



5567 Reseda Blvd, #326  
Tarzana, CA 91356

**APPLICATION FOR EMPLOYMENT**

PRE- EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER  
Date \_\_\_\_\_

**PERSONAL INFORMATION**

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER YES NO	PHONE		ARE YOU A U.S. CITIZEN YES NO	
IN CASE OF EMERGENCY NOTIFY NAME:	ADDRESS		PHONE	

**POSITION APPLIED FOR:**

FULL TIME	PART TIME	If part time Hours Available
PER DIEM	If Per Diem Hours Available	
Salary Expected	Date Available	
EVER APPLIED TO THIS COMPANY BEFORE? YES NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? YES NO	WHERE?	WHEN?
REASON FOR LEAVING		

**EDUCATION** (Applicants may be asked to furnish transcripts of school or college work)

HIGH SCHOOL	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
COLLEGE OR UNIVERSITY				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

**REFERRAL SOURCE**

DAILY NEWS	L A TIMES	CONTRACTORS SCHOOL	EDD	EMPLOYEE REFERRAL	EMPLOYMENT AGENCY
NEWSPAPER ADVERTISING	FRIEND	COLLEGE PLACEMENT SERVICE	WALK IN	OTHER	

# SKYHIGH SECURITY SERVICES

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## FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST

NAME OF PRESENT LAST EMPLOYER						PHONE	
ADDRESS				CITY		STATE	ZIP
STARTING DATE		LEAVING DATE			JOB TITLE		
STARTING POSITION		POSITION AT LEAVING					
STARTING SALARY / WAGES		FINAL SALARY / WAGES			MAY WE CONTACT YOUR SUPERVISOR? YES NO		
\$	PER HOUR	PER MONTH	\$	PER HOUR	PER MONTH		
NAME OF SUPERVISOR		TITLE			PHONE		
DESCRIPTION OF WORK							
REASON FOR LEAVING							

NAME OF PREVIOUS EMPLOYER						PHONE	
ADDRESS				CITY		STATE	ZIP
STARTING DATE		LEAVING DATE			JOB TITLE		
STARTING POSITION		POSITION AT LEAVING					
STARTING SALARY / WAGES		FINAL SALARY / WAGES			MAY WE CONTACT YOUR SUPERVISOR? YES NO		
\$	PER HOUR	PER MONTH	\$	PER HOUR	PER MONTH		
NAME OF SUPERVISOR		TITLE			PHONE		
DESCRIPTION OF WORK							
REASON FOR LEAVING							

NAME OF PREVIOUS EMPLOYER						PHONE	
ADDRESS				CITY		STATE	ZIP
STARTING DATE		LEAVING DATE			JOB TITLE		
STARTING POSITION		POSITION AT LEAVING					
STARTING SALARY / WAGES		FINAL SALARY / WAGES			MAY WE CONTACT YOUR SUPERVISOR? YES NO		
\$	PER HOUR	PER MONTH	\$	PER HOUR	PER MONTH		
NAME OF SUPERVISOR		TITLE			PHONE		
DESCRIPTION OF WORK							
REASON FOR LEAVING							

# SKYHIGH SECURITY

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**REFERENCES – Give the names and phone # of three persons not related to you, which you have known for at least three year**

	NAME	ADDRESS	PHONE NUMBER (S)	NUMBER OF YEARS
1				
2				
3				

**EMERGENCY CONTACTS**

NAME	ADDRESS	PHONE NUMBER (S)	RELATIONSHIP
NAME	ADDRESS	PHONE NUMBER (S)	RELATIONSHIP
NAME	ADDRESS	PHONE NUMBER (S)	RELATIONSHIP

**U.S. MILITARY SERVICE**

BRANCH OF SERVICE	DATE ENTERED	DATE OF DISCHARGE
DUTIES IN SERVICE		

**ACTIVITIES**

List Trade or Professional Organizations of which you are a member \_\_\_\_\_

List office equipment, office machines, data processing equipment and software with which you are familiar \_\_\_\_\_

Familiarity or language proficiencies other than English \_\_\_\_\_

TRANSPORTATION	AVAILABILITY											
	Short Notice?	YES	NO	Per Diem?	YES	NO	Days?	YES	NO	Swing?	YES	NO
Car												
Public												
Other				What hours? _____			Grave?	YES	NO	Overtime?	YES	NO
MONDAY		TUESDAY			WEDNESDAY			THURSDAY				
FRIDAY		SATURDAY			SUNDAY			ADDITIONAL INFORMATION				

