

ARCADIA SECURITY & PATROL, INC. - EMPLOYMENT APPLICATION - PAGE 1

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Initial Interview Date: _____ Second Interview Date: _____ Final Interview Date: _____
 Conducted By: _____ Conducted By: _____ Conducted By: _____
 Targeted Assignment: _____ Hired (Y or N) - If Yes, Date of Hire: _____ Employee Badge/ID #: _____

Arcadia Security & Patrol is an EQUAL OPPORTUNITY EMPLOYER.
 We consider applications for all positions without regard to race, color,
 religion, creed, gender, national origin, age, disability, marital or veteran
 status, sexual orientation, or any other legally protected status.

Arcadia Security & Patrol, Inc.
 P.O. Box # 2004
 Beaverton, Oregon 97075-2004
 Ph: 877-778-3159 - Fx: 503-579-1408
 www.arcadia-security.com - hr@arcadia-security.com



DATE OF APPLICATION:	REFERRAL SOURCE:	Newspaper	Craig's List	Job Fair	Current Employee	Walk-In	Other:
		Name: _____ Specify: _____					
NAME: _____ <small>LAST FIRST MIDDLE</small>					PRIMARY PHONE #: () - <small>TYPE OF PHONE:</small>		
SOC SEC #: [] [] [] - [] [] [] - [] [] []					OTHER PHONE #: () - <small>TYPE OF PHONE:</small>		
CITIZENSHIP: U.S. Citizen Registered Alien <small>(Proof of citizenship/immigration status will be required upon employment)</small>		AGE: Over 18 & Under 21 Over 21		D.P.S.S.T. #: _____		HAVE YOU APPLIED BEFORE:	
CERTIFIED AS:							

CURRENT ADDRESS: FROM _____ TO _____					
NUMBER	STREET	APT #	CITY/TOWN	STATE	ZIP
PREVIOUS ADDRESS (If less than 5 years at current address): FROM _____ TO _____					
NUMBER	STREET	APT #	CITY/TOWN	STATE	ZIP

POSITION(S) APPLYING FOR:	On-Site Officer	Patrol Officer	Dispatcher/Operator	Supervisor/Lead Officer	Admin/Office	Supervisor/Management	On Call PMC Officer	Contracted Investigator	EMT / Medic	OTHER
SPECIAL QUALIFICATIONS:	ACTIVE/RETIRED/FORMER POLICE OFFICER	RESERVE POLICE	MILITARY SERVICE	ASP / BATON CERTIFIED	OC CERTIFIED	HANDCUFF CERTIFIED	TASER CERTIFIED	DEFENSIVE TACTICS CERTIFIED		
INSTRUCTOR CREDENTIALS (Type):	GOV'T SECURITY CLEARANCE (Type):		CONCEALED HANDGUN LICENSE (State, County & #):		OTHER SPECIFY:					
MILITARY SERVICE (A copy of your DD Form 214, Long Form will be REQUIRED along with your application) :										
SERVICE ENTERED:	DATE OF ENTRY:	DATE OF COMPLETION:	COMPLETE M.O.S.: <small>(Including Identifiers)</small>							
RANK ENTRY:	RANK DISCHARGE:	TYPE OF DISCHARGE:	DUTY STATION AT TIME OF DISCHARGE:	CURRENT DUTY STATUS:						

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___ Military Experience	___ Current DPSST Cert	___ GED or Diploma	___ Personal Vehicle	___ Suitable Grooming
___ Police Experience	___ Armed	___ Some College	___ Shared Vehicle	___ Appropriate Attire
___ Security Experience	___ Unarmed	___ Degree	___ Public Transportation	___ Complete Availability
___ Customer Service Exp.	___ Supervisor/Exec Mgr	___ Vocational Training	___ Walk / Bicycle / Other	___ Sufficient Experience

AVAILABILITY:

Check The Day's of the Week Available To Work Check The Type of Position You Desired Check The Shift(s) You Can Work
 Sun. Mon. Tue. Wed. Thu. Fri. Sat. Full Time - Part Time - Reserve / On Call Days Swing Grave

IF YOU HAVE LIMITS ON AVAILABILITY, DESCRIBE THEM: _____

TRANSPORTATION: Personal Shared Friend's Relative's Public Transpiration Other
 Vehicle Vehicle Vehicle Vehicle Specify: Specify:

DRIVER'S LICENSE #: _____ STATE ISSUED: _____ EXPIRES: _____ ENDORSEMENTS: _____

EMPLOYMENT HISTORY (Previous employers going back 5 years. Include ALL employment and explain any gaps in employment - Start with Most Recent) :

Name of Employer	Direct Supervisors Name	Start Date MM/YY	Job Title / Position	Starting Pay Rate
Employers Physical Address	Company Phone Number	Term Date MM/YY	Job Title / Position	Final Pay Rate
Types & Locations of Work Experience:				

Detailed Reason for Leaving _____ May We Contact This Employer Y N

Name of Employer	Direct Supervisors Name	Start Date MM/YY	Job Title / Position	Starting Pay Rate
Employers Physical Address	Company Phone Number	Term Date MM/YY	Job Title / Position	Final Pay Rate
Types & Locations of Work Experience:				

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Employers Physical Address	Company Phone Number	Term Date MM/YY	Job Title / Position	Final Pay Rate
Types & Locations of Work Experience:				

