



## RELEASE AUTHORIZATION

---

About my application for employment (including contract for services) with you, I understand that an investigation consumer report may be requested that will include information as to my background including but not limited to, information about my character, work habits, criminal history, driving history, public records, education verification, performance, and verification of current employment. Further, I understand that you will be requesting information concerning my workers compensation claims and insurance sources along with other public records available. Workers compensation information will only be requested in compliance with the Americans with Disabilities Act.

**I HEREBY AUTHORIZE WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR OF ANY CITY, COUNTY, STATE, OR FEDERAL AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY SPECIAL PROTECTION AND PATROL TO FURNISH THE ABOVE MENTIONED INFORMATION.**

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies. Per the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be advised and be given the name of the agency or source information.

**NAME:** \_\_\_\_\_  
*First Middle Initial Last*

**ADDRESS** \_\_\_\_\_  
*Street Number Street Name Apt Number*  
\_\_\_\_\_  
*City State Zip Code*

**DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_ **HEIGHT** \_\_\_\_' \_\_\_\_" **WEIGHT** \_\_\_\_\_ lbs.

**HAIR COLOR** \_\_\_\_\_ **EYE COLOR** \_\_\_\_\_

**SOCIAL SECURITY NUMBER** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DRIVERS LICNESE NUMBER** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



**EMPLOYMENT APPLICATION**  
**SPECIAL PROTECTION AND PATROL IS AN EQUAL OPPORTUNITY EMPLOYER**

**(PLEASE READ CAREFULLY AND PRINT)**

What type of employment are you seeking? Full Time \_\_\_\_\_ Part time \_\_\_\_\_

What Position? \_\_\_\_\_ Resume Attached?  Yes  No

**NAME:** \_\_\_\_\_

*First*

*Middle Initial*

*Last*

**ADDRESS** \_\_\_\_\_

*Street Number*

*Street Name*

*Apt Number*

*City*

*State*

*Zip Code*

Major Intersections \_\_\_\_\_

Phone numbers \_\_\_\_\_  
*Home* \_\_\_\_\_ *Cellular* \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drives License Number \_\_\_\_\_

Are you a citizen or legal resident of the United States?  Yes  No

Are you 18 years of age or older?  Yes  No

Are you known by any other name? Yes  No  If yes, by what name? \_\_\_\_\_

Have you ever been convicted of any criminal offense(s) in Arizona or in any other state or in a federal court (other than minor traffic violations)?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been dishonorably discharged from the armed services or from a city, county, state, or federal position?  
 Yes  No

Please indicate if you are or have been a peace officer  Yes  No

Do you have a vehicle?  Yes  No

Are you willing to travel?  Yes  No

Are you willing to work rotating shifts?  Yes  No

If no, please explain \_\_\_\_\_

\_\_\_\_\_  
Are you willing to work overtime?  Yes  No



Have you done any other work related to security services such as Access Control or Systems Installation?  Yes  No

Why are you applying with Special Protection and Patrol?

\_\_\_\_\_  
\_\_\_\_\_

Place of residence for past three (3) years (excluding present address)

ADDRESS	FROM: MM/YYYY	TO: MM/YYYY

Have you ever been bonded?  Yes  No

If yes, for which positions? \_\_\_\_\_

Have you ever been discharged, fired, or terminated from a job, or were you ever asked to resign?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been licensed by a state or municipal entity?  Yes  No

If yes, list type of license and expiration date of license: \_\_\_\_\_

\_\_\_\_\_

Have you ever had a license denied, suspended, or revoked?  Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**Education (Please circle number of years you have completed)**

**Grade School** 1 2 3 4 5 6 7 8                      **High School** 1 2 3 4                      **College** 1 2 3 4

Name and Address of College/Technical/Trade Schools Attended

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List knowledge of any languages, training and/or special skills:

Languages Spoken \_\_\_\_\_

Special Training \_\_\_\_\_

Special Skills \_\_\_\_\_



## EMPLOYMENT HISTORY

---

DATES: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay: Start \$ \_\_\_\_\_ Finish \$ \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ SUPERVISER NAME & TITLE \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

JOB TITLE \_\_\_\_\_

DUTIES: \_\_\_\_\_

---

DATES: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay: Start \$ \_\_\_\_\_ Finish \$ \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ SUPERVISER NAME & TITLE \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

JOB TITLE \_\_\_\_\_

DUTIES: \_\_\_\_\_

---

DATES: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay: Start \$ \_\_\_\_\_ Finish \$ \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ SUPERVISER NAME & TITLE \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

JOB TITLE \_\_\_\_\_

DUTIES: \_\_\_\_\_

---

*Additional Employment History sheets are available if needed*



## CONDITIONS OF EMPLOYMENT

---

If employed, I agree to the following:

I understand that my employment at Special Protection and Patrol is not pursuant to an express or implied agreement. It is an Employment-At-Will. I may terminate my employment for any or no cause. I understand and acknowledge that Special Protection and Patrol may terminate my services on the same basis.

I authorize Special Protection and Patrol to conduct such investigations and inquiries of my personal employment and/or medical history and other related matters as may be necessary in making an employment decision. I hereby authorize any and all release to employers, school, or persons from all liability in responding to inquires in connection with my application.

