing in this document or any other Company document should be understood as creating an offer of employment, guaranteed or continued employment, a requirement that "cause" exists before termination, or any other guaranteed or continued benefits. The at-will relationship can be changed only by an express individual written employment agreement signed by the President of ProTac stating intent to do so.

SIGNATURE	DATE
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Applicant: \_\_\_\_\_

## Background Investigation Acknowledgement

I acknowledge that in connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that ProTac may be requesting information from various federal, state, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to release of the above information to ProTac, Inc. and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

*Please answer the following questions as truthfully as possible. An admission to a question may not be grounds for disqualification but omitting information is an automatic disqualification.*

Any YES answers must be explained with dates, cities, agencies, etc.

Have you ever been issued a citation for an infraction	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been convicted of a misdemeanor	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been convicted of a felony	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been placed on court probation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you abused alcohol, illicit, or prescription drugs in the last 12 months	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been the subject of an emergency protection order/restraining order	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please explain any Yes answers above

## Statement of Acknowledgement of Pre-Employment Drug Test

I acknowledge that any offer of employment is contingent upon pre-employment drug test results. I fully understand that results of a positive drug/alcohol test will subject me to immediate termination. I further acknowledge that if I pass with a negative drug/alcohol test, my employment is still "at-will". This means that both I and ProTac may terminate my employment with ProTac at any time, with or without notice and with or without cause. Neither this letter nor any other oral or written representations may be considered a contract of employment for any specific period of time.

SIGNATURE	DATE
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Applicant: \_\_\_\_\_

## PRE INTERVIEW QUESTIONNAIRE

1. What type of facilities have you worked at during your security career?
2. What do you like least about security?
3. What do you like most about security?
4. Why should we hire you versus other candidates?
5. Have you ever been fired?

Where did you hear about us?

Are you 21 years of age or older?  Yes  No

Do you have reliable transportation of your own?  Yes  No

Do you have a smartphone you can receive emails and texts  Yes  No

Are you legally authorized to work in the United States of America?  Yes  No

Date Available to Start \_\_\_\_\_

Desired Salary \$\_\_\_\_\_ per hour                      Desired Position  Full Time  Part Time

Desired Shift  Day (7am-3pm)  Swing (3pm-11pm)  Night (11pm-7am)

Days and Times you cannot work

Applicant: \_\_\_\_\_