



## Advanced Electronic Solutions EMPLOYMENT APPLICATION

FOR OFFICE USE ONLY	
STARTING DATE	
POSITION	
SALARY	LOCATION

PLEASE COMPLETE ALL ITEMS

### OUR MISSION

*OUR MISSION IS TO ACHIEVE 100% TOTAL CUSTOMER SATISFACTION. IN ADDITION, WE WANT TO PROVIDE THE INDUSTRY WITH THE MOST WELL TRAINED AND PROFESSIONAL STAFF WHO WILL EXCEED OUR CUSTOMERS' EXPECTATIONS.*

### OUR VISION

OUR VISION IS TO TAKE ADVANCED PROTECTION SYSTEMS, INC. TO THE LEVEL THAT SETS THE STANDARD FOR ALL SECURITY COMPANIES IN THE SOUTHERN CALIFORNIA MARKETPLACE.

### APPLICANT INSTRUCTIONS

Thank you for your interest in employment with our Company. Our people make us successful and the employment process is an important aspect of building our team. We appreciate your application, and are glad you have shown an interest in joining our team.

Please complete the following application and authorization for release of information form. Please print all information so it may be easily read. Be certain all forms are completely filled out and signed. Incomplete applications will not be considered. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you. As part of this application, you will be furnished a job description that contains the essential job functions of the job for which you are applying. If it has not been supplied to you, it is your responsibility to ask for one.

Employment decisions are made on the basis of qualifications to perform the work for which you are applying, and available positions. Qualifications include education, training, work experience and other factors, which are relevant in determining job performance. Credentials and experience may be verified through schools, former employers and any licensing/certification agencies, if applicable. As an Equal Opportunity Employer, decisions to hire and promote are made without regard to race, color, creed, national origin, sex, physical or mental disability, or age (as defined by law).

PERSONAL HISTORY					
LAST NAME	FIRST	MIDDLE	NICKNAME	SOCIAL SECURITY NO.	ARE YOU ELIGIBLE TO BE EMPLOYED IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
STREET			APT./SUITE#		ARE YOU 18 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>
CITY		STATE	ZIP CODE		
PHONE NO.	DAY	EVENING		ALTERNATE	

CAREER OBJECTIVE		
POSITION APPLYING FOR	SALARY REQUIREMENT	Have you ever worked for Advanced Electronic Solutions? If so, when and where.
DATE AVAILABLE TO BEGIN	WILL YOU RELOCATE?	PREFERRED LOCATION
How did you learn of this job opening?	Do you have any relatives or friends employed by Advanced Electronic Solutions? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give name and relationship:	
What are your reasons or goals for seeking the position in which you are applying?:		

AVAILABILITY								
Certain positions are required to work nights and weekends, including most holidays. Please indicate the days of the week and hours you are available.								
HOURS AVAILABLE	FROM	MON.	TUES.	WED.	THUR.	FRI.	SAT.	SUN.
	TO							

## EMPLOYMENT RECORD

Are you currently employed?      Yes     No

We routinely contact an applicant's current employer for reference checks. Would this pose any particular difficulty for you?

Yes     No       If yes, please explain: \_\_\_\_\_

List previous employment information starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Position/Duties \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Position/Duties \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Position/Duties \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Position/Duties \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

May we contact previous employers? Yes     No       If no, please explain: \_\_\_\_\_

Have you ever been terminated from employment? Yes     No     If yes, please explain: \_\_\_\_\_

Use this space to give us information about your personal skills or abilities, work style, interpersonal or communication skills that would assist us in placing you: \_\_\_\_\_

## REFERENCES

List Three (3) Business References **Not Related to You** That We May Contact

Name	Address	Phone #	Occupation	Years Known

## EDUCATION

SCHOOL NAME	CITY/STATE	MAJOR/MINOR/COURSEWORK	MAJOR	GPA OVERALL	
HIGH SCHOOL					
COLLEGE					DEGREE
COLLEGE					DEGREE

## MILITARY EXPERIENCE

U.S. MILITARY BRANCH	FINAL RANK	DATES OF SERVICE	SPECIAL TRAINING RECEIVED

## ALARM AGENT LICENSE

Do you currently hold an alarm agent License? Yes  No   
 If yes: LICENSE NUMBER: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_  
 EXPIRATION DATE \_\_\_\_\_

For positions requiring the operation of a motor vehicle:

DRIVER'S LICENSE NO.: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

Do you have liability insurance? Yes  No  If yes, please give name of the insurance company and expiration date:

\_\_\_\_\_

Has your driver's license ever been suspended or revoked for any reason? Yes  No  If yes, please give date and reason:

\_\_\_\_\_

Have you been involved in a vehicle accident of any type within the last five (5) years? Yes  No  If yes, give date(s) and the nature and severity of the accident(s):

\_\_\_\_\_

### TRAFFIC VIOLATION RECORD

List traffic citations you have received during the five (5) years preceding the date of this application, and state the disposition of each, such as "dismissed", "paid fine", "defensive driving", etc.

