

Alliance Group Protection Services - 213-706-6805

Employment Application



| APPLICANT INFORMATION | | | | | |
|--|--|------------------------------|-----------------------------|---|-------------|
| Last Name | | First | | M.I. | Date |
| Street Address | | | | Apartment/Unit # | |
| City | | State | | ZIP | |
| Phone | | E-mail Address | | | |
| Date Available | | Driver License No | | Desired Salary \$ | |
| Position Applied for | | | Are you over the age of 21? | | Birth Date: |
| Are you a citizen of the United States? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Have you ever worked for this company? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | |
| Have you ever been convicted of a felony? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | |
| Do you have any pending actions? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | |
| Do you have any restrictions orders? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | |
| <p><i>Applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date and nature of the offence, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense of the position(s) applied for may, however, be considered).</i></p> | | | | | |

| EDUCATION | | | | | |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|
| High School | | | Address | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College | | | Address | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other | | | Address | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

| REFERENCES | |
|---|--------------|
| <i>Please list three professional references.</i> | |
| Full Name | Relationship |
| Company | Phone |
| Address | |
| Full Name | Relationship |
| Company | Phone |
| Address | |
| Full Name | Relationship |
| Company | Phone |
| Address | |

| | | | |
|--|-----------------|------------------------------|-----------------------------|
| | | | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

PLEASE ANSWER THE FOLLOWING QUESTIONS

| | | | |
|--|------------------------------|-----------------------------|--|
| Have you ever applied for or worked for Alliance Group Protection Services before? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain |
| Do you have any friends, relatives, or acquaintances working for our company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, state name and relationship |
| If hired, would you have transportation to/from work? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, explain |
| If hired, are you willing to submit to and pass a controlled substance test? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, explain |
| Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, explain |
| Do you speak, write or understand any foreign language? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, describe |
| Do you have any experience, training, qualifications, or skill which you feel should be brought to our attention, in the case that they make you especially suited for working for us? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, describe and list any certificate acquired |

EMERGENCY CONTACT INFORMATION

| | | |
|-----------------|--------|---------------|
| Name: | Phone: | Relationship: |
| Street Address: | | |
| Name: | Phone: | Relationship: |
| Street Address: | | |
| Name: | Phone: | Relationship: |
| Street Address: | | |

MILITARY

| | | |
|--|------------------------------|-----------|
| Branch | Rank in military | |
| Total years of service | | |
| FOR OFF-DUTY OR RETIRED LAW ENFORCEMENT OFFICES | | |
| Active or Retired? | Concealed weapons permit No. | Exp. Date |
| Total years of service | | |

POSITION AVAILABILITY

| | | | |
|-----------|------------------------------|-----------------------------|-----------------|
| MONDAY | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Hours Available |
| TUESDAY | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Hours Available |
| WEDNESDAY | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Hours Available |
| THURSDAY | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Hours Available |
| FRIDAY | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Hours Available |
| SATURDAY | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Hours Available |
| SUNDAY | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Hours Available |

| | | |
|-----------------------------------|------------------------------|-----------------------------|
| Are you willing to work overtime? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|-----------------------------------|------------------------------|-----------------------------|



I certified that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including] a misstatement) of material fact on this application or on any document used to secure a position can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company. _____.

I understand that if I am employed, that my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company. In addition, I understand that I am an at will employee and this position is an on-call position only. I also understand that I may not work for any of Alliance Group Protection Services accounts if I am no longer employed by Alliance Group Protection Services for a period of up to one year after my termination with Alliance Group Protection Services. If I do accept a position with one of Alliance Group Protection Services's accounts, I understand that may be liable for a reasonable amount of monies owed to Alliance Group Protection Services. _____.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experience with them, without given me prior notice of such disclosure, in addition, I 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 examination or revelation. _____.

I certified that the information contained in this application is true and correct. I understand that false information may be grounds for disqualification or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above. _____.

I fully understand that it is company policy that as an employee of Alliance Group Protection Services, that I will not be allowed to associate myself at any time with an Alliance Group Protection Services account, unless it is work related. _____.

Printed Name: _____ Signature _____ Date _____

| OFFICE USE ONLY | |
|-------------------------|--------------------------------|
| Hourly rate will be \$: | |
| Name | Signature |
| Date | Director of Security signature |



Equal Employment Opportunity Form

Applicant Information

Last Name: _____ Name: _____ MI: _____ Date: _____

Street Address: _____ Apt. No.: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Social Security Number: _____

Position Applied for: _____ E-Mail Address: _____

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with Olympian Security

Racial or Ethnic Group:

American Indian/Alaskan Asian/Pacific Islander Black/African American Hispanic/Latino

White/Caucasian Other _____

Gender:

Female Male

Military Service:

Pre-Vietnam Era Vietnam Era Post Vietnam Era Disable Veteran

How did you hear about this position:

Newspaper Company Employee Professional Publication Job Fair

Placement Office Website Other _____



On-Duty Meal Period Agreement

I _____, Understand and agree that the nature of my work as a _____ prevents me from being relieved of all duties and requires me to remain on-duty during meal periods. I voluntarily agree to work an on-duty meal period is to be recorded on my time records as time worked, and that I will be paid for such time. I further understand that, by signing this on-duty meal period agreement, I will not be entitled to receive the one hour of pay provided by labor code section 226.7 as a penalty for situations when a meal period is not provided.

I understand that I may revoke this agreement at any time by providing written notice in advance to my supervisor. As an option, I further understand that I may revoke this agreement by signing the revocation section below and returning this agreement to my supervisor. I also understand that I may work on-duty meal periods after revoking this agreement by signing a new on-duty meal period agreement.

Print: _____

Sign: _____ Date: _____