

# PRE-EMPLOYMENT QUESTIONNAIRE

1. Have you ever applied before with our company?  Yes  No
2. Do you have Security Experience?  Yes  No
3. Do you have a Guard Card?  Yes  No
4. Do you have a vehicle?  Yes  No
5. How far are you willing to travel?
6. Are you willing to submit to a drug test?  Yes  No
7. Are you willing to submit to a polygraph test?  Yes  No
8. Have you ever been arrested?  Yes  No
9. Do you have any felonies or misdemeanors?  Yes  No
10. Are you currently on bail?  Yes  No
11. Do you currently have any lawsuits pending?  Yes  No
12. Are you currently receiving/or have received workers compensation benefits?  Yes  No
13. Are you currently receiving unemployment benefits?  Yes  No
14. Do you have any medical conditions that may prevent you from performing your duties as a security officer?  Yes  No
15. Have you ever worked for our company before?  Yes  No

If yes, when?

16. Do you have/or ever had any relatives working for us?  Yes  No

If yes, who?

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**I certify that the facts contained in this Questionnaire are true and correct, to the best of my knowledge, and understand that if employed, falsified statements on this Questionnaire shall be grounds for dismissal.**

Applicant Name

Today's Date

Use the pen and tablet to sign the document.

Applicant Signature

**If filling out application online-don't worry about signature**

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# PRE-EMPLOYMENT TEST

Please fill out the following scenario as to what you would do in the following situation:

You are on foot patrolling a car dealership. You notice a man wearing a white shirt, blue jeans, and black tennis shoes. He has light brown hair and a tattoo on his arm. As you approach him you notice a pile of broken glass next to the car he is closest to.

**Please type a two-paragraph incident report on the events listed above and describe what you would do in this situation.**

Type answer here

# American Guard Services, Inc.

## U.S. EMPLOYMENT APPLICATION

**THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BECAUSE OF RACE, RELIGION, COLOR, AGE, GENDER, NATIONAL ORIGIN, MARITAL STATUS, DISABILITY OR HANDICAP, VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER STATUS PROTECTED BY LAW. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION.**

**THIS IS NEITHER AN EMPLOYMENT CONTRACT NOR A GUARANTEE OF EMPLOYMENT. YOUR COMPLETED APPLICATION WILL BE MAINTAINED IN OUR ACTIVE FILES FOR THIRTY (30) DAYS FROM THE DATE OF APPLICATION. YOU MAY SUBMIT A NEW APPLICATION OR UPDATE YOUR CURRENT APPLICATION AT ANY TIME.**

1. If you require any special reasonable accommodation in completing this application, interviewing, completing any pre-employment testing, or otherwise participation in the employee selection process, please advise us.
2. Read all questions carefully. Please type your answers.
3. You will be required to pass a drug screening test as a condition of employment.
4. You may be required, as a condition of employment, to complete American Guard Services, Inc. Ethical Conduct, Confidentiality agreement, Patent assignment, and/or other pre-employment forms or agreements.
5. The Company may request a consumer report or an Investigation consumer report as part of the application process. You must complete the "Fair Credit Reporting Act Disclosure and Authorization Statement", or other applicable disclosure/authorization statement, which will be provided to you with this application, in order to be considered for employment.

# Application for Employment

## Personal Information

Today's Date

Name  SSN

Address  Phone Number

City  State  Zip Code  Cell Number

Are you 18 years or older?  Yes  No

Are a U.S. citizen?  Yes  No

If no, enter Alien or Admission Number

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## Desired Employment

Position  Date you can start

Salary Desired  Are you employed now?  Yes  No

If employed, may we inquire of your present employer?  Yes  No

Have you ever applied to this company before?  Yes  No

If so, where?  Date applied

Have you ever worked for this company before?  Yes  No

If so, where?  Beginning Date  Ending Date

Reason for leaving.

Name of last supervisor at this company.

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## Education

Choose the highest grade completed in each category.

Grade School  High School  College/Grad

## School Name

Grammar School  Location

Did you graduate?  Yes  No

Subject Studied

Jr. High School  Location

Did you graduate?  Yes  No

Subject Studied

High School  Location

Did you graduate?  Yes  No

Subject Studied

College  Location

Did you graduate?  Yes  No

Subject Studied

Graduate School  Location

Did you graduate?  Yes  No

Subject Studied

Apprentice, Business, or Vocational School

Did you graduate?  Yes  No

Location

Subject Studied

### Military Information

Branch of U.S. Service  Length of Service

Final Rank  Discharge Status

Schools or special experience acquired during service which are pertinent to position being applied for.

### Employment Record

List all previous employment, including Military Service, during the last ten(10) years .

Present or recent employer  Start Date  End Date

Address  Weekly starting salary

City  State  Zip Code  Weekly final salary

Job Title  Reason for leaving

Description of work:  May we contact your previous Supervisor?

Name of Supervisor  Title

Phone Number

Present or recent employer  Start Date  End Date

Address  Weekly starting salary

City  State  Zip Code  Weekly final salary

Job Title  Reason for leaving

Description of work:  May we contact your previous Supervisor?

