



# PLATT SECURITY, INC.

3275 E. Grant St., Signal Hill, CA 90755 Phone: (562) 986-4484 Fax: (562) 986-4487

## APPLICATION FOR EMPLOYMENT

PRINT ONLY, IN BLACK OR BLUE INK, DO NOT TYPE

POSITION (S) APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

PLEASE CHECK THOSE THAT APPLY [ ] FULL TIME [ ] PART TIME [ ] ARMED [ ] UNARMED

PLEASE INDICATE THE DATE YOU ARE AVAILABLE TO START WORK: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE HOME: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
NAME RELATIONSHIP PHONE NUMBER

CERTAIN POSITIONS WITHIN OUR COMPANIES REQUIRE SPECIFIC LICENSES, PLEASE CHECK THOSE THAT APPLY TO THE POSITION(S) YOU ARE SEEKING. COPIES OF ALL LICENSES MUST BE ATTACHED TO THE APPLICATION.

STATE OF CA. GUARD CARD: YES [ ] NO [ ] IF YES PROVIDE # \_\_\_\_\_ EXP. DATE: \_\_\_/\_\_\_/\_\_\_

STATE OF CA. FIREARMS PERMIT: YES [ ] NO [ ] IF YES PROVIDE # \_\_\_\_\_ EXP. DATE: \_\_\_/\_\_\_/\_\_\_

PI INVESTIGATORS LICENSE: YES [ ] NO [ ] IF YES PROVIDE # \_\_\_\_\_ EXP. DATE: \_\_\_/\_\_\_/\_\_\_

CCW PERMIT: YES [ ] NO [ ] IF YES PROVIDE CCI # \_\_\_\_\_ STATE: \_\_\_\_\_

CPR CERTIFIED: YES [ ] NO [ ] FIRST AID CERTIFIED: YES [ ] NO [ ]

POLICE EXPERIENCE: YES [ ] NO [ ] IF YES PROVIDE DEPARTMENT NAME \_\_\_\_\_

POSITION HELD, AND REASON FOR LEAVING: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ CLASS: \_\_\_\_\_ STATE: \_\_\_\_\_

IF POSITION APPLIED FOR REQUIRES DRIVING. FOR POSITIONS THAT REQUIRE YOU TO OPERATE COMPANY VEHICLES, YOU WILL BE REQUIRED TO PROVIDE A COPY OF A RECENT DMV PRINTOUT. THIS IS REQUIRED BY OUR INSURANCE PROVIDER. )

ARE YOU AT LEAST 18 YEARS OF AGE AND CAN PROVIDE PROOF IF HIRED? YES [ ] NO [ ]

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE? YES [ ] NO [ ]

IF YES, PLEASE GIVE DATES, STATE POSITION HELD, AND REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

APPLICANTS NAME: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

STARTING WITH THE MOST RECENT, LIST YOUR PRIOR EMPLOYERS OR WORK EXPERIENCE FOR THE PAST 10 YEARS. YOU MAY INCLUDE MILITARY SERVICE AND VOLUNTEER ACTIVITIES. PLEASE USE ADDITIONAL SHEETS AS NEEDED.

EMPLOYER: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ IMMEDIATE SUPERVISOR AND TITLE: \_\_\_\_\_

BRIEFLY DESCRIBE THE POSITION AND WORK PERFORMED: \_\_\_\_\_

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REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ IMMEDIATE SUPERVISOR AND TITLE: \_\_\_\_\_

BRIEFLY DESCRIBE THE POSITION AND WORK PERFORMED: \_\_\_\_\_

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REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ IMMEDIATE SUPERVISOR AND TITLE: \_\_\_\_\_

BRIEFLY DESCRIBE THE POSITION AND WORK PERFORMED: \_\_\_\_\_

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REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ IMMEDIATE SUPERVISOR AND TITLE: \_\_\_\_\_

BRIEFLY DESCRIBE THE POSITION AND WORK PERFORMED: \_\_\_\_\_

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REASON FOR LEAVING: \_\_\_\_\_

APPLICANTS NAME: \_\_\_\_\_

**SKILLS AND QUALIFICATIONS:**

SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT, MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS, OR OTHER EXPERIENCES THAT MAY QUALIFY YOU FOR WORK WITH OUR COMPANY. EXCLUDE THOSE WHICH INDICATE RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, ANCESTRY, AGE, PHYSICAL OR MENTAL DISABILITY, MEDICAL CONDITION, SEXUAL ORIENTATION, OR MARITAL STATUS.