Have you ever been fired, laid off, or asked to resign from employment? YES NO Date \_\_\_\_\_

Employer \_\_\_\_\_ Reason \_\_\_\_\_

If so, describe \_\_\_\_\_

Do you have a truck? YES NO License No. of Vehicle \_\_\_\_\_

California Driver's License No. or California ID No. \_\_\_\_\_

Did you have an appointment today to fill out application? YES NO If yes what time \_\_\_\_\_

How often do you drink alcohol during the week \_\_\_\_\_ During weekend \_\_\_\_\_

How often do you use drugs \_\_\_\_\_ Type \_\_\_\_\_



# SKYHIGH SECURITY

Read carefully before signing

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1. I certify that all the information I have in this application or made in conjunction with it, are true and correct to the best of my knowledge and understand that any misrepresentation, falsification or omission of facts requested are grounds for denying employment or may result in dismissal, should I be employed, whenever the correct information becomes known to **SKYHIGH SECURITY** regardless of the time elapsed.
2. I hereby authorize **SKYHIGH SECURITY** to investigate all references and to secure additional information about me including to obtain investigative reports made through consumer reporting agencies. Furthermore, I authorize all my current and former employers, school officials, instructors or any other persons not named in this application to give Uniform 4 All. any information they may have regarding me, whether or not such information is in their written records. I release **SKYHIGH SECURITY** and its representative from any liability for any damages whatsoever resulting from their requesting reference information regarding me. I release those companies, agencies and individuals supplying reference information from any liability for any damages whatsoever resulting from the giving of such information
3. I understand that this application for employment does not in any way constitute an offer of employment. Employment with, **SKYHIGH SECURITY** is not by contract expressed or implied. Furthermore, should I be employed I understand and agree that my employment is for no definite duration but is on an "at will" basis. I further understand and agree that just as I can terminate the employment relationship at any time for any reason with or without notice, so too; the company may terminate my employment at any time and for any or no reason, with or without notice. I understand that no representative of the company has the authority to make any assurances or agreement to the contrary except by the president of **SKYHIGH SECURITY** Inc. in writing.
4. If hired by **SKYHIGH SECURITY** I will never, except in the performance of my duties for **SKYHIGH SECURITY**, use or disclose to others information or data that is confidential to my employer, i.e. information that is not generally available to the public relating to the business of my employer including trade secrets, as well as information pertaining to research, development, manufacturing, marketing, merchandising and selling activities. I also agree that all papers, keys, Identification cards, credit cards, tools, equipment or other property furnished by **SKYHIGH SECURITY** which prepared or made, in whole or in part, at any time while being employed by my employer, shall be the property of my employer and upon its request or the termination of my employment, I will promptly surrender such property to **SKYHIGH SECURITY**
5. If hired by **SKYHIGH SECURITY**, I will promptly disclose and I hereby assign all rights to my employer to any inventions, improvements, or ideas relating to products, machinery, processes or technology of my employer, which I make individually, or jointly with others, including those made on my own time, while employed by my employer and for (1) one year thereafter. I will also promptly complete all idea records, patent applications, foreign and domestic, and other documents, as requested by my employer to protect the rights of these inventions, improvements, or ideas.
6. I certify that I have read the job description (or in the absence of a job description, the essential functions of the job have been described to me), which sets forth the essential functions of the job for which I have applied. I agree and understand that my job description is subject to change at any time with or without notice.
7. If hired by **SKYHIGH SECURITY** I hereby acknowledge, understand and agree that if I sustained any work related injuries while working for **SKYHIGH SECURITY** are covered by State Worker's Compensation statutes to the extent permitted by law. I hereby waive and forever release any right I might have to make any claims or bring suit against any client or customer of **SKYHIGH SECURITY**
8. I understand and agree that as a condition of my employment I may be required to undergo a comprehensive background investigation, passing a physical examination, testing for drug and alcohol use, and credit check.
9. I understand that if employed, all of **SKYHIGH SECURITY** policies and procedures including its policy manuals and documents (in whole or in part), do not constitute a contract of employment and that I agree to read and familiarize myself with all written policies and procedures (including the policy manual). These policies are subject to modification by **SKYHIGH SECURITY** without notice.
10. My signature below certifies that I have read and understand all of the above paragraphs

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Social Security Number

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Accepted by employer this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
(Authorized representative of employer)