If a state license or registration is required, the cost of the license will be at my expense (unless prohibited by law). I will accept job assignments based on the company's needs and requirements to which may include working nights, weekends and holidays. I also may be subjected to change of shift and work locations. If an employment or return to work physical examination is required, I agree to undergo such an examination.

If I ever make a claim against Special Protection and Patrol for personal injuries, I agree to submit to an examination by physicians selected by Special Protection and Patrol as often as necessary. If I am unable to work due to injury or illness, I agree that Special Protection and Patrol may require from a doctor of their choice, certification that I am unable to perform my job duties.

If I falsify or become party to falsification of time keeping records or any other records required by Special Protection and Patrol, I shall be immediately discharged and will be subjected to legal action. While employed by Special Protection and Patrol I will not work or assist any other competing company during my term of employment.

If for any reason my employment is terminated with Special Protection and Patrol, I will not solicit any business for a competitor of Special Protection and Patrol, or provide business information to a competitor of Special Protection for a period of six (6) Months after termination of my employment within 100 miles from any location where I worked.

I agree to hold harmless and indemnify Special Protection and Patrol for any liability and damages to other persons or property as a result of my actions, employment or lack of job performance.

All new security personnel may be required to satisfactorily complete a pre-employment physical including a urinalysis and other tests for drugs, alcohol abuse, and psychological test, as a condition of my employment. I understand that my signature below shall constitute a complete release to any laboratory, hospital, or other person or entity performing such drug or alcohol testing to provide the results thereof to Special Protection and Patrol for their use about its hiring consideration of me.

Furthermore, I understand that Special Protection and Patrol has a policy against the possession, sale or use by an employee of illegal drugs, or alcohol on Special Protection and Patrol or client property during work hours. I agree that, if employed by Special Protection and Patrol I will adhere to that policy as a condition of my employment and will refrain from being under the influence of illegal drugs or alcohol at any time I am on Special Protection and Patrol or client property or working on Special Protection and Patrol business. I will also refrain from working while undergoing any



prescribed medical treatment with a drug which may alter my physical or mental ability without first notifying Special Protection and Patrol or having my physician do so. I understand it may be necessary to change my job assignment while undergoing such treatment.

I agree that if I am absent from work in excess of three (3) consecutive work days, I may be required at the direction of Special Protection and Patrol to complete a re-employment physical, including urinalysis and other tests for drug or alcohol use, as well as psychological testing where any questions concerning my physical ability to return to work is in question and/or where the reason for my absence creates a potential liability to Special Protection and Patrol for injury, re-injury, exacerbation of a pre-existing injury, or the health and safety of my fellow employees and/or me.

I further agree that in the event I am injured at work or in the event there is a reasonable cause to believe I am under the influence of alcohol or drugs (e.g. erratic behavior and/or signs of alcohol or drug use), I may be required to satisfactorily complete a physical examination including urinalysis and other tests for drug and alcohol use. Additionally, I agree that at any time during my employment, Special Protection and Patrol may require me as a condition to my continued employment, to take additional tests.

I hereby waive any and all claims, accrued or un-accrued, I may now or hereafter have against Special Protection and Patrol or any laboratory, hospital, or other person or entity performing such drug testing, and/or psychological testing including, but not limited to any invasion of privacy or civil rights claims in connection with obtaining a blood, urine, or breath sample and the performing of any sort of drug, alcohol or psychological testing.

I understand that I will be issued a copy of Special Protection and Patrol security Officers Personnel Policy Manual and agree to abide by its provisions.

In connection with my employment with Special Protection and Patrol, I understand I will be issued items of clothing and equipment. Each issuance will be recorded and I will sign for each issuance. I understand that I am responsible for this equipment and these uniforms. I agree to return the uniforms to Special Protection and Patrol in good condition (normal wear and tear accepted), and professionally cleaned and laundered. In the event that the returned uniforms are in need of cleaning or in the event of loss or damage to equipment or uniforms, I agree to reimburse Special Protection and Patrol for any clean costs or any such loss at the replacement cost for at such items at the time of loss.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Application Received by

\_\_\_\_\_  
Title

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Date



## EMPLOYMENT VERIFICATION

I authorize Special Protection and Patrol to make such investigations and inquiries of my personal employment decision. I hereby authorize any and all release to employers, school or persons from all liability in responding to inquires in connection with my application.

### SECTION ONE: APPLICANT

Name: \_\_\_\_\_  
*First Middle Initial Last*

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
*Street Number Street Name Apt Number*  
\_\_\_\_\_  
*City State Zip Code*

Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION TWO: VERIFY EMPLOYMENT-TO-BE COMPLETED BY EMPLOYER

Employer Name \_\_\_\_\_  
*First Middle Initial Last*

Dates of Employment: \_\_\_\_\_ Employment Status  
From: \_\_\_\_\_ To: \_\_\_\_\_  Full-Time  Part- Time

Title of Position \_\_\_\_\_ Final Rate of Pay \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Eligible For Rehire:  Yes  No If No, Why? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date