Creative Security Company, Inc.

Application for Employment

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, ancestry, color, creed, national origin, religion, age, sex, sexual orientation, marital status, handicap, pregnancy, physical or mental disability, medical condition, status as a Vietnam or special disabled veteran, or other protected characteristics except where a reasonable, bona fide occupational qualification exists. We comply with all laws regarding reasonable accommodation for disabled and handicapped employees.

All questions must be answered carefully and completely. If you have a resume you may attach it, but you MUST fill in the required information on the application form.

PLEASE TYPE OR PRINT.

Today's Date:_____

Name _____
Last First Middle

Social Security No. _____

Have you ever worked under another name? ☐ Yes ☐ No if yes, give name _____

Address _____ Phone No. (____) _____
Number and Street

_____ Message Phone (____) _____
City State Zip

Date of Birth: ____/____/____. NOTE: this information is being requested only for the purpose of verifying information requested in this employment application. The information will not be used in a discriminatory manner.

EMPLOYMENT DESIRED

Position Desired _____ Rate Desired _____

Check type of employment desired: ☐ Full Time ☐ Part Time ☐ Temporary

If not Full Time, days available: ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri ☐ Sat ☐ Sun

If not Full Time, hours available _____

On what date would you be available to start work? _____

Are you willing and able to work overtime? ☐ Yes ☐ No

PERSONAL DATA

Have you ever applied to or been employed with us before? ☐ Yes ☐ No

If yes, give date _____

Do you have any friends or relatives working for our Company? ☐ Yes ☐ No

If yes, state name(s) and relationship_____

Are you currently employed? ☐ Yes ☐ No If yes, may we contact your employer? ☐ Yes ☐ No

If hired, would you have a reliable means of transportation to and from work? ☐ Yes ☐ No

Driver's License Number: _____ State of Issue: _____

Can you travel if the job requires it? ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying? ☐ Yes ☐ No

Are you at least 18 years old? ☐ Yes ☐ No

If under 18, hire is subject to verification that you are of minimum legal age.

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? ☐ Yes ☐ No

Convictions for marijuana-related offenses that are more than two years old need not be listed.

If yes, state nature of the crime(s), when and where convicted and disposition of the case: _____

_____

_____

_____

_____

_____

_____

_____

_____

A conviction will not necessarily disqualify you for employment.

Have you ever served in the U.S. Armed Forces? ☐ Yes ☐ No

If yes, state the branch _____

Was separation for any reason other than a honorable discharge? ☐ Yes ☐ No

If yes, please describe circumstances of discharge: _____

_____

_____

_____

EMPLOYMENT EXPERIENCE

Start with your most recent job. Feel free to attach additional pages if necessary. You MUST complete this section even if attaching a resume. Dates of employment must be stated in months AND years. Account for all periods of unemployment.

1) Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone No.	Hourly Rate/Salary		
	Starting	Final	
Job Title Supervisor			
Reason For Leaving			

2) Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone No.	Hourly Rate/Salary		
	Starting	Final	
Job Title Supervisor			
Reason For Leaving			

3) Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone No.	Hourly Rate/Salary		
	Starting	Final	
Job Title Supervisor			
Reason For Leaving			

4) Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone No.	Hourly Rate/Salary		
	Starting	Final	
Job Title Supervisor			
Reason For Leaving			

EDUCATION AND TRAINING

Type of School	Name and Location of School (Provide full names of schools - not initials)	Dates Attended	Name and Date of Degree Earned	Major and Minor Fields of Study
High School or Trade School		*Do not supply dates for high school*	Diploma? ☐ Yes ☐ No	
Business/Tech. School				
College(s)				
Other Training (Explain)				

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

Office Equipment: _____

Computer Software: _____

Other Equipment: _____

Applicant's Certification and Authorization

Please read carefully. Initial each paragraph and sign/date below. If you have any questions regarding the following statements, please ask for assistance.

_____ I hereby certify I have not knowingly withheld any information which might adversely affect my chances of employment and the answers given by me are true and correct to the best of my knowledge. I further certify I, the undersigned applicant, have personally completed this application. I understand any omission or misstatement of material fact on this application or any documents 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 any present employer or supervisor, past employer or supervisor, college, university or other institution of learning, court, administrator, law enforcement agency, state agency, federal agency, finance bureau/office, credit bureau, collection agency, private business, military branch or the National Personnel Records Center, personal reference, and/or other persons, to give records or information they may have concerning my employment records, earnings history, credit history, educational records, health, character, criminal history, motor vehicle history, workers' compensation claims, or other information requested to the Company or its representative. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. A photographic or faxed copy of the authorization shall be as valid as the original.

_____ I here agree to submit to binding arbitration all disputes and claims arising out of the submission of this applicant. I further agree, in the event that I am hired by the Company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the Company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

_____ I hereby understand and acknowledge any employment relationship with this organization is of an "at will" nature, which means that I may resign at any time and the Company may discharge me at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company. I further understand 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.

I HAVE READ AND UNDERSTOOD THE ABOVE:

_____ _____

Applicant's Signature Date

_____

Applicant's Name Printed

You have the right to receive a copy of your Credit Report should one be requested for employment reasons.

☐ I wish to be furnished with a copy of my credit report should one be ordered. Please send it to:

_____

Name Printed

_____

Address

_____

City State Zip

CSC
CREATIVE SECURITY COMPANY

Please answer all questions:

Do you have:

1. A valid driver's license: Yes☐ No☐

2. A current Ca. Guard Card
(please list card #)_____Expires:_____

3. A Ca. Guard Card W/ Firearm (please list permit #)_____

4: Reliable Transportation: Yes☐ No☐

Are You:

1. Currently employed: Yes☐ No☐

Where:_____ Hours you work:_____
_____
_____

2. Willing to work: Full Time Yes☐ No☐

Part time Yes☐ No☐

On Call Yes☐ No☐

Nights Yes☐ No☐

Weekends Yes☐ No☐

Willing to work undercover?: Yes No

Ever worked undercover?: Yes No

Can write a chronological report?: Yes No

Have ever worked in a Warehouse/Factory?: Yes No

Willing to work in Warehouse/factory environment?: Yes No

Print Name:_____

Signature:_____