

ProTac Inc.

1145 E. Clark Ave. Suite I
Orcutt, CA 93455
805-938-9100



APPLICATION FOR EMPLOYMENT

Name:					
Last		First		Middle	
Social Security #: _____ - _____ - _____		Driver's License #:		State Issued:	
Mailing Address:					
Street		City	State	Zip	How Long?
Telephone:	Home:	Cell:	Other:		
Previous Address:					
Street		City	State	Zip	How Long?
How did you hear about us? _____					
Are you legally authorized to work in the United States?			<input type="checkbox"/> YES		<input type="checkbox"/> NO
<i>NOTE: Proof of identity and legal authority to work in the United States is a condition of employment.</i>					
Have you ever been convicted on an offense other than a minor traffic violation? (Conviction of a crime does not automatically eliminate application from consideration for employment.)					
<input type="checkbox"/> YES		<input type="checkbox"/> NO		If yes, explain: _____	
Do you have any criminal charges pending?					
<input type="checkbox"/> YES		<input type="checkbox"/> NO		If yes, explain: _____	
Desired Salary:		Position:		Date Available:	
<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		<input type="checkbox"/> Day	
				<input type="checkbox"/> Swing	
				<input type="checkbox"/> Grave	
Can you perform the essential functions of the job?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Guard Card No. _____		Firearm Card No. _____		Do you have a CPR/First Aid/AED Certificate? (Circle)	
Date of Issue _____		Date of Issue _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Expiration Date _____		Expiration Date _____			

In case of emergency notify:				
Name		Relationship		
Address		Phone Number		
References:				
Name		Address		Phone Number
Name		Address		Phone Number
Name		Address		Phone Number
Education:				
High School:		Did you graduate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Post High School:		Did you graduate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation		Do you have a reliable means of transportation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Own Auto <input type="checkbox"/> Public Transportation <input type="checkbox"/> Other				

<u>Employment History:</u>				
Employer:		Complete Address:		
Position:	Salary:	Employment Dates:	From:	To:
Reason for Leaving:				
May we contact them?		If yes, employer's telephone:		
<input type="checkbox"/> YES <input type="checkbox"/> NO				
Contact Name:		Title:		
Employer:		Complete Address:		
Position:	Salary:	Employment Dates:	From:	To:
Reason for Leaving:				
May we contact them?		If yes, employer's telephone:		
<input type="checkbox"/> YES <input type="checkbox"/> NO				
Contact Name:		Title:		
Employer:		Complete Address:		
Position:	Salary:	Employment Dates:	From:	To:
Reason for Leaving:				
May we contact them?		If yes, employer's telephone:		
<input type="checkbox"/> YES <input type="checkbox"/> NO				
Contact Name:		Title:		

Security or Related Work Experience

Applicant Name: _____ Date: _____

Complete the following questions:

Which company did you work for? _____ _____	Which company did you work for? _____ _____
What type of account did you work at? _____ _____	What type of account did you work at? _____ _____
What was the account name and city? _____ _____	What was the account name and city? _____ _____
What were your duties there? _____ _____	What were your duties there? _____ _____

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 firm unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the firm contacts, to provide the firm 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 the firm as well as from any use or disclosure of such information by the firm 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 rules and standards of the Company. *I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its President, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the President not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the President and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral, written, or collateral agreements regarding this issue.*

I also understand that all offers of employment are conditioned on the firm's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Signature of Applicant

Date

Attention All Employment Applicants
This is NOT an offer of employment

On behalf of ProTac, Inc., we are pleased that you are applying for employment with our company. By signing below, you acknowledge that you are aware of the following company policies:

At-Will Employment

Employment with ProTac, Inc. is “at will.” This means that both the Company and the employee have the right to terminate the employment relationship at any time, for any reason, with or without prior notice or cause. Thus, nothing in this document or any other Company document should be understood as creating an offer of employment, guaranteed or continued employment, a requirement that “cause” exists before termination, or any other guaranteed or continued benefits. The at-will relationship can be changed only by an express individual written employment agreement signed by the President of the Company stating intent to do so.

