

For Office Use Only

<input type="checkbox"/>	References Verified	___/___/___
<input type="checkbox"/>	Passed Interview	___/___/___
<input type="checkbox"/>	Guard Card Cleared	___/___/___
<input type="checkbox"/>	Passed Drug Test	___/___/___
<input type="checkbox"/>	New Hire	___/___/___
<input type="checkbox"/>	FAILED	___/___/___



Security work may require you to work nights, days, weekends, and holidays. If you are not prepared to work these shifts, please Do Not Fill Out the Application.

THE FOLLOWING MUST BE FILLED OUT COMPLETELY IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED. (PLEASE PRINT ALL)

EMPLOYMENT APPLICATION

BACKGROUND INFORMATION

Today's Date: ___/___/___

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number: ___/___/___ Maiden/Previous Name(s): _____

Driver's License Number: _____ State: _____ Exp. Date: ___/___/___

Home Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: (____) _____-_____ Mobile/Cell/Other Phone: (____) _____-

(If you have lived at the above address for less than 5 years, please complete the following)

Previous Address: _____ Phone: (____) _____-

City: _____ County: _____ State: _____ Zip: _____

EMPLOYMENT DESIRED:

You may select more than one position: Security EMT Janitorial Other: _____

Start Date: ___/___/___ Expected Pay Rate/Rang: \$ _____/hr

Have you ever been Employed/Applied with Trans-West? Employed Applied NO Date: ___/___/___

Availability: Full Time Part Time Shift Work Weekends Holidays Temp

Do you have a valid and current Guard Card issued by the California Bureau of Security and Investigative Services?

(BSIS)? YES NO If Yes, fill in your Guard Card Number: G _____ Exp. Date: ___/___/___



Please list your last 7 years of employment or all of your employment from age 18.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

Please start with CURRENT/MOST RECENT Employer (Arrange in Date Order)

Name of Company	Dates Employed	Reason for Leaving
<hr/> <hr/>	From: ____/____/____ To: ____/____/____	<input type="checkbox"/> Quit: (2 weeks Notice Given <input type="checkbox"/> YES <input type="checkbox"/> NO) <input type="checkbox"/> Laid Off/Temp <input type="checkbox"/> Retired <input type="checkbox"/> Terminated <input type="checkbox"/> Out of Business
City, State	PHONE	Title/Duties
City: _____ State: _____	(____) _____ _____-_____-____	Title/Duties: _____ _____ _____

Reason(s) for Leaving / Additional Information:

Name of Company	Dates Employed	Reason for Leaving
<hr/> <hr/>	From: ____/____/____ To: ____/____/____	<input type="checkbox"/> Quit: (2 weeks Notice Given <input type="checkbox"/> YES <input type="checkbox"/> NO) <input type="checkbox"/> Laid Off/Temp <input type="checkbox"/> Retired <input type="checkbox"/> Terminated <input type="checkbox"/> Out of Business
City, State	PHONE	Title/Duties
City: _____ State: _____	(____) _____ _____-_____-____	Title/Duties: _____ _____ _____

Reason(s) for Leaving / Additional Information:

Name of Company	Dates Employed	Reason for Leaving
<hr/> <hr/>	From: ____/____/____ To: ____/____/____	<input type="checkbox"/> Quit: (2 weeks Notice Given <input type="checkbox"/> YES <input type="checkbox"/> NO) <input type="checkbox"/> Laid Off/Temp <input type="checkbox"/> Retired <input type="checkbox"/> Terminated <input type="checkbox"/> Out of Business
City, State	PHONE	Title/Duties
City: _____ State: _____	(____) _____ _____-_____-____	Title/Duties: _____ _____ _____

Reason(s) for Leaving / Additional Information:

Name of Company	Dates Employed	Reason for Leaving
<hr/> <hr/>	From: ____/____/____ To: ____/____/____	<input type="checkbox"/> Quit: (2 weeks Notice Given <input type="checkbox"/> YES <input type="checkbox"/> NO) <input type="checkbox"/> Laid Off/Temp <input type="checkbox"/> Retired <input type="checkbox"/> Terminated <input type="checkbox"/> Out of Business
City, State	PHONE	Title/Duties
City: _____ State: _____	(____) _____ _____-_____-____	Title/Duties: _____ _____ _____

Reason(s) for Leaving / Additional Information:



ADDITIONAL EMPLOYMENT PAGE

Please start with **CURRENT/MOST RECENT** Employer (Arrange in Date Order)

