

Star Protection and Patrol

Applicant Name _____

Date _____

EMPLOYMENT APPLICATION

Referred By:

Online _____
Newspaper _____
Employee _____

Star Protection and Patrol

Security Professional Application

Important- Please Read:

It is required that all people interested in employment with Star Protection and Patrol complete a written application. **A resume alone is not sufficient.** Applicants will be rejected if the application isn't filled out 100% to its entirety and excludes any of the following information: 1) Complete employment history including phone numbers, dates of employment, company name, and reason for leaving, 2) Completed and signed authorizations for background check 3) Signature of applicant 4) Complete and truthful response to all inquiries.

General Information

Date _____

Position Applied For: _____ Telephone Number () _____

Name: _____ (last) (first) (middle) Previous Names: _____

Address: _____

Please list your previous addresses in the last 5 years:

Have you ever pleaded guilty to or been convicted of a misdemeanor, felony, or ordinance violation or other offense (including military court-martials)? Yes No

If yes, provide further information as to the offense(s), date, location of court, etc. Include traffic convictions. Star Protection and Patrol will consider your record only as it may substantially relate to, or as otherwise permitted by law. Attach additional sheets if necessary.

Year _____ County/State _____ Violation _____

Are you subject to any pending criminal charges? Yes No

If yes, you must report each pending charge. Star Protection and Patrol will consider the charge only as it may substantially relate to the job for which you are applying.

Year _____ County/State _____ Charge _____

Please circle response:

Are you a U.S. citizen or otherwise currently authorized to obtain lawful employment in this country? Yes No

Are you currently employed? Yes No

May we contact your current employer? Yes No

Type of employment desired? Full Time Part Time Location _____

Have you applied with us before? Yes No If yes, when? _____ Pay-Rate Desired _____

Educational Background

Credits Earned

Major

Did you graduate?

High School _____ Yes No

College _____ Yes No

Other _____ Yes No

List U.S. Military Service ("Verification of service required")

Branch: _____ Rank: _____ Dates of Service: _____

War Veteran? _____ If yes, Dates/Location: _____

List special training or education you received:

Employment History- Please note: resumes are welcome but cannot be used as a substitute for the information below. Please list your employment history for the past 10 years. Attach additional pages if necessary. An applicant will not be considered for employment if any of the required information is not submitted, or if any of the information is incorrect. Please print all information legibly.

Employer _____ Telephone (____) _____ Dates Employed: From _____ To _____

Address _____ Job Title _____ Rate of Pay \$ _____

Immediate Supervisor & Title _____ Summarize Job Responsibilities _____

Reason for Leaving _____

Employer _____ Telephone (____) _____ Dates Employed: From _____ To _____

Address _____ Job Title _____ Rate of Pay \$ _____

Immediate Supervisor & Title _____ Summarize Job Responsibilities _____

Reason for Leaving _____

Employer _____ Telephone (____) _____ Dates Employed: From _____ To _____

Address _____ Job Title _____ Rate of Pay \$ _____

Immediate Supervisor & Title _____ Summarize Job Responsibilities _____

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Employer _____ Telephone (____) _____ Dates Employed: From _____ To _____

Address _____ Job Title _____ Rate of Pay \$ _____

Immediate Supervisor & Title _____ Summarize Job Responsibilities _____

Reason for Leaving _____

Personal References: Please list the names along with home and work phone numbers of 2 people you have known at least one year. Do not list relatives.

1. _____

2. _____

AUTHORIZATION, RELEASE AND CERTIFICATION

I certify that all information on this application is true, complete and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek and to verify and supplement the information set forth in the application. I release from all liability or legal claims that every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand that employment with this employer is not contractual and is at-will. I understand and agree that, if hired; I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand that I may be required to submit to a medical examination if offered a position conditioned on such examination. I also understand that I may be required to submit for testing for controlled substances or other drugs.

I understand this application will be considered inactive after sixty (60) days. If I have not been hired by Star Protection and Patrol within such time, and if I am still interested in employment with the company, I understand that I will need to re-apply.

I certify that I have read (or have had read to me) and understand this authorization, release and certification.

Signature of Applicant _____ Date _____

Authorization for Release of Information

(For official use only, not to be released to unauthorized persons)

I hereby empower the company of Star Protection and Patrol or other authorized representative thereof bearing this release to obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State or Federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business
5. Credit rating bureaus or institutions maintaining individual credit rating files
6. Any previous employer
7. Present employer
8. Any school, college, university or other educational institution
9. Any law enforcement certification or licensing board of Wisconsin or any other state.

Exceptions to this blanket authorization are as follows:

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans with Disabilities Act).
2. _____

This release is executed to authorize Star Protection and Patrol as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

Date

Signature (Full Name)

____/____/____
Date of Birth*

____/____/____
Social Security Number*

Address (Street and Number)

City

State Zip

* Date-of-Birth and Social Security Number information will be used only to verify that information obtained pertains to the Applicant. It will not be used as a factor in connection with any employment-related decision.

**DISCLOSURE REGARDING OBTAINING CONSUMER REPORT
AND/OR INVESTIGATIVE CONSUMER REPORT**

As part of its employment policy, Star Protection and Patrol may obtain a consumer report or an investigative consumer report for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee. This report may include information as to your character, general reputation, personal characteristics and mode of living. The inquiry may include, but is not limited to: conviction record, motor vehicle record, credit check, and references.

You have the right to request additional disclosures under federal law, including a summary of rights under the Fair Credit Reporting Act. Upon your request, made within a reasonable time, the company will disclose the nature and scope of the investigation requested. Star Protection and Patrol will send this information within 5 business days of receiving your written notice.

This disclosure is made pursuant to the Federal Credit Reporting Act, 15 U.S.C. 1681(d).

**AUTHORIZATION TO OBTAIN CONSUMER REPORT
AND/OR INVESTIGATIVE CONSUMER REPORT**

I authorize Star Protection and Patrol to obtain a consumer report and/or investigative consumer report for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee. I understand that the inquiry may include, but is not limited to: conviction record, motor vehicle record, credit check, and references. I understand and confirm that this notification and authorization has been read and understood by me and that it becomes a part of the employment application.

Name of Authorizing Applicant (please print) Signature of Authorizing Applicant Date

This authorization is given pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681b(b)(2).