

All Pro Security, Inc.

Application for Employment

EQUAL OPPORTUNITY EMPLOYER: All Pro Security, Inc. is an equal opportunity employer. Applicants are considered for all positions with out regard to race, color, religion, sex, national origin, age, marital status or the presence of non-job-related medical conditions or handicaps. This application is designed to comply with federal and state fair employment laws while collection information required by state laws that control the activities of security companies.

DIRECTIONS: Please complete all sections of this application. Print clearly where written information is required.
Where choices are provided, circle the most appropriate responses(s).

Date of application: _____	How did you hear about us? Newspaper: _____ Current Employee: _____ Other: _____		
Position(s) applying for: <input type="checkbox"/> Unarmed Security <input type="checkbox"/> Armed Security <input type="checkbox"/> Field Supervisor <input type="checkbox"/> Other: _____	Are you willing to work full or part time? _____ When are you available to start? _____ Salary desired _____ Are you willing to work <input type="checkbox"/> holidays <input type="checkbox"/> nights <input type="checkbox"/> weekends Have you ever worked for All Pro Security before? _____ If yes, when? _____		
What type of transportation do you use? <input type="checkbox"/> Public Transportation <input type="checkbox"/> Friend or relative's vehicle <input type="checkbox"/> Personal vehicle Year _____ Make _____ License plate # _____	Special Qualifications <input type="checkbox"/> Guard Card Permit # _____ <input type="checkbox"/> Exposed Firearms Permit # _____ <input type="checkbox"/> First aid <input type="checkbox"/> Government Security Clearance Level _____ <input type="checkbox"/> Emergency Medical Technician		

Personal Data

Name: _____ HomePhone: _____
 Last First Middle Cell or Secondary Phone: _____
 In case of emergency, notify _____ Phone: _____
 Relationship: _____
 Social Security number: _____ - _____ - _____ U.S. Citizen (proof required) Registered Alien
 Driver's License or ID # _____ State _____ Exp. Date _____
 Current Address _____
 # Street City State Zip
 Previous Address _____
 # Street City State Zip
 Have you ever been bonded? Yes No
 Have you ever been refused bond? Yes No
 Had a private security guard license revoked or denied? Yes No

Character References

Give full names of three people who have known you at least five years. Do not give former employers or relatives.

Name	Relationship	Phone number
Name	Relationship	Phone number
Name	Relationship	Phone number

Education

List all schools including special training schools.

School Name	School Address	Did you graduate?	Type of Study
		[] Yes [] No Year _____	
		[] Ye [] No Year _____	
		[] Yes [] No Year _____	

Schedule Availability

Please indicate with an "X" in the appropriate block those shifts during which you would generally be available to work. Indicate reason for non-availability such as school "S," other work "W," or personal reasons "P."

Note: Shift times shown for grave, day and swing shifts are approximations and may vary according to schedule. You should indicate the general shift you are available.

	Sun.	Mon.	Tue.	Wed.	Thur	Fri.	Sat.
12am – 8am (Grave)							
8am – 4pm (Day)							
4pm – 12am (Swing)							

Former Employers

Start with the most recent employment. List all former employers in the past 20 years to include present employment.

Date	Name & Address	Phone Number & Supervisor(s) Name	
From: To: [] Full Time [] Part Time [] On Call			Reason for Leaving: Circle one Terminated Resigned Laid Off Title(s): _____
From: To: [] Full Time [] Part Time [] On Call			Reason for Leaving: Circle one Terminated Resigned Laid Off Title(s): _____
From: To: [] Full Time [] Part Time [] On Call			Reason for Leaving: Circle one Terminated Resigned Laid Off Title(s): _____

Date	Name & Address	Phone Number & Supervisor(s) Name	
From: To: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call			Reason for Leaving: Circle one Terminated Resigned Laid Off Title(s): _____
From: To: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call			Reason for Leaving: Circle one Terminated Resigned Laid Off Title(s): _____
From: To: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call			Reason for Leaving: Circle one Terminated Resigned Laid Off Title(s): _____
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From: To: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call			Reason for Leaving: Circle one Terminated Resigned Laid Off Title(s): _____
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Questionnaire

You must write a paragraph of 50 words or more explaining why you are interested in security? Include your likes and dislikes.

What do you have to offer our company and why should we hire you?

What do you feel are the most important qualities of a security officer?

How many miles are you willing to travel to work? _____

If necessary, would you willing to stay on duty for 10, 12 or 16 hours straight? Yes No

Have you worked for a company under a different name other than the one you are using now? Yes No

If yes, state other name: _____

Have you ever filed a claim(s) for Worker's Compensation? Yes No

If "yes," please give details to include when, where and circumstances.

Have you ever been fired or asked to resign from any place of employment? Yes No

If "yes," please give details to include when, where and circumstances.

Legal

Have you ever been arrested or convicted for any crime by a military or civilian court (excluding traffic violations)?

Yes No

(State law prohibits the employment as security officer of those with certain types of convictions; however, a conviction does not necessarily exclude one from consideration.)