<u>Date</u>	<u>Type</u>	<u>Disposition</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have been convicted of driving while intoxicated or under the influence, please explain:

\_\_\_\_\_

\_\_\_\_\_

NOTE: If you are hired for a driving position, you must keep us informed of any changes in your driving record.

**HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS? IF YES, PLEASE EXPLAIN: (A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT)**

\_\_\_\_\_

\_\_\_\_\_

Are you able to perform the essential functions of the job in which you are applying either with or without reasonable accommodation? Yes  No  If no, describe the functions that cannot be performed:

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Are you currently abusing drugs or alcohol? Yes  No

**PLEASE READ THE SECTION BELOW CAREFULLY, INITIAL EACH SECTION AND SIGN BELOW**

1. \_\_\_\_\_ I certify that all information given on this application is true, correct and complete to the best of my knowledge. I understand deliberate falsification of this information is grounds for dismissal in accordance with Advanced Electronic Solutions policy.
2. \_\_\_\_\_ I authorize Advanced Electronic Solutions, Inc. to investigate all facts contained in my application for employment with said company, and authorize the release of any and all information by my past and present employers, wherever located, which may be required for a reference check. I further authorize all my previous employers and current employer to give any and all information concerning my employment and any other pertinent information which said employers may have, including opinions as to my work habits and attitude toward safety, supervisors and co-workers. I also understand that as part of the processing procedure for my employment application, an investigative report may be made concerning my character, general reputation, personal characteristics, credit background and mode of living. Upon written request, additional disclosure concerning the complete nature and scope of the investigation will be provided. I release all relevant parties from all liability of any damages resulting from furnishing such information.
3. \_\_\_\_\_ If I am denied a job based either wholly or in part because of information contained in a consumer report, I will be provided the name and address of the reporting agency that supplied the information.
4. \_\_\_\_\_ I further understand that this is an application for employment and that no employment contract either expressed or implied is being offered; and I understand that if employed, such employment is for an indefinite period and is subject to change in salary, conditions, benefits, and operating policies. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to discontinue my employment at any time with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurance to the contrary.
5. \_\_\_\_\_ I understand that my employment may be subject to the successful completion of a drug and/or alcohol screen, and that my continued employment may be contingent upon successfully completing any drug and/or alcohol screen as required.
6. \_\_\_\_\_ If employed by Advanced Electronic Solutions., I agree to abide by its rules and regulations. I understand that operating conditions may require me to temporarily work shifts rather than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or the management.
7. \_\_\_\_\_ This application is current for only 60 days. Given the number of applications received, it may not be possible for the Company to contact each applicant regarding his/her status. At the conclusion of 60 days, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signed on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

## VOLUNTARY QUESTIONNAIRE

Advanced Electronic Solutions is a Federal Government contractor and thus is required to keep statistics regarding the data below. Providing this information is voluntary. You should be advised that the information you provide will not be used when making any hiring decision and is treated very confidentially.

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

### Referral Source

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Walk-in     | <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Employee    | <input type="checkbox"/> Friend/Relative   | <input type="checkbox"/> School        |
| <input type="checkbox"/> Other _____ |  |  |

### Ethnic Group (check one box only)

- White, not of Hispanic origin (includes the Middle East)
- Black, not of Hispanic origin
- Hispanic
- Asians, not Hispanic or Latino
- Two or more races , not Hispanic or Latino
- American Indian
- Native Hawaiian or Other Pacific Islander, not Hispanic or Latino

### Gender (check one box)

- Male       Female

### Additional Information:

- Yes    No   Veteran of the Vietnam Era – Use the following definition to identify yourself

If you served on active duty for a period of more than 180 days and were discharged or released with other than a dishonorable discharge, if any part of such active duty occurred: (1) in the Republic of Vietnam between Feb 28, 1961 and May 7, 1975; or (2) between August 5, 1964 and May 7, 1975, in all other cases; Or if you were discharged or released from active duty for a service connected disability if any part of such active duty was performed: (1) in the Republic of Vietnam between Feb 28, 1961 and May 7, 1975; or (2) between August 5, 1964 and May 7, 1975, in all other areas.

- Yes    No   Disabled Veteran – Use the following definition to identify yourself

If you are entitled to disability compensation under the laws administered by the Department of Veterans Affairs for a disability (1) rated at 30% or more, or (2) rated at 10% or 20% in the case of a veteran who has been determined under section 1506 of Title 38, U.S.C. to have a serious employment handicap; Or if you were released or discharged from active duty because of a service-connected disability.

- Yes    No   Individual with a Disability

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature