



SINCE 1994

# Security PROS<sup>SM</sup>

**INCORPORATED**  
★Certified Security Professionals★

389 SW Scalehouse Court, Suite 130  
(Old Mill District) Bend, OR 97702  
Bend 541-330-0404 / Redmond 541-548-1992  
Fax 541-330-1415 / www.securityprosbend.com

# APPLICATION FOR EMPLOYMENT

FORM-07 Rev. 9/28/2009

*An Equal Opportunity Employer  
and Drug Free Work Place*

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_  
Last First Middle Initial

Present Address \_\_\_\_\_  
Street City State Zip

How long at present address? \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Best Time to Call? \_\_\_\_\_

E-Mail \_\_\_\_\_

Employment desired:  FULL-TIME  PART-TIME  FILL-IN / ON-CALL  SPECIAL EVENTS

Position applying for: \_\_\_\_\_

How did you hear about us?  The Bulletin  Craig's List  From Current Employee \_\_\_\_\_

Employment Office  Other \_\_\_\_\_

## Previous addresses for the past 10 years:

_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____

## Driver History

1. Do you possess a current driver's license? Yes  No  License# \_\_\_\_\_ State \_\_\_\_\_

2. Have you had a driver's license in any other state or under a different name in the past 3 years?  
Yes  No  if "Yes" Name \_\_\_\_\_ State \_\_\_\_\_

3. In order to drive a company motor vehicle on the job, you must meet the minimum requirements set by our insurer, which for the last **3 years, have you:**

- Had any at fault accidents? Yes \* No
- Had any moving traffic citations? Yes \* No
- Had any driving under the influence of intoxicants (DUII) convictions? Yes \* No
- Had your driver's license denied, suspended or revoked? Yes \* No

\*Please explain any "Yes" answers \_\_\_\_\_

4. Can you with or without reasonable accommodation drive a standard transmission? Yes  No

5. Do you have reliable transportation if we need you to drive your personal vehicle occasionally on the job? Yes  No

6. Do you have automobile liability insurance? Yes  No

If "Yes", Name of company: \_\_\_\_\_ Policy # \_\_\_\_\_

# Past Employment History

(Include U.S. Military Service and periods of unemployment or education)

**For the past 10 Years** provide complete and accurate employment information, with the most recent employment first *(Use another sheet if necessary)*

Month and Year	Name/Address/City/State/ Zip of Employer	Your Occupation Supervisor's Name Employer's Phone No.	Wages	Reason for leaving
From: _____ /_____ To: _____ /_____	_____ _____ _____	_____ _____ _____	\$ _____  Per _____	_____ _____ If current employer, can we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
From: _____ /_____ To: _____ /_____	_____ _____ _____	_____ _____ _____	\$ _____  Per _____	_____ _____ _____
From: _____ /_____ To: _____ /_____	_____ _____ _____	_____ _____ _____	\$ _____  Per _____	_____ _____ _____
From: _____ /_____ To: _____ /_____	_____ _____ _____	_____ _____ _____	\$ _____  Per _____	_____ _____ _____
From: _____ /_____ To: _____ /_____	_____ _____ _____	_____ _____ _____	\$ _____  Per _____	_____ _____ _____
From: _____ /_____ To: _____ /_____	_____ _____ _____	_____ _____ _____	\$ _____  Per _____	_____ _____ _____
From: _____ /_____ To: _____ /_____	_____ _____ _____	_____ _____ _____	\$ _____  Per _____	_____ _____ _____

Were you ever employed by SecurityPros, Inc. or Serenity One Security, Inc. (SOS) before?  
**Yes**  **No**  *If yes, when and where: \_\_\_\_\_ Reason for leaving?*  
 \_\_\_\_\_

How far are you willing to commute to our work sites? *(check all that apply)*  
 Bend  Redmond  Madras  Other \_\_\_\_\_

If your application is considered favorably on what date will you be available for employment?  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Education

1. Do you have a High School Diploma or GED? Yes  No
2. College or Jr. College? Yes  (Circle highest completed) No  (13) (14) (15) (16) / Post Grad. (17+)

Name of College: \_\_\_\_\_

3. List any special training: *(Use another sheet if necessary)*

---

---

---

4. List any additional information not included in this application that you feel may be of value to us in considering you for employment: *(Use another sheet if necessary)*

---

---

---

---

---

## Private Security Certification Requirements

If you are applying for a security officer position, as a condition of hire and/or continued employment, you must meet and maintain the minimum standards for certification and/or licensure for private security officers, as established by the Oregon Department of Public Safety Standards and Training (DPSST), ORS 181.870 et seq.