Name of Company	Dates Employed	Reason for Leaving
_____	From: ____/____/____	<input type="checkbox"/> Quit: (2 weeks Notice Given <input type="checkbox"/> YES <input type="checkbox"/> NO)
_____	To: ____/____/____	<input type="checkbox"/> Laid Off/Temp <input type="checkbox"/> Retired
		<input type="checkbox"/> Terminated <input type="checkbox"/> Out of Business
City, State	PHONE	Title/Duties
City: _____	(____) _____	Title: _____
State: _____	_____	And/Or _____
		Duties: _____

Reason(s) for Leaving / Additional Information:

Name of Company	Dates Employed	Reason for Leaving
_____	From: ____/____/____	<input type="checkbox"/> Quit: (2 weeks Notice Given <input type="checkbox"/> YES <input type="checkbox"/> NO)
_____	To: ____/____/____	<input type="checkbox"/> Laid Off/Temp <input type="checkbox"/> Retired
		<input type="checkbox"/> Terminated <input type="checkbox"/> Out of Business
City, State	PHONE	Title/Duties
City: _____	(____) _____	Title: _____
State: _____	_____	And/Or _____
		Duties: _____

Reason(s) for Leaving / Additional Information:

Name of Company	Dates Employed	Reason for Leaving
_____	From: ____/____/____	<input type="checkbox"/> Quit: (2 weeks Notice Given <input type="checkbox"/> YES <input type="checkbox"/> NO)
_____	To: ____/____/____	<input type="checkbox"/> Laid Off/Temp <input type="checkbox"/> Retired
		<input type="checkbox"/> Terminated <input type="checkbox"/> Out of Business
City, State	PHONE	Title/Duties
City: _____	(____) _____	Title: _____
State: _____	_____	And/Or _____
		Duties: _____

Reason(s) for Leaving / Additional Information:

Name of Company	Dates Employed	Reason for Leaving
_____	From: ____/____/____	<input type="checkbox"/> Quit: (2 weeks Notice Given <input type="checkbox"/> YES <input type="checkbox"/> NO)
_____	To: ____/____/____	<input type="checkbox"/> Laid Off/Temp <input type="checkbox"/> Retired
		<input type="checkbox"/> Terminated <input type="checkbox"/> Out of Business
City, State	PHONE	Title/Duties
City: _____	(____) _____	Title: _____
State: _____	_____	And/Or _____
		Duties: _____

Reason(s) for Leaving / Additional Information:



PERSONAL REFERENCES

Please List People We May Contact to Verify Additional Information Regarding Your Skills.

YOU MUST GIVE 3 PERSONAL REFERENCES (Do Not Use Relatives or Previous Employers)

Full Name	Relationship	Occupation/Title	Years Known	PHONE
_____	<input type="checkbox"/> Co-worker	_____	<input type="checkbox"/> < 1 Year	(____) _____
_____	<input type="checkbox"/> Friend	_____	<input type="checkbox"/> 1-5 Years	_____
_____	<input type="checkbox"/> Other: _____	_____	<input type="checkbox"/> 5-10 Years	_____
			<input type="checkbox"/> 10+ Years	

Full Name	Relationship	Occupation/Title	Years Known	PHONE
_____	<input type="checkbox"/> Co-worker	_____	<input type="checkbox"/> < 1 Year	(____) _____
_____	<input type="checkbox"/> Friend	_____	<input type="checkbox"/> 1-5 Years	_____
_____	<input type="checkbox"/> Other: _____	_____	<input type="checkbox"/> 5-10 Years	_____
			<input type="checkbox"/> 10+ Years	

Full Name	Relationship	Occupation/Title	Years Known	PHONE
_____	<input type="checkbox"/> Co-worker	_____	<input type="checkbox"/> < 1 Year	(____) _____
_____	<input type="checkbox"/> Friend	_____	<input type="checkbox"/> 1-5 Years	_____
_____	<input type="checkbox"/> Other: _____	_____	<input type="checkbox"/> 5-10 Years	_____
			<input type="checkbox"/> 10+ Years	

EDUCATION INFORMATION:

High School Diploma/Certificate G.E.D. Passed Completion Date ____/____/____

Name of School: _____

Location (City, State): _____ Phone: (____) ____-_____

LANGUAGES:

English Speak Read/Write
 Fluent Intermediate
 Minimal

Spanish Speak Read/Write
 Fluent Intermediate
 Minimal

Other: _____



ELIGIBILITY TO WORK:

Are you legally authorized to work in the United States? Please check one → NOTE: Proof of identity and legal authority to work in the United States is a condition of employment.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	--	---------------------------------------

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodations? YES NO

If No, Please Explain: _____

Are you/have you been a member of the US Military? (Please Select ALL that Apply)

Veteran Active Reserves Air Force Army Navy Marines

Do you have ANY Friends or Relatives employed with Trans-West? YES NO

If Yes, Please List Each Persons Full Name: _____



Contraband Control Program

To: All Applicants for Employment
From: Trans-West Security Services, Inc.
Brooke Antonioni, President/CEO

Re: PRE-EMPLOYMENT DRUG TESTING

Any offer of employment that may be extended to you is conditioned upon your successful completion of a pre-employment drug test. You will be required to submit a urine sample. You will be witnessed while providing a urine sample.

