

Strategic Threat Management, Inc.

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EMPLOYMENT APPLICATION San Francisco County

*INSTRUCTIONS: PRINT CLEARLY AND ANSWER ALL QUESTIONS SPECIFICALLY & COMPLETELY.
USE ADDITIONAL PAPER IF NECESSARY.*

STRATEGIC THREAT MANAGEMENT, INC. ("STM") is committed to recruiting, hiring and promoting qualified applicants, as well as giving people of all backgrounds an opportunity to work and contribute to our company and community. STM is an equal opportunity employer and will not discriminate against an applicant or employee on any basis protected by local, Federal and state laws including but not limited to sex, race, color, religion, sexual orientation, gender identity or expression, pregnancy, marital status, national origin, citizenship, veteran status, ancestry, age, physical or mental disability, medical condition, or genetic characteristic (including the perception that a person has any of those characteristics or that the person is associated with a person who has, or is perceived to have, any of those characteristics).

STM sets high standards for its employees. Compliance with these standards is mandatory. Please carefully consider the following mandatory work standards before applying for, or accepting a position with STM. As an employee, you will be expected to comply in full.

HONESTY & INTEGRITY - Employees must demonstrate 100% honesty, and act with integrity, at all times without exception. The nature of the security business requires this, and we and our client's expect that all employees will hold themselves to the highest ethical standards.

CUSTOMER SERVICE - Employees must treat all people with courtesy and respect, and maintain a positive attitude, at all times and under all circumstances.

ATTENDANCE & PUNCTUALITY - Employees must report to work on time, when, where and as scheduled.

PERSONAL APPEARANCE & BEHAVIOR - Employees must maintain a well-groomed appearance (i.e. clothes neatly pressed, hair combed, showered, etc.), wear business-like attire, uniform and/or badge in accordance with company policy, and behave appropriately at all times.

24/7/365, POSITIVE ATTITUDE - STM may operate 24 hours/day, 7 days/week, 365 days/year depending on client needs. Work schedules may involve late night, early morning and weekend hours and shifts, and may involve long periods of time standing in both indoor and outside environments throughout the year. STM employees must perform their duties accordingly with a positive attitude at all times.

If hired, are you ready, willing and able to comply with all the standards listed above?

YES ☐

NO ☐

CURRENT ADDRESS & CONTACT INFORMATION

Name _____
Last, First Middle

(_____) - _____
Home Phone Number

Address _____
Number Street Apt/Unit #

(_____) - _____
Cellular Phone Number

City State Zip Code

(_____) - _____
Current Work Number or Pager Number

Email: _____@_____

Have you ever worked under, attended school or been known by a different name(s)?

YES ☐

NO ☐

If YES, please list name(s) and explain why: _____

PREVIOUS ADDRESS (if less than 3 years at current address):

Address _____
Number Street Apt/Unit #

City State Zip Code

ELIGIBILITY TO WORK

If hired, can you provide evidence of evidence of your legal right to work in the United States? YES ☐ NO ☐

Are you at least 18 years of age or older? YES ☐ NO ☐ (To comply with child labor laws, proof of age may be required)

POSITION / AVAILABILITY INFORMATION

What position are you applying for? _____

Are you able to perform the essential functions of this position for which you are applying, either with or without reasonable accommodation? YES ☐ NO ☐

List any special skills or training you have that pertain to the position you are applying for (i.e. bodyguard training, martial arts, weapons training, etc.):

Have you ever applied for work with, been employed by, or performed work on behalf of STM? YES ☐ NO ☐

If YES, where, when, and in what capacity? _____

Do you have any friends, relatives or acquaintances working for STM?

If YES, state name and relationship: _____

How did you hear about Strategic Threat Management? _____

Why are you interested in employment with STM? _____

What date (mo/day/year) are you available to start work? _____

Are you available to work: Full-time? _____ Part-time? _____ Seasonal / Temporary? _____ On Call? _____

What hours are you available to work? (List hours of availability in chart below).

NOTE: If you list hours below and you are hired, you will be expected to be available (ready, willing and able) to work at any time during the hours listed as required by STM based on business needs.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM:							
TO:							

Are there any days or hours that you are unable or unwilling to work? YES ☐ NO ☐

If YES, please specify: _____
(Note: You are not required, at this time, to indicate the reasons for your unavailability if due to religious practices).

Are you available to work additional hours or a different schedule than listed above based on STM business needs? YES ☐ NO ☐

Are you available to work extended hours if necessary to ensure a post is filled until replacement arrives? YES ☐ NO ☐

Do you expect to work with STM for at least one year? YES ☐ NO ☐

If NO, please explain: _____

Do you have any wage / earnings expectations? YES ☐ NO ☐

If so, please indicate: \$ _____ per _____ (hour, year, etc.)

Do you have a current, valid California driver's license? YES ☐ NO ☐

Do you have a reliable means of transportation to travel from home to work during daytime, evening, nights and weekends? YES ☐ NO ☐

Is transportation available to allow you to move between work sites during a shift? YES ☐ NO ☐

Do you have restrictions as to how far you will travel to reach a work site? YES ☐ NO ☐

If YES, please describe: _____

EDUCATION:

List all schools attended, beginning with the current or most recent. This section must be completed even if you submit a resume.

