

# OPS - OPERATION PROTECTIVE SERVICES

## Employment Application

Date of Application:     /     / 2017

Date of Interview:     /     / 2017

**Position Applied for:**

**Location for which you are applying:**

- Los Angeles  Orange Co.  San Diego  San Francisco  
 Oakland  San Jose  Sacramento  Other: \_\_\_\_\_

**Date Available to Start:**     /     / 20\_\_\_\_\_

**Type of employment desired:**    Full-Time    Part-Time  
 Temporary    Seasonal

First Name:	Last Name:	Middle Name:	Social Security Number:
Street Address:	City:	State:	Zip Code:
Home Phone:	Cellular:	DC:	Other:

Do you have Dependable Transportation?    Yes    No

Method of transportation you will be using to get to work?    Personal Vehicle    Public Transportation    Other: \_\_\_\_\_

If you are driving to work, Please provide the Model, Make, Year and Vehicle Tag Number?

Model \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_ Tag Number \_\_\_\_\_

If you are under 18 years of age, can you provide a work permit?    Yes    No   If no, Please explain

Are you a citizen of the United States?    Yes    No

If not, are you legally allowed to work in the United States?    Yes    No

Have you ever been convicted of a felony, pleaded guilty or no contest for which the date of conviction or prison release is within 7 years of the date of this application?    Yes    No

If "yes", please give the date, nature offense(s) and where convicted

*Note: A "yes" answer is not an absolute bar to employment. It will be considered only as it relates to the job for which you are applying.*

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable recommendation?    Yes    No   If "no" describe the function that cannot be performed:

How did you hear about the employment opportunities at Operation Protective Services - OPS?

Who do you know that works at OPS?

Have you ever been employed by OPS?    Yes    No

If yes, at which location?

What were the dates of your employment?

Summarize Your Special Skills or Qualifications

<b>Previous Employment History (begin with the most recent position):</b>	
Company Name & Address:	Phone Number: Supervisor Name: Title:
Position / Responsibilities:	Starting Salary and Title: Ending Salary and Title:
Reason for Leaving:	Dates of Employment:
May we contact them for a reference? <input type="checkbox"/> no <input type="checkbox"/> yes	From: _____ To: _____

Company Name & Address:	Phone Number: Supervisor Name: Title:
Supervisor Name & Title:	
Position / Responsibilities:	Starting Salary and Title: Ending Salary and Title:
Reason for Leaving:	Dates of Employment:
May we contact them for a reference? <input type="checkbox"/> no <input type="checkbox"/> yes	From: _____ To: _____

Company Name & Address:	Phone Number: Supervisor Name: Title:
Supervisor Name & Title:	
Position / Responsibilities:	Starting Salary and Title: Ending Salary and Title:
Reason for Leaving:	Dates of Employment:
May we contact them for a reference? <input type="checkbox"/> no <input type="checkbox"/> yes	From: _____ To: _____

<b>MILITARY SERVICE RECORD</b>	Were you in the U.S. Armed Forces? <input type="radio"/> Yes <input type="radio"/> No
If yes what branch? _____ Date started: _____	Date Ended: _____ Total time in service: _____

**You may add additional pages with other relevant previous employment history, if necessary.**

<b>Educational Information:</b>		
Name & Location of:	Course of Study:	Degree or Diploma:
College:		
High School:		
Military:		
Trade or Professional:		
Other:		

**Personal References:** (Do not use relatives or previous employers) Providing this information means that you are giving Operation Protective Services - OPS permission to contact all the references.

Name & Title:	Address & Phone Number:	Business / Relationship:	Years Known:

**Schedule:**

Schedule desired:  full time  part time  days  evenings  weekends

If part time is desired, how many hours a week can you work?

Do you have a vacation scheduled *or* in need of any specific time off in the near future?  Yes  No

Do you use non-prescribed drugs or narcotics  Yes  No Will you submit to urinalysis testing for drug use  Yes  No

Why would you like to work for OPS?

Briefly describe a specific situation where you have provided excellent customer service. Why was this effective?

**Information List:**

<b>Person to Notify in Emergency</b>	<b>(Relationship)</b>	<b>Telephone Number:</b>	
<b>CA Guard Card Number</b>	<b>Expiration Date</b>	<b>Years in Security</b>	
<b>Weapon Permit Number</b>	<b>Expiration Date</b>	<b>Serial Number of Weapon</b>	
<b>Weapon Make</b>	<b>Weapon Model</b>	<b>Number of Inches</b>	
<b>Baton Card Permit #</b>	<b>Tear Gas Card Permit #</b>	<b>832 PC Training</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CPR Card Number:</b>	<b>Expiration</b>	<b>First Aid Card #</b>	<b>Expiration</b>
<b>Other</b>	<b>Expiration</b>	<b>Other</b>	<b>Expiration</b>
<b>Are you in the military reserves?</b> o No o Yes, what branch?	<b>How often do you have to report for duties? &gt;&gt;</b>	o Weekly o Monthly o Other, explain: >	_____ _____
Please notify me and add my email address to the OPS security officer' employment openings with OPS as positions are available. <input type="checkbox"/> Yes <input type="checkbox"/> No	By providing your email address, you agree to receive electronic correspondence from OPS. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Your Email Address:</b>	

**Important: Read the following statements carefully before signing.**

I declare that all statements and answers in the application are true and complete: therefore, I agree that any misleading answer, omission, false statement, concealment, or failure to answer any question completely and accurately will be grounds for termination.

I authorize OPS to investigate my references, work record, education and to make an independent investigation of my character and conduct, and to keep and preserve the records of such investigations. If hired, I agree that upon termination of my employment, I will return all company property and records / materials in my possession. If hired, I agree to read and comply with OPS rules, regulations and policies. I understand that this employment is "at will". Therefore, nothing contained in this application is intended to create an offer of employment. If hired, nothing herein or conveyed during any interview which may be granted is intended to create a contract for employment and my employment is for no definite or determined period. I understand that Federal Law prohibits the employment of unauthorized aliens. If hired, I will submit the required documents and satisfactory proof of employment authorization. Failure to submit such proof within the required time shall result in immediate termination. In compliance with the Fair Credit and Reporting Act (15 U.S.C.S. Section 1681), I understand that a routing consumer report may be conducted concerning my character, general reputation, personal characteristics and credit history.

**You may add additional pages with other relevant previous employment history, if necessary.**

I acknowledge that I have read, understood and agree with the above statements and I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN COMPLETED EMPLOYMENT APPLICATION VIA EMAIL OR FAX TO OPERATION PROTECTIVE SERVICES AT:

EMAIL ADDRESS: [OPS@OperationProtectiveService.com](mailto:OPS@OperationProtectiveService.com)

**FAX NUMBER: 424.777.2642** OPS Corp. Office Number 310-272-5070

Thank you for your inquire for a security officers position with Operation Protective Services. We will contact you momentarily regarding this position. A Human Resource Director of Operations will review your employment application and will contact you via telephone and/or email at the telephone number and/or email address listed on this application regarding the applied position within the next 24 hours to 10 days.

**Please Note: INCOMPLETE APPLICATIONS WILL RESULT IN DISQUALIFICATION.**

Sincerely,

HR/Director of Operations

Revised: 03/2016.