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**FOREIGN LANGUAGES:**

SPEAK: \_\_\_\_\_ READ: \_\_\_\_\_ WRITE: \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

HIGH SCHOOL NAME AND LOCATION: \_\_\_\_\_ DID YOU GRADUATE \_\_\_\_\_

COLLEGE: \_\_\_\_\_ MAJOR/DEGREE OBTAINED \_\_\_\_\_

OTHER: \_\_\_\_\_

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**PERSONNEL REFERENCES:**

NAME: \_\_\_\_\_ TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

RELATION TO APPLICANT: \_\_\_\_\_ KNOWN FOR : \_\_\_\_\_ YEARS

NAME: \_\_\_\_\_ TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

RELATION TO APPLICANT: \_\_\_\_\_ KNOWN FOR : \_\_\_\_\_ YEARS

NAME: \_\_\_\_\_ TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

RELATION TO APPLICANT: \_\_\_\_\_ KNOWN FOR : \_\_\_\_\_ YEARS

NAME: \_\_\_\_\_ TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

RELATION TO APPLICANT: \_\_\_\_\_ KNOWN FOR : \_\_\_\_\_ YEARS

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

APPLICANTS NAME: \_\_\_\_\_

**BACKGROUND INFORMATION:**

The company may run a background check on candidates to whom an employment offer is extended, depending on the department and position for which you are being considered. I hereby certify that all of the information regarding my past employment is correct and complete. I understand that any falsification of information will constitute grounds for immediate dismissal upon discovery thereof. I give Platt Security, Inc permission to contact any or all of my previous employers and references for full information, and hereby release Platt Security, Inc. from any and all liability for doing so.

APPLICANTS SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGEMENT:**

I understand that nothing contained in this employment application or conveyed during any interview that may be granted, or during my employment, if hired, is intended to create an employment contract. Employment is at-will, which means that I may quit or be transferred, reassigned, promoted, suspended, demoted or discharged at any time, with or without cause or notice. The company's policies, procedures and benefits may be changed at any time with the exception of the at-will agreement, which cannot be altered.

If employed and in consideration of my employment, I agree to the rules, procedures, and policies of Platt Security, Inc. I understand that, if hired, I may be transferred, reassigned, suspended, or demoted, and my employment may be terminated, at any time with or without notice or cause. I further understand that no management representative has any authority to enter into any agreement of employment for any specified period of time, or to make any agreement contrary to the foregoing.

Platt Security, 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. Company policy prohibits unlawful discrimination based on race, color, creed, gender (including gender identity and gender expression), religion (all aspects of religious beliefs, observance or practice, including religious dress or grooming practices) marital status, registered domestic partner status, age, national origin (includes language use and possession of a driver's license issued to persons unable to prove their presence in the United States is authorized under federal law), ancestry, physical or mental disability, medical condition (including cancer or a record or history of cancer, and genetic characteristics), sex (including pregnancy, childbirth, breastfeeding or related medical condition), genetic information, sexual orientation, military and veteran status or any other consideration made unlawful by federal, state, or local laws.

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 job 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 discuss the need for an accommodation. The Company will engage in an interactive process with the employee to identify possible accommodations, if any that will help the applicant or employee perform the job. An applicant, employee or unpaid intern who requires an accommodation of a religious belief or practice (including religious dress and grooming practices, such as religious clothing or hairstyles) should also contact a Company representative with day-to-day personnel responsibilities and discuss the need for an accommodation. If the accommodation is reasonable and will not impose an undue hardship, the Company will make the accommodation.

