



# Advantage Guard Services Inc. (AGS)

Total Security Solutions

1219 N. Tustin Ave.  
Anaheim, CA 92807  
Tel (714) 666-2000  
Fax (714) 632-8567

## APPLICATION FOR EMPLOYMENT

## PRE- EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Date \_\_\_\_\_

AGS Security is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital status or veteran status, or the presence of a non-job related medical condition or handicap.

### PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.		
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP	
PHONE #	CELL PHONE #		DO YOU OWN A VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU 18 YEARS OR OLDER <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Birth / /		ARE YOU A U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		
IN CASE OF EMERGENCY NOTIFY NAME:	ADDRESS			PHONE	

### POSITION APPLIED FOR:

<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			If part time Hours Available		
<input type="checkbox"/> PER DIEM			If Per Diem Hours Available		
Salary Expected		Date Available			
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?		WHEN?	
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?		WHEN?	
REASON FOR LEAVING					

### EDUCATION (Applicants may be asked to furnish transcripts of school or college work)

HIGH SCHOOL	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
COLLEGE OR UNIVERSITY				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

### GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

### REFERRAL SOURCE

<input type="checkbox"/> DAILY NEWS <input type="checkbox"/> L A TIMES <input type="checkbox"/> SECURITY SCHOOL <input type="checkbox"/> EDD <input type="checkbox"/> EMPLOYEE REFERRAL <input type="checkbox"/> EMPLOYMENT AGENCY
<input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER

## FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST

<b>NAME OF PRESENT LAST EMPLOYER</b>				PHONE	
ADDRESS		CITY		STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE		
STARTING POSITION	POSITION AT LEAVING				
STARTING SALARY / WAGES \$ <input type="checkbox"/> PER HOUR <input type="checkbox"/> PER MONTH		FINAL SALARY / WAGES \$ <input type="checkbox"/> PER HOUR <input type="checkbox"/> PER MONTH		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE		PHONE	
DESCRIPTION OF WORK					
REASON FOR LEAVING					

<b>NAME OF PREVIOUS EMPLOYER</b>				PHONE	
ADDRESS		CITY		STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE		
STARTING POSITION	POSITION AT LEAVING				
STARTING SALARY / WAGES \$ <input type="checkbox"/> PER HOUR <input type="checkbox"/> PER MONTH		FINAL SALARY / WAGES \$ <input type="checkbox"/> PER HOUR <input type="checkbox"/> PER MONTH		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE		PHONE	
DESCRIPTION OF WORK					
REASON FOR LEAVING					

<b>NAME OF PREVIOUS EMPLOYER</b>				PHONE	
ADDRESS		CITY		STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE		
STARTING POSITION	POSITION AT LEAVING				
STARTING SALARY / WAGES \$ <input type="checkbox"/> PER HOUR <input type="checkbox"/> PER MONTH		FINAL SALARY / WAGES \$ <input type="checkbox"/> PER HOUR <input type="checkbox"/> PER MONTH		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE		PHONE	
DESCRIPTION OF WORK					
REASON FOR LEAVING					

**REFERENCES** Give the names and phone of three persons not related to you, which you have known for at least three year.

	NAME	ADDRESS	PHONE NUMBER (S)	NUMBER OF YEARS
1				
2				
3				

**EMERGENCY CONTACTS**

NAME	ADDRESS	PHONE NUMBER (S)	RELATIONSHIP
NAME	ADDRESS	PHONE NUMBER (S)	RELATIONSHIP
NAME	ADDRESS	PHONE NUMBER (S)	RELATIONSHIP

**U.S. MILITARY SERVICE**

BRANCH OF SERVICE	DATE ENTERED	DATE OF DISCHARGE
DUTIES IN SERVICE		

**ACTIVITIES**

<b>List Trade or Professional Organizations of which you are a member</b>
<b>List office equipment, office machines, data processing equipment and software with which you are familiar</b>
<b>Familiarity or language proficiencies other than English</b>

TRANSPORTATION	AVAILABILITY		
Car <input type="checkbox"/> Public <input type="checkbox"/> Other <input type="checkbox"/>	Will you work: Short Notice? <input type="checkbox"/> YES <input type="checkbox"/> NO      Per Diem? <input type="checkbox"/> YES <input type="checkbox"/> NO      Days? <input type="checkbox"/> YES <input type="checkbox"/> NO Weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO      Part Time? <input type="checkbox"/> YES <input type="checkbox"/> NO      Swing? <input type="checkbox"/> YES <input type="checkbox"/> NO 40hrs. /week? <input type="checkbox"/> YES <input type="checkbox"/> NO      What hours? _____      Grave? <input type="checkbox"/> YES <input type="checkbox"/> NO Overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO		
MONDAY	TUESDAY	WEDNESDAY	THURSDAY
FRIDAY	SATURDAY	SUNDAY	ADDITIONAL INFORMATION

<p>Do you have any prior injuries, which would prevent you from being able to perform your job duties?            If so, describe _____</p> <p>Have you ever been granted a military or government security clearance? <input type="checkbox"/> YES <input type="checkbox"/> NO if yes, level of clearance _____</p> <p>Do you have any special job skills or qualifications that may be relevant to the position for which you are applying?            if so, describe _____</p> <p>Do you have a current California Guard Registration Card? <input type="checkbox"/> YES <input type="checkbox"/> NO            If yes, Card No. _____ Expiration Date _____</p> <p>If no, can you pay for California State License Fee? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Do you have:    Black Shoes <input type="checkbox"/> YES <input type="checkbox"/> NO   Black Belt <input type="checkbox"/> YES <input type="checkbox"/> NO   Black Socks <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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**Read carefully before signing**

- I certify that all the information I have in this application or made in conjunction with it, are true and correct to the best of my knowledge and understand that any misrepresentation, falsification or omission of facts requested are grounds for denying employment or may result in dismissal, should I be employed, whenever the correct information becomes known to AGS SECURITY regardless of the time elapsed.

