



GUARDIAN SAFETY SERVICES

APPLICATION FOR EMPLOYMENT

Please PRINT all information requested, sign all Releases and the Application.

Application may be faxed to:
661-615-6115

Please complete the company application in full. Resumes may be attached but NOT as a substitute. Only applications that are complete, legible, and signed will be considered.

For Office Use Only

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

PERSONAL DATA

Date: _____ Position Applying For: _____ Wage Desired: _____

Employment Desired: FULL-TIME PROJECT WORK How soon are you available for Work? _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Home Phone () _____ Cell or Msg Phone () _____ E-mail address _____

Are you a United States Citizen: _____ Are You a California Resident: _____ How Long? _____

Date of Birth: _____ Place of Birth: _____ Social Security No. _____ - _____ - _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No Type (Circle): D-1 CDL-A CDL-B

Driver's License Number _____ State of issue _____ Expiration date _____

What is your means of transportation to work? _____

Have you ever had a conviction for DWI/DUI in any State? _____ Ever had your license suspended? _____

Have you had any accidents during the past three years? No Yes How many? _____

Have you had any moving violations during the past three years? No Yes How Many? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain conviction(s), nature of offense(s) State(s) where offenses occurred, and Sentence(s) imposed by the Court.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU PRESENTLY ON ACTIVE DUTY, A RESERVIST, OR MEMBER OF THE NATIONAL GUARD? Yes No

Date Entered _____ Discharge Date _____ Type Discharge _____ Specialty _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City, State)	NUMBER OF YEARS OR UNITS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				
Languages Spoken				

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

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OFFICE PERSONNEL ONLY

Typing Yes No WPM _____ **10-Key by Touch** Yes No **Personal Computer** Yes No
Are you familiar with Microsoft Office Yes No **Rate Your Computer Skills:** Good Fair Learning

Please list Computer Software and Computer Systems with which you are familiar:

Tell Us About Yourself and Your Qualifications

An application form sometimes makes it difficult for an individual to adequately summarize their experience. Use the space below to summarize additional information describing your experience and full qualifications for the position for which you are applying. You may also include any explanations you feel would be helpful in understanding other issues in your application.

**Please list two character references other than relatives or previous employers,
whom you have known for more than three years.**

Name _____

Name _____

Address _____

Address _____

Telephone (____) _____

Telephone (____) _____

Relationship to You: _____

Relationship to You: _____

Years they have known you: _____

Years they have known you: _____

What character traits will they confirm about you. (Circle)

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Trustworthy Responsible Dependable Loyal Leader Faithful

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Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name.

Name of Employer / Company	Supervisor Name	Employment Dates	Pay or Salary
_____	_____	From ___/___/___	Start _____
Address City, State, Zip Code	_____	To ___/___/___	Final _____
Phone number: _____	_____		
Your Job Title: _____	Reason for Leaving: _____		

List the duties you performed, skills you used or learned, support or supervisory positions held and promotions.

Name of Employer / Company	Supervisor Name	Employment Dates	Pay or Salary
_____	_____	From ___/___/___	Start _____
Address City, State, Zip Code	_____	To ___/___/___	Final _____
Phone number: _____	_____		
Your Job Title: _____	Reason for Leaving: _____		

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**Emergency Contact
Information**

Primary Contact

Full Name

Address, City, State, Zip

Primary Phone Number

Alternate Phone Number

Relationship: _____

Secondary Contact

Full Name

Address, City, State, Zip

Primary Phone Number

Alternate Phone Number

Relationship: _____

PLEASE READ CAREFULLY & INITIAL EACH PARAGRAPH:

In exchange for the consideration of my job application with **GUARDIAN SAFETY SERVICES** (hereinafter called "the Company"), I agree that::

Initials:	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.
Initials:	Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the "employment-at-will" relationship between the Company and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in staff and/or benefits.
Initials:	I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others. I further authorize the company to complete a criminal background check, a search of public records, and obtain a copy of my driving record. I hereby release the Company from any liability as a result of such contacts, inquiries, or records in order to ascertain my qualifications and fitness for employment.
Initials:	I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as a random testing program after employment ; (2) my consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.
Initials:	I have also authorized by my signature the following attached forms in order that my application can be processed: 1) Driver Information Release 2) Drug Testing Consent Form
Initials:	I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable "at will" for any reason by either party.

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Signature of applicant _____ Date: _____

Printed Name of Applicant: _____ Phone: _____

Drug Testing Consent Form

I have applied for employment with Guardian Safety Services (hereinafter called “the Company.”) As a condition for my application being considered, I understand and agree to undergo substance pre-employment screening. I understand that if my test results are positive, I shall not be considered further by the Company for employment. I further understand and agree that should I be hired, that as an employee of “the company” that I will be subject to random testing for controlled substances. I understand that if my random tests are positive, that I will be terminated for cause.

I hereby submit to a “Fit For Duty” drug screening administered by Guardian Safety Services, as well as authorize any physician, laboratory, hospital or medical professional retained by the Company for screening purposes to conduct such screening and to provide the results to Guardian Safety Services. Further, I release the Company and any person affiliated with the company and any such institution or person conducting the screening, from liability therefore.

Applicant's Printed Name: _____

Applicant's Signature: _____ **Date:** _____

CONFIDENTIAL REFERENCE REQUEST

Applicant to complete shaded area	PLEASE PRINT CLEARLY AND LEGIBLY		
Previous Employer / Company Name :	Street Address:	City:	State & Zip:
<i>I have applied for employment with Guardian Safety Services, and I desire that they be fully advised of my record with former employers. I, therefore, respectfully request that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.</i>			
Employee Name: _____ (Other Name Known By: _____)			
SSN: _____ Position Held: _____			
Dates of Employment: From ____/____/____ To ____/____/____			
Average Number of Hours Worked Per Week: _____			
Beginning Salary/Hourly Wage: _____ Ending Salary/Hourly Wage: _____			
Signature of Applicant _____ Date: _____			
<i>We appreciate your response to the questions below. All information will be held in strict confidence for our own use and benefit, without prejudice or liability on your part. Please fax your response to 661-615-6115. Thank you.</i>			
COMPANY RESPONSE			
Is all of the information provided by your former employee correct? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is no, please supply correct information:			
Position Held: _____			
Dates of Employment: From ____/____/____ To ____/____/____			
Average Number of Hours Worked Per Week: _____			
Beginning Salary/Hourly Wage: _____ Ending Salary/Hourly Wage: _____			
Please check the appropriate box as it pertains to this employee's job performance with your company:			
Employee was punctual: <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely			
Employee's technical skills: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Average <input type="checkbox"/> Needs Improvement			
Employee adapted well to changing work schedules, environments and situations: <input type="checkbox"/> Yes, Easily <input type="checkbox"/> Yes, But Struggled <input type="checkbox"/> Not Well			
Is this employee eligible for rehire with your organization? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Printed Name: _____ Title: _____			
Signature: _____ Date: _____			