If "yes," please list the following:

Approximate Date

Police Agency

Circumstances

Have you ever been placed on court probation as an adult? Yes No

If "yes," please give details to include when, where and why.

Statement of Understanding

I have completely read this entire application. I understand that any misrepresentation or omission of facts may be cause for termination. I understand that employment is contingent upon meeting the physical requirements and for licensing and registration. I also understand and agree that my employment with All Pro Security, Inc. is for not definite period of time and may, regardless of the date, payment of wages, be terminated at anytime without prior notice and with or without cause. I understand and agree that when my services terminate for any reason, salary due will be prorated according to my weekly salary up to that time and paid the next scheduled payroll day. I authorize investigation of all statements in this application and of all areas related to my eligibility for employment.

Applicant's Signature _____ Date ____/____/____

ALL PRO SECURITY, INC.

PRE-EMPLOYMENT QUESTIONNAIRE

1. Do you have security experience? _____
2. What site did you work at? _____
3. Where was the site located? _____
4. What was the name of the site? _____
5. Who was the main client contact at the site? _____
6. What were your duties for the post? _____

7. What security company did you work for at this time? _____
8. Was the client happy with this company? _____
9. How many hours a day did that company provide service at that site? _____

ALL PRO SECURITY, INC.

REPORT WRITING SKILLS TEST

THIS IS A TEST OF YOUR REPORT WRITING SKILLS. PLEASE USE THE FOLLOWING INFORMATION TO COMPLETE THE ATTACHED *DAILY SECURITY OFFICER REPORT* AND *INCIDENT REPORT*. YOU ARE TO COMPLETE THE REPORTS IN DETAIL. CONSIDERATION SHOULD BE GIVEN TO ARRANGE THE FACTS IN PROPER SEQUENCE. INCLUDE DATES AND TIMES AND ALWAYS SIGN YOUR REPORTS.

1. Your shift started at 22:00 hrs and ended at 02:00 hrs on Sunday, April 16th, 2005 at the Hightower Company located at 3324 San Pablo Ave. You relieved David Sheehan and will be relieved by James Denman. You have received a radio, serial number 25456637, and six keys.
2. During your shift you had to make a round of the building every hour. These rounds last 35 to 45 minutes.
3. During your first round, at 22:45 hrs you discovered a blue Cadillac, license number MUS213 parked in a red zone. What action did you take? Why?
4. During your second round, at 23:20 hrs you noticed that all the lights on the south side of the building are not working properly. Then you received a call from the client asking you to do something that is different from what the Post Orders instruct you to do. At 23:35 hrs, John Cordy., Operations manager for the Hightower Company visited your post. What action did you take? Why?
5. At 0030 hrs. your Field Supervisor Herbert Swagger, visited you on post.
6. During your fourth round, at 01:45 hrs., you discovered smoke coming from a broken window on the east side of the building. This window was not broken on your previous rounds. The Fire Department arrived at 2:03 hrs and the Police Department arrived at 2:17 hrs. The Police Report was #9806634. Please complete an Incident Report in detail regarding the occurrence.

Activity Report

All Pro Security, Inc.

925.299.1308 office

Security Officer:		Star number:	Day of week:	Date: Month / Day / Year	Shift <input type="checkbox"/> Grave <input type="checkbox"/> Day <input type="checkbox"/> Swing
Client:	Client Address:		Duties assumed from officer:		Relieved by officer:
Post equipment received: (condition?):		Post equipment received from:		Post equipment released to:	
Post materials received:		Post materials received from:		Post materials released to:	
Security Officer telephone number(s) during shift:		Site or post telephone number:		Personal cellular telephone number:	
Client contact 's telephone number(s) during shift:		Local Fire telephone number:		Local Police telephone number:	

Activity Checklist

Please check the appropriate boxes below and include details within the activity report:

Please include an attached Incident Report for the following occurrences:

Property damage.

Hazards Security Fire Safety.
 Suspicious **persons** (on foot or in vehicles).

Criminal Activity:
 Assault Battery Theft Trespassing Vandalism Other

Visit from APS or Emergency official
 (Time of arrival and departure).

During your shift, did you suffer any:
Injuries? Yes No **Illnesses?** Yes No **Accidents?** Yes No

	<i>On duty report: <input type="checkbox"/> Signed in on post time sheet, <input type="checkbox"/> Telephoned voicemail 925.299.1308 to report on duty.*</i>

**PLEASE DIRECT ATTENDANCE TELEPHONE REPORTS ACCORDING TO SCHEDULE BELOW:
Attendance Calls between 0000-2400 hrs. 925.299.1308**

All Pro Security, Inc. Incident Report Form

Client			Page	of
Address				
Type of Incident				
Date Occurred	Time Occurred	Report Date	Time of Report	
DETAILS AND CIRCUMSTANCES (Describe Circumstances)				
Who was involved?				
What Happened?				
When did it happen?				
Where did it happen?				
Why and how did it happen?				
Action taken?				
Officer's name:		Signature:		

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