



# **FIVE POINT PRIVATE SECURITY**

## **Employee Statement & Security Guard Application**

In accordance with applicable law, this company is an equal opportunity employer and does not discriminate because of race, religion, color, age, gender, national origin, marital status, disability, genetic information, veteran status, sexual orientation, or any other status protected by law. No question on this application is intended to secure information to be used for such discrimination.

### **Applicant's Statement of Understanding and Authorization**

I understand that this application will be given every consideration, but its receipt does not imply that the applicant will be employed. I understand that I may choose to leave any portion of the application incomplete or blank and that the following information is given voluntarily. I understand and authorize the company to obtain a consumer report of my financial and credit record as well as an investigative consumer report whereby information is obtained through personal interviews with neighbors, friends and others to whom I am acquainted with. This investigation includes information about my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a report. I give my permission to FIVE POINT PRIVATE SECURITY to contact any of my former employers to release all records of my employment including assessments of my job performance, ability and fitness. I understand that the company may require a motor vehicle record (MVR) report. I understand that FIVE POINT PRIVATE SECURITY reserves the right to require a medical examination as well as periodic physical and medical examinations and pre-employment as well as post-employment drug and alcohol testing, to the extent permitted by law. I hereby state that the dismissed from FIVE POINT PRIVATE SECURITY If I am employed, I understand that such employment is at will and will not result in an employment contract for any specific term unless otherwise

specified.

**Instructions:** Forms must be completed in blue or black ink. Incomplete forms will not be processed.

**Application as (Check only One):**

**Non-Commissioned Officer**

**Commissioned Officer**

### **APPLICANT INFORMATION**

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Must be at least 18 years old to apply.) M M D D Y Y Y Y

**Place of Birth:** \_\_\_\_\_  
City State Country

**Gender:**  Male  Female

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

**DL/ID #:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expires:** \_\_\_\_\_ **Restrictions:** \_\_\_\_\_

**Race:**  White  Black  American Indian/Alaskan Native  Asian or Pacific Islander  Other  Unknown

**Home Address: (Required)**

**Mailing Address: (P.O. Box may be added to ensure delivery.)**

\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

1. If employed, how soon can you report to work? \_\_\_\_\_

2. Type of employment:  Full-Time  Part-Time  Temporary      3. Desired Salary? \_\_\_\_\_

4. Preferred work days/time: \_\_\_\_\_

	MON	TUES	WED	THUR	FRI	SAT	SUN
SHIFT I							
SHIFT II							

5. Are you currently employed?

→ *IF "YES," you must submit an explanation for your desire to make a change of employment.*

6. Please provide a description of your security experience, including type of business and your duties.

7. Have you ever worked for this company before?

→ *IF "YES," give dates and position held*

8. Are you able to meet attendance requirements for this job?

9. Do you have means of transportation to get to and from work?

### EMPLOYMENT

☞ Please enter the complete record of your occupation for your previous two employments.

#### Company Two Information:

Name of Company: \_\_\_\_\_

Employment Status: (Full/Part Time) \_\_\_\_\_

Hours/Week Worked: \_\_\_\_\_

Dates of Employment: (From - To) \_\_\_\_\_

Company Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

#### Company Two Information:

Name of Company: \_\_\_\_\_

Employment Status: (Full/Part Time) \_\_\_\_\_

Hours/Week Worked: \_\_\_\_\_

Dates of Employment: (From - To) \_\_\_\_\_

Company Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

## BACKGROUND QUESTIONNAIRE

Answer the following questions by checking either "YES" or "NO"

**1. Are you a citizen of the United States or a legal resident of the United States in possession of a valid alien registration card?**

→ IF "NO," you must submit an explanation.

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**2. Are you a peace officer?**

→ IF "YES," and if you qualify for an exemption, you must submit further documentation.  
If you DO NOT qualify, you must submit training certificates

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**3. Are you a retired police officer?**

→ IF "YES," and if you qualify for an exemption, you must submit further documentation.  
If you DO NOT qualify, you must submit training certificates.

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**4. Have you ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony?**

→ IF "YES," you must submit with this application a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must submit a copy with this application.

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**5. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere?**

→ IF "YES," you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).

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**6. Has any license or permit issued to you or a company in which you are or were a principal in California or elsewhere ever been revoked, suspended or denied?**

→ IF "YES," you must submit an explanation.

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**7. Have you ever been discharged from a correctional or law enforcement agency for incompetence or misconduct as determined by a court of competent jurisdiction, administrative hearing officer, administrative law judge, arbiter, arbitration panel or other duly constituted tribunal, or resigned from such an agency while charged with misconduct or incompetence?**

→ IF "YES," you must submit an explanation.

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**8. Have you ever been declared to be incompetent by reason of mental disease or defect, which has not been removed by any court of competent jurisdiction?**

→ IF "YES," you must submit an explanation.

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**9. Have you ever applied in this state or elsewhere for a registration/license as a security guard; watch, guard or patrol agency; private investigator?**

→ IF "YES," please provide the UID # or Reg. #.

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**10. Have you ever served in one of the US Military components, including Reserves, National Guard, or Air National Guard?**

→ IF "YES," Where you discharged in any other means than honorable? Submit an explanation.

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**11. Are you still currently serving as a military member?**

→ IF "YES," you must provide a copy of your DD214 and an explanation of branch and position you served.

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# FIVE POINT PRIVATE SECURITY

714-494-3564 • INFO@FIVEPOINTPRIVATESECURITY.COM

## APPLICANT AFFIRMATION

I certify that the information I have given in this application is true and completed to the best of my knowledge and understand that falsification, omissions, or misrepresentations of this information is grounds for rejection of my employment application and if employed by FIVE POINT PRIVATE SECURITY or may be terminated immediately. I authorize the character references, previous employers and education institutions listed above to give you any information concerning my previous employment and any pertinent information they may have, personal or otherwise, and all parties from all liability, claims, or for and damage that may result from me. I also release FIVE POINT PRIVATE SECURITY from any and all liability of whatever kind and nature, which, at any time, could result from obtaining and having an employment, based on such information. I agree to conform to the rules and regulations of the company. Furthermore, I understand that if an offer of employment is extended, it is conditioned upon completing the federal I-9 Form and providing documents establishing identity and work authorization. I understand that my employment can be terminated with or without cause and with or without notice, at any time, at the option of either the company or myself. I understand that only the owner, manager, or representative of the company has the authority to enter into any agreement contrary to the foregoing.

I represent that I am able to meet the attendance requirements as required by the company. I understand that by maintaining a current commission, license and operable mobile phone may be necessary for continued employment. I have read and fully understood the applicant's affirmation of understanding and authorization (refer to page one of Employee Statement and Security Guard Application.)

X \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Applicant's Printed Name: \_\_\_\_\_

### NOTICE OF EMPLOYMENT

**☞ If employment will commence with the filing of your application, this section MUST be completed by your employer. DO NOT WRITE ON THIS SECTION.**

Hire Date: \_\_\_\_\_ Assigned to: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Start Pay Rate: \_\_\_\_\_ Status:  F/T  P/T  Other \_\_\_\_\_ End Pay Rate: \_\_\_\_\_