Name of Supervisor  Title

Phone Number

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Present or recent employer  Start Date  End Date

Address  Weekly starting salary

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Job Title  Reason for leaving

Description of work:  May we contact your previous Supervisor?

Name of Supervisor  Title

Phone Number

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## References

**Give full names of three references (Not relatives or employers)**

Name <input type="text"/>	Phone Number <input type="text"/>
Address <input type="text"/>	Years known <input type="text"/>
City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	Relationship <input type="text"/>
Name <input type="text"/>	Phone Number <input type="text"/>
Address <input type="text"/>	Years known <input type="text"/>
City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	Relationship <input type="text"/>
Name <input type="text"/>	Phone Number <input type="text"/>
Address <input type="text"/>	Years known <input type="text"/>
City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	Relationship <input type="text"/>

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# Professional Licenses

List all Licenses or Permits ever held

Type of Drivers License or Permit.

State	<input type="checkbox"/>	Type of License	<input type="text"/>	Number	<input type="text"/>	Exp. Date	<input type="text"/>
State	<input type="checkbox"/>	Type of License	<input type="text"/>	Number	<input type="text"/>	Exp. Date	<input type="text"/>
State	<input type="checkbox"/>	Type of License	<input type="text"/>	Number	<input type="text"/>	Exp. Date	<input type="text"/>

Security License or Permit.

State	<input type="checkbox"/>	Type of License	<input type="text"/>	Number	<input type="text"/>	Exp. Date	<input type="text"/>
State	<input type="checkbox"/>	Type of License	<input type="text"/>	Number	<input type="text"/>	Exp. Date	<input type="text"/>
State	<input type="checkbox"/>	Type of License	<input type="text"/>	Number	<input type="text"/>	Exp. Date	<input type="text"/>

List any restrictions on your license

Has any License, Privilege, or Permit you ever held been:

Suspended?  Yes  No

Revoked?  Yes  No

Denied?  Yes  No

Which License?

Have you ever been convicted, cited or forfeited bond or collateral for driving while intoxicated or under the influence?

Yes  No

If yes, when?

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## Unemployment Data

Complete only if you were unemployed and not attending school at any time during the past 10 years

Start of unemployment

End of unemployment

Month	<input type="text"/>	Year	<input type="text"/>	Month	<input type="text"/>	Year	<input type="text"/>
Month	<input type="text"/>	Year	<input type="text"/>	Month	<input type="text"/>	Year	<input type="text"/>
Month	<input type="text"/>	Year	<input type="text"/>	Month	<input type="text"/>	Year	<input type="text"/>

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## Criminal Record

Have you ever been convicted of a crime?

Yes  No

If yes, when?

Where?

Offense

Disposition

Have you ever been bonded?

Yes  No

If so, what organization?

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**I certify that the facts contained in this Pre-Employment package are true and correct, to the best of my knowledge, and understand that if employed, falsified statements on this Pre-Employment Application shall be grounds for dismissal.**

Applicant Name

Today's Date

Use the pen and tablet to sign the document.

Applicant Signature

**If filling out application online-don't worry about signature**

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## American Guard Services, Inc

### Source of employment

Please take a moment and tell us how you found out about us. Please be specific about the source. That is to say if it was from a newspaper, which newspaper? If from a sign, which sign? If from a friend, which friend?

Put response here

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1. Check the shifts you are available to work.

Day  Swing  Night  Holiday  Weekends

2. Have you ever used any illegal drugs?

Yes  No

3. How often do you drink alcoholic beverages?

4. Have you ever had a felon conviction?

Yes  No

5. Have you ever had a misdemeanor conviction?

Yes  No

6. Do you own your own weapon?

Yes  No

Make

Caliber

7. The work of a Security Officer requires the ability to communicate orally and in writing. It is necessary for an officer to be able to receive instructions and to give complete and concise reports. Are you able to clearly communicate in both written and spoken word?

Yes  No

Do you have any other language skills?

Yes  No

If yes, Explain what these skills involve



8. Describe your reasons for wanting a job in security and why you would like to work for AGS.

9. What would you do if an unauthorized person came on to your post? How would you approach this person?

10. You're working in a supermarket late in the evening and observe a young male taking some candy. What type of crime has he committed? Would you arrest him?

If you filled this Application out online click the email button for the location you are applying at and your e-mail client will open up.

If you don't have an e-mail client installed on your computer, then save the PDF file to your computer and e-mail it to the location you are applying for- see below for e-mail address

Carson, Calif send application to [employment@americanguardservices.com](mailto:employment@americanguardservices.com)  
Miami/Ft. Lauderdale send application to [jgriffin@americanguardservices.com](mailto:jgriffin@americanguardservices.com)  
Cape Canaveral send application to [jpeterston@americanguardservices.com](mailto:jpeterston@americanguardservices.com)  
Hawaii send application to [mburgan@americanguardservices.com](mailto:mburgan@americanguardservices.com)  
Oakland, Calif., send application to [astone@americanguardservices.com](mailto:astone@americanguardservices.com)

**You have finished the online employment application.**