

Employment Application

RAPTOR PREVENTATIVE SERVICES

P.O. Box 580185 Elk Grove, CA 95758

Phone: 1.866.373.6533 / Fax: 1.866.373.6533 - Ext. 1

EMPLOYEE INFORMATION

Name: _____
 Last First Middle

Telephone#: _____ D.O.B.: _____ S.S.#: _____

Address: _____ Email: _____

Are you able to perform the essential functions of the position with or without accommodations?

Yes No (Check one)

Are you over the age of 18?

Yes No (Check one)

I am legally eligible for employment in the U.S.?

Yes No

I am seeking a permanent position: _____

Date you can start: _____

Desired salary: _____

If necessary for the job, I am able to:

Provide a valid California Driver's License? Yes No

If so, fill out the following: Issuing state: _____

Type: _____ Number: _____ Exp Date: _____

Position applying for:

Security Officer Supervisor Other

Work the following shifts: (check all that apply)

Any Day Night Swing Rotating

Split Graveyard Other: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.

Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay: \$	Supervisor:	Telephone:	
Per:			
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay: \$	Supervisor:	Telephone:	
Per:			
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay: \$	Supervisor:	Telephone:	
Per:			
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay: \$	Supervisor:	Telephone:	
Per:			

EDUCATION

	Institution name	Years completed	Field of study	Graduate or degree
High school				
College/university				
Business/technical				
Additional				

MILITARY

Are you a veteran? Yes No Have you ever served in the U.S. Armed Forces? Yes No
Active Duty Reserve Duty

Branch: _____ Date Entered: _____ Entry Rate or Rank: _____
Date Discharged: _____ Discharge Rate or Rank: _____ Honorable Discharge? Yes No

Duty/Specialized training you feel would be useful on the job for which you are applying: _____

SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations:

ELIGIBILITY

Have you ever been convicted of any crime or entered a plea of nolo contendere? Yes No
* Conviction dismissed under section 1203.4 of the Penal Code MUST be disclosed. Minor traffic violations resulting in a fine of \$299 or less do not need to be disclosed.

Are you currently on bail and/or on your own recognizance for a crime other than a minor traffic violation? Yes No

REFERENCES

List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known

CONTACT

In case of accident or illness, please contact: Name: _____ Daytime phone: _____
Address: _____ Relationship: _____

INFORMATION TO THE APPLICANT

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature of Applicant

Date

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

Developed at employer request by the California Department of Labor & Workforce Development, Employment Security Division.

PRE – EMPLOYMENT INFORMATION

Name: _____ Date: _____

Home Telephone: () _____ - _____ Cell Phone: () _____ - _____

Security Officer Experience: YES _____ NO _____

Current CA Guard Card: YES _____ NO _____

If YES: Expiration Date: _____ Card Number: _____

Current Weapons Card: YES _____ NO _____

If YES: Expiration Date: _____ Card Number: _____

PC832	YES _____	NO _____	FIRST AID	YES _____	NO _____
BATON	YES _____	NO _____	CPR	YES _____	NO _____
MACE	YES _____	NO _____			

Are you currently working for another company? YES _____ NO _____

If yes, what company? _____

Work Schedule: _____

Are there any hours you cannot work? YES _____ NO _____

If YES, what are they? _____

Have you ever been convicted of any crime or entered a plea of nolo contendere?

* Conviction dismissed under section 1203.4 of the Penal Code MUST be disclosed. Minor traffic violations resulting in a fine of \$299 or less do not need to be disclosed.

YES _____ NO _____

Are you currently on bail and/or on your own recognizance for an arrest for a crime other than a minor traffic violation?

YES _____ NO _____

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information to Raptor Preventative Services. I understand and agree that if hired, my employment is for no definite period and may, regardless of the date of my wage payment and salary, be terminated at any time without prior notice. I understand that Raptor Preventative Services may require a complete physical examination if deemed necessary.

Signature: _____ Date: _____

CONFIDENTIAL APPLICANT DATA

Raptor Preventative Services is an **EQUAL OPPORTUNITY EMPLOYER**.

Applicants and employees are considered for all positions and treated in employment matters without regards to race, color, religion, ancestry, national origin, age, sex, sexual orientation, disability, marital status or veteran status.

To further its commitment to provide equal employment opportunities, Raptor Preventative Services is requesting applicants to provide the following information voluntarily. This voluntary information will be used for annual reporting purposes. This information will be kept confidential and not used in any employment decisions. You have the right to decline to self-identify. (see statement below **)

Male: ____ Female: ____

Ethnicity – Are you Hispanic or Latino? (Y or N): ____

Race – What race or races do you consider yourself to be? If two or more, please check the two or more races choice.

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino) merica)
- Two or More Races (Not Hispanic or Latino) All persons who identify with more than one of the above five races. List:_____

If you have a handicap, disability or record of impairment, please indicate below.

Hearing Impairment ____ Sight Impairment ____ Speech Impairment ____
Developmental ____ Others _____

I decline to complete this information

**Raptor Preventative Services (RPS) is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, RPS invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

PLEASE READ CAREFULLY
AUTHORIZATION AND CONSENT for RELEASE OF INFORMATION

I hereby authorize Raptor Preventative Services and its agents/contractors/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representative of this Company (Raptor Preventative Services).

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, personal references, and other organizations and Agencies to provide Raptor Preventative Services and any of its agents/contractors with all information that may be requested, and to conduct a verification, as deemed necessary by this Company to fulfill the job requirements, with regard to my motor vehicle records, credit history, and to receive any criminal history record information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency in California or any other States. I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original. All results will be proprietary and will be kept CONFIDENTIAL and disclosed orally and in writing only to the designated authorized representatives of this Company and its Clients.

I do hereby agree to forever release, discharge and indemnify Raptor Preventative Services and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

Print Name: _____ S.S.#: ____/____/____

Signature Date D.O.B. ____/____/____

Maiden Name or other Names: _____

Street Address City/State/Zip

How Long At This Address? _____

Previous Addresses: _____

For Official Use Only (do not write below this line)

Interviewed By: _____ Date: _____
Hired: YES NO
Hire Date: _____ Salary: _____ Position: _____
Comments: _____

Photocopies attached:
 Social Security Card
 Valid CA Guard Card
 Valid CA Identification (ID) Card
 Valid CA Drivers License
 Alien Registration Card Other: _____

Credit () SS Trace () Criminal () County (s) _____

Motor Vehicle () Employment () Education () Comp () Other _____