The urine sample will be tested for the presence of illegal drugs. If you do not want to be tested for drugs, you may withdraw your application for employment and no record will be maintained of your reason for doing so.

Your failure to provide a viable sample will disqualify you for employment. A positive test will also disqualify you for employment. If you withdraw your application or are disqualified, you may reapply after one year.



APPLICATION NOTIFICATION

Trans-West Security Services, Inc. ("the Company") requires that you have a pre-employment drug test and/or update/periodic drug test. This is a screening test to determine your physical fitness to perform job assignments without undue hazard to yourself or fellow employees. The health care personnel who performs these tests are acting for this purpose only. Therefore, these tests should not be interpreted as either a complete physical examination or used as a substitute for such examinations. You should still have regular physical examinations by your own doctor. At your request, the Company will provide your doctor with information concerning the examinations we have performed.

I have read the above notification and understand that the pre-employment and/or update/periodic tests required by the Company are for the purpose of determining my fitness to perform the job only, and are not substitutes for regular physical examinations with my own doctor.

Print Full Name: _____

Date: ____/____/____

Signature: _____

INFORMED CONSENT STATEMENT ON DRUG TESTING

I understand that as part of the pre-employment evaluation process and the update/periodic medical surveillance program with Trans-West Security Services, Inc. ("the Company") I will be required to provide a body fluid specimen to be analyzed for the presence of illegal drugs and other substances as deemed necessary by the Company. I understand I will be witnessed while providing a urine sample. I understand that not satisfactorily passing a drug test could be cause of rejection of my employment application or termination of my employment.

I understand that these tests are necessary due to the sensitive nature of the work I will be doing, the fact that public safety is involved, and/or the increasing prevalence of substance abuse in our population, and the need to maintain a high level of health and safety. Therefore, for the purpose of pre-employment evaluation and during my employment with the Company, I agree to submit to a urine screening test for psychoactive chemical agents and other substances as deemed necessary by the Company.

I understand that the Company's business reasons for requesting me to submit to testing are not based upon considerations of race, color, sex, national origin, religion, age, marital status, ancestry, disability, or any other protected basis, in whole or in part.

I have read the above and, I certify that I understand the content of this document. I further understand that this authorization will remain in effect until my employment is terminated.

Print Full Name: _____

Date: ____/____/____

Signature: _____



Authorization to Obtain Employment Information and Criminal History

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application is complete, true and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment.

I hereby voluntarily consent to and authorize _____ bearing this release or copy thereof, to obtain a consumer report for employment purposes. I agree that this consumer report may include any of the following:

• Education Verification	• Employment Verification	• Reference Checks
• Personal Identity Verifications	• Civil Proceedings	• Criminal Records
• Motor Vehicle Records	• Credentials Verification	• Military Service Verification

I authorize all persons and organizations that may have information relevant to this research to disclose such information to _____ or its authorized agents.

I hereby release _____, its authorized database vendors/ agents and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original. I understand that I have specific prescribed rights as a consumer under the federal Fair Credit Reporting Act ("FCRA") and may have additional rights under relevant state law. I hereby certify that I have been presented with a summary of my rights as a consumer under the FCRA.

Signature of Applicant

Date

Printed Name

APPLICANTS DO NOT COMPLETE BELOW

We are asking your assistance in making an employment decision. ALL information provided on this form will be held in the strictest confidence in accordance with the Information Practices Act of 1977.

If you have any questions, feel free to contact us by any of the methods listed above.

Company Name: _____ Position: _____

Dates: From ___/___/___ To ___/___/___

Reason for leaving: Quit (Was Notice Given YES NO) Terminated Temporary Employee

Retired Other: _____

Would you re-employ?: YES NO (if no, please explain) _____

Additional Comments: _____

Print Name: _____ Title: _____

Signature: _____ Date: ___/___/___

THANK YOU!



Pre-Employment Appearance Notice

While on duty, our EMPLOYEES are expected to maintain a professional appearance, including good hygiene, personal grooming, and proper dress.