1. Are you currently certified as a private security officer by the Oregon DPSST? Yes  No   
*If yes, PSID #: \_\_\_\_\_ Date your certification expires: \_\_\_\_\_*
2. Have you ever previously had a private security officer license or certification in the State of Oregon or in any other state? Yes  No  *If yes, please list state, date of expiration: \_\_\_\_\_*
3. Have you ever had your private security officer license or certification denied, revoked or suspended in any state? Yes  No  *If yes, please list state, date, and reason for denial, revocation or suspension: \_\_\_\_\_*
4. Are you currently at least 18 years of age? Yes  No
5. Have you ever been convicted of any felony or misdemeanor crime in any state or country?  
(excluding convictions that have been lawfully and effectively expunged or set aside by court order) Yes \* No

\* *If yes, please list each offense convicted of, and the date(s) and location of each conviction.*

***(Note: certain convictions will not necessarily disqualify you from employment or state certification. A conviction must be reported even if there is no final judgment or sentence.)***

---

---

---

---

6. Are you currently required to register as a sex offender in this state or any other state?  
Yes  No

## Security Officer Working Conditions

**The following conditions or functions are essential in performing physical security work. With or without reasonable accommodation, Can You:**

1. Stand up for an 8-hour shift (with legal breaks)? **Yes**  **No**
2. Walk on even or uneven surfaces for up to an 8-hour shift (with legal breaks)? **Yes**  **No**
3. Walk up and down stairs? **Yes**  **No**
4. Lift objects that may weigh 5-25 pounds (i.e. gates)? **Yes**  **No**
5. How far would you be comfortable walking during an eight (8) hour shift?  **None**  
 **0-1 Miles**    **1-2 Miles**    **3-4 Miles**    **5-6 Miles**    **7-8 Miles**    **Other** \_\_\_\_\_
6. Work in all weather conditions outdoors? **Yes**  **No**
7. Work alone, at night, in poorly lit conditions? **Yes**  **No**
8. I AM available to work all of the shifts below – **Check all boxes when you CAN work:**

Shift: (approximate shifts times actual shift hours may vary)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Day:</b> 6AM-2PM (0600-1400)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Swing:</b> 2PM-10PM (1400-2200)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Night:</b> 10PM-6AM (2200-0600)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. I am NOT available to work the shifts below - **Check all boxes when you CAN NOT work:**

Shift: (approximate shifts times actual shift hours may vary)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Day:</b> 6AM-2PM (0600-1400)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Swing:</b> 2PM-10PM (1400-2200)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Night:</b> 10PM-6AM (2200-0600)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Character References

List 3 personal references (not related by blood or marriage); GIVE COMPLETE AND ACCURATE STREET ADDRESSES, NAMES, AND PHONE NUMBERS:

- (1) \_\_\_\_\_  

Full Name
Address/City/State/Zip
Phone Number
Years Known
- (2) \_\_\_\_\_  

Full Name
Address/City/State/Zip
Phone Number
Years Known
- (3) \_\_\_\_\_  

Full Name
Address/City/State/Zip
Phone Number
Years Known

Please complete and sign all documents attached to this Application. Failure to do so will disqualify you from consideration for employment.

**SecurityPros, Inc. is a Drug Free Work Place.**  
**Pre-employment drug testing with a negative drug use result is required as condition of hire and employment.**

**NOTIFICATION AND AGREEMENT**

**PLEASE READ BEFORE SIGNING**

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME IN THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF ANY FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE GROUNDS FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

I authorize the investigation of all statements and information contained in this application, including (without limitation) my employment history, criminal background and DMV records. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I understand that the Company requires the successful completion of a pre-employment urinalysis for drug testing purposes as a condition of hire and employment. By submitting this Application for Employment, I hereby consent to said test. In addition, if hired, I agree to comply with any and all Company policies and procedures regarding drug and/or alcohol testing, and agree to submit to any drug and/or alcohol test requested by the Company in accordance with its policy (including random testing), throughout the length of my employment.

In addition, if hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment (express or implied). I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*(Attach whatever additional information not included in this application form that you feel may be of value to us in considering you for employment)*

# DRIVING CHECK REQUEST AND RELEASE FROM LIABILITY

I understand that driving a Company vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I agree to allow SecurityPros, Inc. to check my driving record prior to hire and (if hired) to check it periodically thereafter. I further agree to report any license suspensions, serious accidents or offenses, or any other condition to my supervisor immediately that may affect my ability to drive a Company vehicle (or my own vehicle, if I am required to drive) after I am hired. I agree to obtain a Driver's license prior to hire if I do not already have one.

I understand that the Company will use this information for application or employment purposes only and will not furnish this information to a third party without my written consent.

I agree to release SecurityPros, Inc., its employees and those who supplied you with the information from any liability for any damage which may result from furnishing the requested information or my failure to be hired for the position for which I am applying.

\_\_\_\_\_  
Print Full Legal Name

\_\_\_\_\_  
Current Driver's License Number

\_\_\_\_\_  
State of License

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

Have you had a driver's licenses in any other state or under a different name in the past 3 years? **Yes**  **No**  *If Yes, Please list;*

Lic. # \_\_\_\_\_ State \_\_\_\_\_

Lic. # \_\_\_\_\_ State \_\_\_\_\_

Lic. # \_\_\_\_\_ State \_\_\_\_\_

Lic. # \_\_\_\_\_ State \_\_\_\_\_

Other Legal Names used:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

## CONSENT TO PROCUREMENT OF

# PERSONAL BACKGROUND INFORMATION

I understand that, as a condition of my consideration for employment with SecurityPros, Inc., and/or as a condition of my continued employment with SecurityPros, Inc., SecurityPros, Inc. may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to SecurityPros, Inc.'s procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, SecurityPros, Inc. will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with SecurityPros, Inc. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

---

## AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

I hereby authorize any previous employer I listed on this application to provide SecurityPros, Inc. with any information you/it may have concerning my prior employment, which is on record or otherwise (including (without limitation) my personnel records), and do hereby release SecurityPros, Inc., the previous employer, and all individuals connected therewith, from any and all liability whatsoever that might otherwise be incurred in furnishing such information and documentation.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