I certify that I have not falsified or knowingly withheld any information that might adversely affect my chances for employment, and that the answers given by me are true and correct to the best of my knowledge. I have personally completed this application, and I understand that any omission or misstatement of material fact on this application or any false or misleading information used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

PRINTNAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICANTS NAME: \_\_\_\_\_

**EMPLOYMENT QUESTIONNAIRE**

DUE TO THE NATURE OF THE JOB YOU ARE APPLYING FOR, IT MAY BE REQUIRED FOR YOU TO WORK SHIFTS EXCEEDING EIGHT HOURS AT A TIME, VARYING SHIFTS (i.e. DAYS, SWINGS AND GRAVES). HOLIDAYS AND WEEKENDS. STAND, SIT OR WALK FOR EXTENDED PERIODS OF TIME, LIFT OR MOVE WEIGHTS EXCEEDING 20 LBS. WORK INDOORS/OUTDOORS, OR OPERATE A MOTOR VEHICLE.

PLEASE RESPOND TO THE FOLLOWING QUESTIONS.

WOULD YOU BE WILLING TO WORK:

DAY SHIFT?                      YES \_\_\_\_\_                      NO \_\_\_\_\_

SWING SHIFT?                      YES \_\_\_\_\_                      NO \_\_\_\_\_

GRAVE SHIFT?                      YES \_\_\_\_\_                      NO \_\_\_\_\_

WEEKENDS?                      YES \_\_\_\_\_                      NO \_\_\_\_\_

HOLIDAYS?                      YES \_\_\_\_\_                      NO \_\_\_\_\_

IN WEATHER EXTREMES?      YES \_\_\_\_\_                      NO \_\_\_\_\_

IF YOU RESPONDED NO TO ANY OF THE ABOVE PLEASE EXPLAIN (DETAIL ANY HOURS YOU ARE NOT AVAILABLE.

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CAN YOU:

OPERATE A VEHICLE, GOLF CART, SEGWAY?      YES \_\_\_\_\_                      NO \_\_\_\_\_

WALK FOR EXTENDED PERIODS OF TIME?      YES \_\_\_\_\_                      NO \_\_\_\_\_

STAND FOR EXTENDED PERIODS OF TIME?      YES \_\_\_\_\_                      NO \_\_\_\_\_

SIT FOR EXTENDED PERIODS OF TIME?      YES \_\_\_\_\_                      NO \_\_\_\_\_

LIFT OR MOVE WEIGHTS EXCEEDING 20 LBS?      YES \_\_\_\_\_                      NO \_\_\_\_\_

IF YOU RESPONDED NO TO ANY OF THE ABOVE PLEASE EXPLAIN.

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NOTE: SHIFTS WILL BE ASSIGNED, AS OFFICERS ARE NEEDED. RESPONSES WILL NOT DISQUALIFY YOU FOR EMPLOYMENT. THIS QUESTIONNAIRE IS ONLY USED FOR PLACEMENT PURPOSES.



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## EMPLOYEE REFERENCE REQUEST

Platt Security strives to provide the safest possible environment and highest quality security services for our clients. In an effort to obtain our goal we consider a reference check of all prospective employees to be an essential part of our hiring process. We would greatly appreciate your response on this request from and would gladly return the effort if needed. Our applicant's permission and liability release follows:

Applicant Name: \_\_\_\_\_ SSN:      /      / \_\_\_\_\_

I hereby authorize all my past and present employers to release to Platt Security, Inc. any and all information and opinions regarding my service, character and conduct while in their employment. Additionally, I release all of my past and present employers from any and all liability that may result from providing such information and opinions regardless of the content.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employers: Please enter and/or correct any information as you feel appropriate:

Company Name: \_\_\_\_\_ Employment dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Employee job title and duties: \_\_\_\_\_

	Superior	Good	Average	Poor
Overall Performance	[ ]	[ ]	[ ]	[ ]
Attendance	[ ]	[ ]	[ ]	[ ]
Timeliness	[ ]	[ ]	[ ]	[ ]
Attitude	[ ]	[ ]	[ ]	[ ]
Cooperativeness	[ ]	[ ]	[ ]	[ ]
Quality of Work	[ ]	[ ]	[ ]	[ ]
Productivity	[ ]	[ ]	[ ]	[ ]

Reason for leaving the company: \_\_\_\_\_

Would you rehire: Yes [ ] No [ ] If not why; \_\_\_\_\_

Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Title: \_\_\_\_\_

Please email; info@plattsecurity.com., Fax; (562) 986-4487 or call H/R Manager at (800) 986-3868