Name of School	City/State	Course/Major	No. of Years Attended	Did you graduate?*
High School				YES <input type="checkbox"/> NO <input type="checkbox"/>
College				YES <input type="checkbox"/> NO <input type="checkbox"/>
Other				YES <input type="checkbox"/> NO <input type="checkbox"/>

* Is this a High School Diploma or GED? (Please circle one): **H.S. Diploma** / **GED**

EMPLOYMENT HISTORY:

List your employers, beginning with the current or most recent including those for whom you performed volunteer services. Include military and Reserve service as well as self-employment. **You must account for the past 10 years, or time since completing school, which ever is less.** This section must be completed even if you submit a resume. Use additional pages if necessary.

Company Name:		Phone Number: ()	
Address:		City & State:	
Supervisor's Name & Title:		From:	To:
Position at start:	Full-time Part-time	Starting Wage:	Wage upon Leaving:
Position upon leaving:	Full-time Part-time	Are you eligible to be rehired?	
Reason for leaving:			
How would this employer evaluate your performance?			

Explain any time between jobs:

Company Name:		Phone Number: ()	
Address:		City & State:	
Supervisor's Name & Title:		From:	To:
Position at start:	Full-time Part-time	Starting Wage:	Wage upon Leaving:
Position upon leaving:	Full-time Part-time	Are you eligible to be rehired?	
Reason for leaving:			
How would this employer evaluate your performance?			

Explain any time between jobs:

Company Name:		Phone Number: ()	
Address:		City & State:	
Supervisor's Name & Title:		From:	To:

Position at start:	Full-time Part-time	Starting Wage:	Wage upon Leaving:
Position upon leaving:	Full-time Part-time	Are you eligible to be rehired?	
Reason for leaving:			
How would this employer evaluate your performance?			

If currently employed, do you intend to continue this employment if you are hired by STM? YES ☐ NO ☐

Have you ever been discharged from any employment, asked to resign or advised that if you did not resign, your employment would be terminated? YES ☐ NO ☐

If YES, please explain: _____

CHARACTER REFERENCES: List 3 references that have personal knowledge of your character who are not related to you and whom you have known for at least 3 years (i.e. teacher, employer, personal physician, minister, rabbi, imam, etc.).

Name	Address	Phone Number	Relationship	Years Known
1.				
2.				
3.				

APPLICABLE TRAINING AND EXPERIENCE FOR POSITION

Do you currently, or have you ever held, a security clearance from the United States government? YES ☐ NO ☐

If YES, what is the highest level clearance and what is the current status? _____

Do you currently possess a California Guard Registration card? YES ☐ NO ☐

If yes, list registration No.: _____, and expiration date: ____/____/____

Have you ever been issued a Private Investigator, Watch Guard, Patrol or Private Patrol Operator License? YES ☐ NO ☐

If current, list type _____, State _____ and license No: _____

Have you ever had any license suspended or revoked? YES ☐ NO ☐

Have you ever been denied any license? YES ☐ NO ☐

Do you possess a valid baton certification permit? YES ☐ NO ☐

Do you possess a valid tear gas/chemical agent certification permit? YES ☐ NO ☐

Do you own or possess a firearm(s)? YES ☐ NO ☐

Do you have a valid license or permit to carry or possess a firearm(s)? YES ☐ NO ☐

Do you possess a concealed weapons permit? YES ☐ NO ☐

If YES to any of the above firearms or weapons questions, complete the following table listing all that applies: (use additional paper if necessary)

State	License #	Exp. Date	Type of Permit(s) (Concealed; Exposed; Non-Concealed; Both)	Type of Firearm(s)

Have you ever had any firearm or weapon license or permit suspended or revoked? YES ☐ NO ☐

Have you ever been denied any firearm or weapon license or permit? YES ☐ NO ☐

Security functions routinely require the ability to stand in a "ready, alert, awake" position for hours at a time. Are you ready, willing and able to stand in a "ready, alert, awake" position for hours at a time to perform security functions? YES ☐ NO ☐

CERTIFICATION, AUTHORIZATION & SIGNATURE:

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Strategic Threat Management unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the Company contacts, to provide Strategic Threat Management any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to Strategic Threat Management as well as from any use or disclosure of such information by the Strategic Threat Management or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the policies, rules and standards established by Strategic Threat Management. I understand and agree that if I am employed by Strategic Threat Management, that the employment relationship is completely consensual and may be terminated by either party, at any time, whether with or without cause and with or without advance notice. I recognize that no representative of the employer, other than its President, has the authority to enter into any express or implied contract of employment for a specific period of time or to restrict in any way my right or Strategic Threat Management's to terminate the employment relationship at-will. The President can enter into such an agreement only if it is in a written document signed both by the President and me. This is a final and fully binding integrated agreement with respect to the at-will nature of the employment relationship and that there are no oral, written, or collateral agreements regarding this issue.

I further understand and agree that if I am hired, Strategic Threat Management may request that I submit to drug testing, to the extent permitted by law, during the course of my employment. I understand that if a drug test is required, a satisfactory result is a continuing condition of my employment.

Applicant's Signature: _____ Date: _____

Print Name: _____