



McRoberts Protective Agency, Inc.

An Equal Opportunity Employer
Employment Application

McRoberts is an Equal Opportunity Employer. All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, national origin, ancestry, alienage or citizenship status, age, disability or handicap, sex, marital status, veteran status, sexual orientation, or any other characteristic protected by applicable federal, state or local laws.

McRoberts Protective Agency, Inc., will endeavor to make a reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability unless the accommodation would impose an undue hardship on the operation of its business.

PERSONAL INFORMATION – PLEASE PRINT

Name: _____ Date: _____
Last First Middle Initial

Address: _____
Street City State ZIP

Telephone(s): _____ S.S. #: _____

Fax #: _____ E-mail Address: _____

Valid Driver's License? Yes _____ No _____ If yes, # and State _____

QUALIFIER(S)

Are you at least 18 years of age? Yes _____ No _____

Are you either a U.S. citizen or an alien who has a legal right to work in the job for which you are applying? Yes _____ No _____

Have you ever been convicted of a crime that has not been expunged or sealed? Yes _____ No _____
(CALIFORNIA ONLY- may exclude a marijuana related conviction that is more than two (2) years old.)

If so, when? _____

Please set forth the nature of the offense for which you were convicted and your subsequent rehabilitation: _____

Are you registered/licensed as a security officer in this state? (where applicable) Yes _____ No _____

If you are already registered/licensed as a security officer in this state, has your registration/license been revoked or suspended? _____ If yes, state reason(s), date of suspension or revocation, and date of reinstatement. _____

Pursuant to the Immigration Reform and Control Act of 1986, all applicants must produce documents establishing their identity and authorization for employment in the United States. Additionally, all new hires will be required to verify their employment authorization under oath by signing INS Form I-9.

EMPLOYMENT DESIRED

Position applying for: _____ Full time _____ Part time _____ Temporary _____

What days and hours are you available to work? _____

If hired, when can you start work? _____ Can you work overtime? Yes _____ No _____

OTHER INFORMATION

Have you ever applied to, or worked for McRoberts before? Yes _____ No _____ If yes, when? _____

What was the reason for leaving? _____

Are you currently employed? _____ If yes, may we contact your employer? _____

If not, why? _____

Do you speak, read, or understand any language other than English which would aid you in the performance of your work duties? _____

If yes, which languages? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at McRoberts Protective Agency, Inc.? If so, explain. If not, describe your duties/responsibilities at your last job. _____

Are you reachable by phone? Yes _____ No _____ Beeper? Yes _____ No _____

MILITARY EXPERIENCE

Have you ever served as a member of the Armed Forces? Yes _____ No _____

If yes, What Branch? _____ Rank at separation: _____

Type of discharge? _____ Assignment: _____

Have you obtained any special skills or abilities as a result of your services in the military? Describe: _____

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (go back 5 years). You must complete this section, completely, even if attaching a resume.

Name of Employer _____

Address _____
Street City State ZIP

Position _____ Dates of Employment – From _____ To _____ Pay Rate _____

Duties/Responsibilities _____

Reason for leaving _____

Supervisor's Name _____ Telephone _____ Fax _____

Name of Employer _____

Address _____
Street City State ZIP

Position _____ Dates of Employment – From _____ To _____ Pay Rate _____

Duties/Responsibilities _____

Reason for leaving _____

Supervisor's Name _____ Telephone _____ Fax _____

EMPLOYMENT HISTORY *(continued)*

Name of Employer _____

Address _____
Street City State ZIP

Position _____ Dates of Employment – From _____ To _____ Pay Rate _____

Duties/Responsibilities _____

Reason for leaving _____

Supervisor's Name _____ Telephone _____ Fax _____

Name of Employer _____

Address _____
Street City State ZIP

Position _____ Dates of Employment – From _____ To _____ Pay Rate _____

Duties/Responsibilities _____

Reason for leaving _____

Supervisor's Name _____ Telephone _____ Fax _____

Name of Employer _____

Address _____
Street City State ZIP

Position _____ Dates of Employment – From _____ To _____ Pay Rate _____

Duties/Responsibilities _____

Reason for leaving _____

Supervisor's Name _____ Telephone _____ Fax _____

EDUCATION HISTORY

TYPE OF SCHOOL	NAME AND LOCATION	Number of years Completed	Degree Received	Course of Study
Elementary School				
High School				
Vocational/Business				
College				
Graduate/Professional				
Other-Explain				

PLEASE READ CAREFULLY – Initial Each Paragraph and Sign Below

I have read and fully understand the questions asked in this application. I certify that all answers given by me are true, accurate and complete. I also understand that the omission and/or misrepresentation of any fact from this application or during any interview for employment will be cause for immediate dismissal. I authorize McRoberts Protective Agency, Inc., to contact all my employers and educational institutions I have attended. I hereby release McRoberts Protective Agency, Inc., and all affiliated entities, as well as any person or institution that provided McRoberts Protective Agency, Inc., with any information about me, from any and all liability whatsoever resulting from any such inquiry, investigation or communication.

_____ **Initial**

If hired, I agree to abide by all of the rules and regulations of McRoberts Protective Agency, Inc. I understand and agree that nothing in this application shall constitute a contract or a guarantee of employment for a specific period of time. I also understand that if employed, my employment may be terminated with or without cause, subject to the terms of the collective bargaining agreement, if applicable, and with no representative or agent of McRoberts Protective Agency, Inc., other than the President or a Vice President has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing unless the agreement is in writing. In addition, I understand that McRoberts Protective Agency, Inc., 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 and conditions of employment. I understand that a physical examination and drug/alcohol test may be required to verify my fitness for work after a job offer is extended but prior to beginning work. Any offer of employment is conditioned on my successfully completing the post-offer, pre-employment physical and drug test. Any offer of employment is subject to withdrawal for failure to meet this condition.

_____ **Initial**

I hereby agree, as a condition of my employment, unless provided otherwise by a collective bargaining agreement, to complete a binding arbitration agreement.

_____ **Initial**

APPLICANT

McROBERTS PROTECTIVE AGENCY, INC.

Signature *Date* *Signature* *Date*