Equal Employment Opportunity

- ProTac, Inc. is an equal opportunity employer and makes employment decisions on the basis of merit. We want to have the best available persons in every job. We will recruit, hire, train, and promote individuals, as well as administer any and all personnel actions, without regard to age, ancestry, citizenship, color, creed, family status, marital status, medical condition, mental disability, national origin, physical disability, pregnancy, race, religion, sex or sexual orientation, past, present or future membership in a uniformed service of the United States, including status as a disabled veteran or a Vietnam era veteran, or any other consideration made unlawful by federal, state or local laws. All such discrimination is unlawful. The Company is committed to complying with all applicable laws providing equal employment opportunities and will take positive steps to ensure that employees and applicants are treated equally with regard to all employment actions. This commitment applies to all persons involved in the operations of the Company and prohibits unlawful discrimination by any employee of the Company. To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, the Company will make reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee unless undue hardship would result. Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact a Company representative with day-to-day personnel responsibilities and request such an accommodation. The individual with the disability should specify what accommodation he or she needs to perform the job. The Company then will conduct an investigation to identify the barriers that make it difficult for the applicant or employee to have an equal opportunity to perform his or her job. The Company, along with the applicant, will identify possible accommodations, if any, that will help eliminate the limitation. If the accommodation is reasonable and will not impose an undue hardship, the Company will make the accommodation assuming the applicant is otherwise suitable for employment.

Job Offers and Contingencies

- If your qualifications match our openings and you are made an offer of employment, all offers will be contingent upon the following conditions being met satisfactorily and timely. Contingencies must be met prior to commencing employment.
 - Passing a post-offer drug test
 - Satisfactory Reference Check
 - Satisfactory Background Check
 - Sexual Offender Registry
 - Crime (Felonies and Misdemeanors)
 - Social Security Trace
 - Proof of eligibility to work in the United States
 - Acceptable driving record and insurable by our auto carrier (if applicable)
 - Verification of Guard License

- Failure to meet all contingencies satisfactorily will result in the offer of employment being rescinded. In the rare occasion that a candidate may be allowed to commence work while waiting for the results of the contingencies, the employment would terminate immediately if any of the above contingencies is not satisfied.

- Offers of employment must be in writing, signed, and authorized by the President of the Company in order to be valid.

- Managers, office assistances, or supervisors are not authorized to make verbal job offers and if this was to occur, the offer would not be authorized or legitimate and should be reported to the President of the Company as a violation of our policy.

Acknowledgement of Receipt:

Please sign and acknowledge your being informed of the above and agreeing to our employment process.

Print Name

Signature

Date

Statement of Acknowledgement of Pre-Employment Drug Test

I, _____ acknowledge that any offer of employment is contingent upon pre-employment drug test results. I fully understand that results of a positive drug/alcohol test will subject me to immediate termination.

I further acknowledge that if I pass with a negative drug/alcohol test, my employment is still “at-will”. This means that both I and the Company may terminate my employment with the Company at any time, with or without notice and with or without cause. Neither this letter nor any other oral or written representations may be considered a contract of employment for any specific period of time.

Applicant Printed Name

Applicant Signature

Date

Statement of Acknowledgement of Background Investigation

I, _____ acknowledge that in connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to release of the above information to ProTac, Inc. and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Applicant Printed Name

Applicant Signature

Date

EMPLOYMENT VERIFICATION

I, _____, authorize my employer / previous employer to release the following information to ProTac, Inc.

Employer Name: _____ Fax No.: _____

Applicant's Name: _____ Social Security: _____

Position: _____ Phone No: _____

Home Address: _____

Applicant Signature _____ Date _____

Bottom portion must be completed by current / previous employer

The above individual has applied for employment with our company. We would appreciate your prompt response to our Request for Employment Verification by completing the following questionnaire. The appropriate release is enclosed. Thank you for taking the time to respond.

