

RSF Security Services & Protective Services Employment Application

An equal opportunity Employer/Drug Free Workplace
 Equal access to employment is available to all persons. Those applicants requiring reasonable accommodation in completing the application and/or interviewing should contact Company Management.

| | |
|---|-------|
| Please Print | |
| Position Applying For: | Date: |
| How did you hear about the posting? | |
| Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <i>The Human Resources representative will provide you with a job description and a description of the essential functions.</i> | |

| | | | | |
|--|--|-------|--|----------|
| Applicant Information | | | | |
| Name (Print all): Last | | First | Middle Name | |
| Present Address: | | City | State | Zip Code |
| Maiden name or other names known by: | | | | |
| Phone Number () - | | | Email: | |
| BSIS Guard Card Number (if applying for a Guard or Patrol position) | | | Driver's License Number (if applying for a Patrol or Installation position) | |

| | | |
|---|------------------------------|-----------------------------|
| Additional Information | | |
| Are you over the age of 18? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you previously worked for RSF? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, give approximate dates: _____ | | |

| | | |
|--|------------------------------------|--|
| Employment Desired | | |
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-Time | Shifts available to work: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Grave |
| Days available to work: <input type="checkbox"/> Sat, <input type="checkbox"/> Sun, <input type="checkbox"/> Mon, <input type="checkbox"/> Tue, <input type="checkbox"/> Wed, <input type="checkbox"/> Thu, <input type="checkbox"/> Fri | | |
| Would you be available to work overtime if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If hired, on what date could you start? _____ | | |

| | |
|---|--|
| Personal Information | |
| Do you have any friends or relatives working for the Company? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, state name(s) and relationship: _____ | |
| If hired, would you have a reliable means of transportation to and from work? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If hired, can you present evidence of your U.S. citizenship or proof of legal rights to work in this country? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Education, Training and Experience | | | |
|---|---------------------------|------------------|-------------------|
| School Name | Number of Years Completed | Did you Graduate | Degree or Diploma |
| | | | |
| | | | |
| | | | |

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at this Company? If so, please explain.

Application Disclaimer: Those who are issued a formal job offer will be subject to criminal, employment, financial, drug/alcohol, and other applicable and job related background checks.

Employment History

You must complete this section even if you have attached a resume.

Below, please list all present and past employment, **starting with your most recent employer.**
Please account for all periods, including dates of unemployment.

| 1) Current or Most Recent Employer | | |
|--|------------------------------|-----------------------------|
| Company Name: | Address: | |
| Telephone No: | Supervisor: | |
| May we contact this employer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If No, explain why: | | |
| Title/Position | Start Date | End Date |
| Duties: | | |
| Status: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other: | | |
| Reason for Leaving: | | |
| 2) Former Employer | | |
| Company Name: | Address: | |
| Telephone No: | Supervisor: | |
| May we contact this employer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If No, explain why: | | |
| Title/Position | Start Date | End Date |
| Duties | | |
| Status: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other: | | |
| Reason for Leaving | | |

| 3) Former Employer | | |
|--|-------------|--|
| Company Name: | Address: | |
| Telephone No: | Supervisor: | |
| May we contact this employer? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If No, explain why: | | |
| Title/Position | Start Date | End Date |
| Duties | | |
| Status: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other: | | |
| Reason for Leaving: | | |

Military Service

Have you served in the Military? Yes No

If yes, please describe any skills or abilities obtained _____

References

Below, please list three persons not related to you who have knowledge of your character, personality, work ethics and work performance.

| | | | |
|---------------|----------------------------|-------|----------|
| Name | | | |
| Address | City | State | Zip Code |
| Occupation | Relationship to Applicant | | |
| Telephone No: | Number of years Acquainted | | |

| | | | |
|---------------|----------------------------|-------|----------|
| Name | | | |
| Address | City | State | Zip Code |
| Occupation | Relationship to Applicant | | |
| Telephone No: | Number of years Acquainted | | |

| | | | |
|---------------|----------------------------|-------|----------|
| Name | | | |
| Address | City | State | Zip Code |
| Occupation | Relationship to Applicant | | |
| Telephone No: | Number of years Acquainted | | |

Please read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed regardless of the time elapsed before discovery.

_____ I hereby authorize the company to conduct a thorough background check (including performing a criminal check) and investigate my references, work history/record, education and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that this Company is an “At Will” employer and that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company’s designated representative.

Applicant Name (print)

Applicant Signature

Date

Voluntary Equal Employment Opportunity Data Form

This form will be separated from the application and filed separately in another folder.

The California Fair Employment and Housing Commission requires employers to obtain from applicants certain information concerning themselves. This form is used to provide each applicant the opportunity to furnish such information voluntarily. All information provided will be used for recordkeeping purposes only. This form will be removed from the application and will not be a factor in any employment decision affecting you.

Please check the appropriate box:

Male

Female

RACE/ETHNICITY:

- Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican or Central American, or other Spanish culture or origin regardless of race. **If you checked this box, please do not mark any of the boxes below.**)

Otherwise, please designate any of the following that apply (you can choose more than one race or ethnicity if applicable):

- White** (not of Hispanic or Latino origin) – All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American** (not of Hispanic or Latino origin) – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or other Pacific Islander** (not of Hispanic or Latino origin) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian** (not of Hispanic or Latino origin) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native** (not of Hispanic or Latino origin) – A person having origins in any of the original peoples of the North and South American (including Central America), and who maintain tribal affiliation or community attachment.