Detailed Reason for Leaving _____ May We Contact This Employer Y N

EDUCATION:	Name of School - City & State	Years Completed	Graduated YES or NO	Course of Study	Graduated with Diploma or Degree
HIGH SCHOOL	_____	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____	_____
SPECIAL TRAINING	_____	_____	_____	_____	_____
OTHER	_____	_____	_____	_____	_____

LANGUAGES (Other than English, detail any other languages that you can Speak, Read or Write & check what your fluency in that language is):

Speak	Fluent	Good	Fair	Speak	Fluent	Good	Fair	Speak	Fluent	Good	Fair	Speak	Fluent	Good	Fair
Read	Fluent	Good	Fair	Read	Fluent	Good	Fair	Read	Fluent	Good	Fair	Read	Fluent	Good	Fair
Write	Fluent	Good	Fair	Write	Fluent	Good	Fair	Write	Fluent	Good	Fair	Write	Fluent	Good	Fair

ADDITIONAL QUALIFICATIONS

TRAINING / CERTIFICATIONS (Specialized Training, Apprenticeships, Skills & Certifications):

MILITARY (Job Related Training, Awards, Decorations, Skill Badges, etc.):

MEMBERSHIPS (List Professional, Trade, Business or Civic Activities and/or Offices Held):

ADDITIONAL INFORMATION (State any additional information you feel may be helpful to us in considering your application):

ACKNOWLEDGMENTS: I have completely read and understand this application. I understand that any misrepresentation or intentional omission of the facts is cause for termination and possible prosecution, even if the misrepresentation or omission is found after an offer of employment. I understand that employment is contingent upon successful fulfillment of certification/licensing laws and providing proof to work in the United States. I further understand and agree that if offered, employment is at-will and therefore there is no definite period of employment and employment may be terminated at any time without prior notice, with or without cause. I fully authorize an investigation of any and all statements made either written on this application or made verbally during an interview with no limits. This includes contacting any of my former employers that I have listed in this application, listed on my provided resume, disclosed during an interview or learned of by Arcadia Security & Patrol staff during contact with former employers, references, friends or anyone else who may provide information on me. I understand and agree that Arcadia Security & Patrol may contact these employers in any way they deem necessary, up to, but not limited to, face to face contact. Additionally, I HEREBY WAIVE AND FOREVER RELEASE ANY AND ALL RIGHTS I MAY HAVE to make a claim or to commence a lawsuit or to recover damages or losses from or against any customer/ client (and employees of any customer/client) of Arcadia Security & Patrol, Inc. to which I may be assigned arising from or related to injuries which are covered under Worker's Compensation statutes. I also fully understand and authorize that I may be subject to special job-related screening for certain positions and that should I not meet this additional screening I may be terminated without notice. Initials: _____

I certify that all answers and information given herein are true to the best of my knowledge. Initials: _____

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Arcadia Security & Patrol, Inc. has my permission to verify any of the information in this applicator Initials: _____

I understand that if I am extended an offer of employment I will be required to submit a drug test and that my employment is conditioned upon the result of the examination. I have been made aware and understand that the use of any illegal narcotics will result in my denial or revocation of employment. Furthermore, I have been made aware and understand that even the legal use of marijuana is a violation of Arcadia Security & Patrol, Inc. employment policy and that should my examination results show the use of this narcotic, regardless of reason it may result in my denial or revocation of employment. Initials: _____

In the event of employment, I understand that false or misleading information or statements given in my application or interview(s) may result in discharge. I understand that I am required at all times to abide by all rules, regulations and policies of my employer (Arcadia Security & Patrol, Inc.) and that failure to do so may result in my termination. Initials: _____

Have you ever been arrested: YES or NO **Have you ever been convicted of a crime by a Military or Civilian court (Including Article 15's):** YES or NO

If yes to either, state the circumstances of this event. (State law prohibits employment as a Security Officer or Private Investigator of those with certain types of arrests)

PERSONAL REFERENCES (Do Not Name Relatives):

1	Reference Name	Relationship	Phone Number	
	Street Address	City	State	Zip
2	Reference Name	Relationship	Phone Number	
	Street Address	City	State	Zip
3	Reference Name	Relationship	Phone Number	
	Street Address	City	State	Zip

PROFESSIONAL REFERENCES (Do Not Name Relatives):

1	Reference Name	Relationship	Phone Number	
	Street Address	City	State	Zip
2	Reference Name	Relationship	Phone Number	
	Street Address	City	State	Zip

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Comments / Salary & Employment Expectations:

(IN ORDER FOR THIS APPLICATION TO BE CONSIDERED ALL PORTIONS MUST BE COMPLETELY FILLED OUT - EQUAL OPPORTUNITY EMPLOYER)

RELEASE OF INFORMATION WAIVER:

I authorize the complete investigation of my background as part of my employment application with Arcadia Security & Patrol, Inc. as deemed necessary for determining an employment decision. I authorize all persons, schools, military, law enforcement agencies, courts, licensing authorities and current or previous employers to release and provide any and all information requested about me by and to Arcadia Security & Patrol, Inc. I agree that by your receiving a copy of this statement you have been released of any confidentially requirements and that in providing Arcadia Security & Patrol, Inc. the requested information I can not and will not seek any legal action against you or the company or agency your represent, either criminally or civilly.

APPLICANT, FULL NAME (Please Print)

APPLICANT SIGNATURE

DATE OF SIGNATURE