Position Held: _____

Employment Dates: from: _____ to _____ Salary Earned: \$ _____

Duties: _____

Was Termination Voluntary? YES NO If no, please explain: _____

Was notice given prior to applicant leaving the company? YES NO

Is applicant eligible for rehire? YES NO If no, please explain: _____

Did he/she have good attendance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Did he/she display good work habits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Did he/she have good communication skills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Did he/she work well with others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Did he/she have leadership skills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable

Signed

Printed Name

Date

EMPLOYMENT VERIFICATION

I, _____, authorize my employer / previous employer to release the following information to ProTac, Inc.

Employer Name: _____ Fax No.: _____

Applicant's Name: _____ Social Security: _____

Position: _____ Phone No: _____

Home Address: _____

Applicant Signature _____ Date _____

Bottom portion must be completed by current / previous employer

The above individual has applied for employment with our company. We would appreciate your prompt response to our Request for Employment Verification by completing the following questionnaire. The appropriate release is enclosed. Thank you for taking the time to respond.

Position Held: _____

Employment Dates: from: _____ to _____ Salary Earned: \$ _____

Duties: _____

Was Termination Voluntary? YES NO If no, please explain:

Was notice given prior to applicant leaving the company? YES NO

Is applicant eligible for rehire? YES NO If no, please explain:

Did he/she have good attendance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Did he/she display good work habits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Did he/she have good communication skills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Did he/she work well with others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Did he/she have leadership skills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable

Signed

Printed Name

Date

EMPLOYMENT VERIFICATION

I, _____, authorize my employer / previous employer to release the following information to ProTac, Inc.

Employer Name: _____ Fax No.: _____

Applicant's Name: _____ Social Security: _____

Position: _____ Phone No: _____

Home Address: _____

Applicant Signature _____ Date _____

Bottom portion must be completed by current / previous employer

The above individual has applied for employment with our company. We would appreciate your prompt response to our Request for Employment Verification by completing the following questionnaire. The appropriate release is enclosed. Thank you for taking the time to respond.

Position Held: _____

Employment Dates: from: _____ to _____ Salary Earned: \$ _____

Duties: _____

Was Termination Voluntary? YES NO If no, please explain: _____

Was notice given prior to applicant leaving the company? YES NO

Is applicant eligible for rehire? YES NO If no, please explain: _____

- | | | | |
|--|------------------------------|-----------------------------|---|
| Did he/she have good attendance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Did he/she display good work habits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Did he/she have good communication skills? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Did he/she work well with others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Did he/she have leadership skills? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |

Signed

Printed Name

Date

ProTac, Inc.
Supplemental Questionnaire

Applicant Name: _____ Date: _____

Complete the following questions:

1. What type of facilities have you worked at during your security career?

2. What do you like least about security?

3. What do you like about security assignments?

4. What are your three strongest character traits?

5. Why should we hire you versus other candidates?

6. How do you handle difficult situations while at work?

7. Have you ever been fired? YES NO

Explain:

Applicant Information Voluntary Disclosure Form

Qualified applicants are considered for all positions without regard to age, ancestry, citizenship, color, creed, family status, marital status, medical condition, mental disability, national origin, physical disability, pregnancy, race, religion, sex or sexual orientation, past, present or future membership in a uniformed service of the United States, including status as a disabled veteran or a Vietnam era veteran, or any other consideration made unlawful by federal, state or local laws. All such discrimination is unlawful.

Please answer the questions below to help us comply with Federal Equal Opportunity record keeping, reporting and other legal requirements. **This form will be kept in a confidential file separate from the employment application.** Definitions of categories are on separate page.

Completion of this form is **voluntary**. Refusal to provide this information will not subject the applicant to any adverse treatment. This information will only be used for Equal Opportunity Purposes.

Name: _____ Date: _____

City: _____ State: _____

Positions Applying For:

1. _____

2. _____

What is your gender?

Female

Male

What is your race/ethnic group?

1. American Indian/Alaskan Native 2. Asian/Pacific Islander

3. Black 4. Hispanic or Latino

5. White 6. Two or More Races (Not Hispanic or Latino)

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

Vietnam Era Veteran Disabled Veteran Individual with a Disability

Please *fold* this form in half and submit separately from your application. Thank you.