2. I hereby authorize AGS SECURITY to investigate all references and to secure additional information about me including to obtain investigative reports made through consumer reporting agencies. Furthermore, I authorize all my current and former employers, school officials, instructors or any other persons not named in this application to give AGS SECURITY any information they may have regarding me, whether or not such information is in their written records. I release AGS SECURITY and its representative from any liability for any damages whatsoever resulting from their requesting reference information regarding me. I release those companies, agencies and individuals supplying reference information from any liability for any damages whatsoever resulting from the giving of such information.
3. I understand that this application for employment does not in any way constitute an offer of employment. Employment with AGS SECURITY is not by contract expressed or implied. Furthermore, should I be employed I understand and agree that my employment is for no definite duration but is on an "at will" basis. I further understand and agree that just as I can terminate the employment relationship at any time for any reason with or without notice, so too; the company may terminate my employment at any time and for any or no reason, with or without notice. I understand that no representative of the company has the authority to make any assurances or agreement to the contrary except by the president of AGS SECURITY in writing.
4. If hired by AGS SECURITY, I will never, except in the performance of my duties for AGS SECURITY, use or disclose to others information or data that is confidential to my employer, i.e. information that is not generally available to the public relating to the business of my employer including trade secrets, as well as information pertaining to research, development, manufacturing, marketing, merchandising and selling activities. I also agree that all papers, keys, Identification cards, credit cards, uniforms, equipment or other property furnished by AGS SECURITY which prepared or made, in whole or in part, at any time while being employed by my employer, shall be the property of my employer and upon its request or the termination of my employment, I will promptly surrender such property to AGS SECURITY.
5. If hired by AGS SECURITY, I will promptly disclose and I hereby assign all rights to my employer to any inventions, improvements, or ideas relating to products, machinery, processes or technology of my employer, which I make individually, or jointly with others, including those made on my own time, while employed by my employer and for (1) one year thereafter. I will also promptly complete all idea records, patent applications, foreign and domestic, and other documents, as requested by my employer to protect the rights of these inventions, improvements, or ideas.
6. I certify that I have read the job description (or in the absence of a job description, the essential functions of the job have been described to me), which sets forth the essential functions of the job for which I have applied. I agree and understand that my job description is subject to change at any time with or without notice.
7. I understand and agree that as a condition of my employment I may be required to undergo a comprehensive background investigation, passing a physical examination, testing for drug and alcohol use, and credit check.
8. I understand that if employed, all of AGS SECURITY'S policies and procedures including its policy manuals and documents (in whole or in part), do not constitute a contract of employment and that I agree to read and familiarize myself with all written policies and procedures (including the policy manual). These policies are subject to modification by AGS SECURITY without notice.
9. If hired by AGS SECURITY, I hereby acknowledge, understand and agree that if I sustained any work related injuries while working for AGS SECURITY are covered by state worker's compensation statutes to the extent permitted by law. I hereby waive and forever release any right I might have to make any claims or bring suit against any client or customer of AGS SECURITY.
10. The California law & AGS SECURITY policies require 30 minutes break for any work exceed 5 hours. I hereby understand and agree that the nature of my employment as a security officer may require an on-duty meal period for which I will be paid. I further agree to waive my break period(s) during my time on duty.
11. My signature below certifies that I have read and understand all of the above paragraphs

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Social Security Number

signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant's

Accepted by employer this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Authorized representative of employer)

# Advantage Guard Services Inc.

## Uniforms and Equipment Form

### Uniforms, equipment issuance/ Authorization to withhold final paycheck

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Issued Date \_\_\_\_\_ Returned Date \_\_\_\_\_

ISSUED BY \_\_\_\_\_, RECEIVED BY \_\_\_\_\_  
Last Name First Name Last Name First Name

Items	Color	Size	Condition Issued	Number Issued	Employee Initials	Condition Returned	Number Returned	Employee Initials	REMARKS
1. Shirts									
2. Pants									
3. Belts									
4. Jackets									
5. Cap/Beanie									
6. Handcuffs with case									
7. Baton with holder									
8. Pepper Spray with case									
10. Flashlight with holder									
11. Mini Light with holder									
12. Keys Holder									
13. Badge									
14. Metal Detector									
15. Other									

I understand that I shall not be charged a deposit toward any and all uniforms and/ or equipment issued to me by AGS SECURITY. Furthermore, I understand that by signing for and taking the above uniforms and/or equipment into my possession. I shall be totally responsible for the upkeep, cleaning and care of these items. I also understand that I am fully responsible for any damages that may occur to any of the uniforms and/or equipment issued to me, and that I shall be responsible for the cost of replacing my damage item or items issued to me beyond the normal wear and tear of the uniforms and any mechanical or technical wear and tear of the equipment.

Furthermore, upon my termination, whether voluntary or involuntary, I agree to return, including but not limited to, all company issued uniforms, security related equipment, automobiles, cellular phones, pagers, company documents, and training manuals issued to me, I understand that in lieu of said deposit and by signing for the above uniforms and/or equipment, I agree to the terms of this issuance agreement and authorize AGS SECURITY to withhold or deduct at fair market value from my final paycheck until all company issued uniforms and/or equipment are returned in satisfactory condition as described above.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_