Unacceptable:	Required:
Facial Hair	Good Hygiene (Clean Hair, Nails, etc.)
Excessive Jewelry	Minimal/Allowed Jewelry or None
Visible Tattoos or Piercings	Tattoos Covered & Piercings
Removed	
Holes, Stains, or Wrinkles on Uniforms	Clean Uniforms

The specific guidelines for proper appearance are outlined in detail in our Employee Policy Handbook, each Employee hired will receive a copy during Orientation.

I HAVE READ ALL THE ABOVE AND UNDERSTAND THAT BY SIGNING BELOW I AGREE TO COMPLY WITH THE COMPANY STANDARDS OF APPEARANCE IF AN OFFER OF EMPLOYMENT IS EXTENDED TO ME BY TRANS-WEST SECURITY SERVICES, INC. OR TRANS-WEST SERVICES.

Signature: _____

Date: ____/____/____

Please Print Name: _____



EMPLOYMENT GAP EXPLANATION

Please list any time that is not accounted for on page 1 and 2 of the application. For example, any time gaps that would appear between jobs such as; unemployment, self-employment, school, or stayed at home parent, child, etc.

Print Name: _____

Dates: From ___/___/___ To ___/___/___

Description:

Dates: From ___/___/___ To ___/___/___

Description:

Dates: From ___/___/___ To ___/___/___

Description:



Acknowledgements:

1. I understand that if I am being considered for employment by Trans-West Security Services, Inc. or Trans-West Services, I will be required to submit to a post offer physical and drug/alcohol testing (all of which will be paid for by the Company) and to authorize the release of the physical examination and test results to Trans-West Security Services, Inc or Trans-West Services. Applicants whose test results are positive (prohibited substances present) will not be eligible for further employment consideration.
2. I also understand that as part of my Application for Employment that at any time during the course of such employment, I may also be required to be examined concerning my ability to perform any job in a manner that does not endanger my own health or safety or the health or safety of others. I hereby authorize all providers of health care who examine me to disclose to my employer or any of its agents, representatives and employees, including attorneys, all medical information revealed during such examinations. I further authorize my employer to disclose such information to any other persons if at any time my medical condition is put at issue in any proceeding by myself or others. I understand this authorization will remain valid for five years from the date of this Application, and that if I become employed this authorization will remain in effect for five years after my employment terminates. I understand that I have the right to receive a copy of this authorization.
3. Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within the Application and pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any job extended to me may be withdrawn and, if employed, I may be subject to termination.
4. I authorize my employer to make any legal investigation deemed necessary for employment consideration and promotion within the organization.
5. I understand this Application for Employment is not to be considered as a guarantee or offer of employment for a specific time. **I further understand that if I am hired by Trans-West Security Services, Inc. or Trans-West Services my employment will be terminable at will either by myself or my employer** My continued employment is dependent on satisfactory performance and the continued need for my services as determined by this organization.
6. I grant my employer approval, after my termination of employment to release information which it may deem appropriate regarding my employment with or termination from the organization, to anyone who has a reasonable basis for making such inquiry. So long as the information disclosed is not known by this organization to be inaccurate, this organization shall not incur legal liability of any nature in connection with the furnishing of such information.
7. I understand and agree that, if I am offered a position, it may be a conditional offer based on my successful passing of both a drug and alcohol screen and proof my right to work in the United States. I also understand that as a condition of my employment, I may be required to under go drug testing, and any other testing to the extent permitted by applicable law.
8. I agree that Trans-West Security Services, Inc. & Trans-West Services, or its contractors shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I authorize the companies, schools, or persons named above to give any information they may have regarding me whether or not it is in their records. I hereby release said companies, schools, or persons from all liability for any damaged caused by issuing this information. Also, I hereby release Trans-West Security Services, Inc. & Trans-West Services and its contractors from liability resulting from the gathering and use of any information. In addition, if accepted for employment I hereby agree to abide by the rules and policies of my employer and accept the established pay period as provided in accordance with the Fair Labor Standards Act (as amended) or other applicable state law or regulation.
9. Trans-West Security Services, Inc. & Trans-West Services are Equal Opportunity Employers. We do not unlawfully discriminate on the basis of race, color, religion, sex (including pregnancy, childbirth or related medical conditions), national origin, ancestry, age, physical or mental disability, medical condition, new parent status, veteran status, marital status, sexual orientation, gender identity or on any basis protected by state or federal laws. When necessary, we also make reasonable accommodations for disabled employees and for pregnant employees who request accommodations, with the advice of their health care providers, for pregnancy, childbirth, or related medical conditions.

I ACKNOWLEDGE THAT I HAVE READ ALL OF THE ABOVE STATEMENTS AND THAT I UNDERSTAND THEM.

Signature: _____ Date: ____/____/____