

EMPLOYMENT APPLICATION

RELIANT SECURITY
P.O. BOX 188
PORTLAND, OR 97207-188



APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete both sides of this page.
3. If more space is needed to complete any question, use comments section at the bottom of this page.
4. Print clearly: incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
5. Provide only requested information. Failure to do so may result in disqualification of your application.
6. Some packets may include AFFIRMATIVE ACTION QUESTIONNAIRE This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
7. DO NOT FILL OUT ANY OTHER ATTACHED FORMS OR

TODAY'S DATE: _____

NAME: _____
LAST FIRST MI

SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
STREET

CITY STATE ZIP

PRIOR ADDRESS: _____
STREET

CITY STATE ZIP

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

AVAILABILITY

For which position are you applying? _____

What date can you start? _____ What category would you prefer? Full time Part time Temporary Labor pool

For which schedules are you available? * Weekdays Weekends Evenings Nights Overtime Shift Other _____

**reasonable efforts will be made to accommodate sincerely held moral and ethical beliefs, (WI) religious beliefs and practices (All other States)*

JOB RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

Yes No If the job requires, do you have the appropriate valid drivers license?
Name on license _____ DL# _____ Type _____ State of Issue _____

Yes No Have you had any moving violations within the last seven years? Please describe.
Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company

Yes No Have you been given a job description or had the essential functions of the job explained to you?

Yes No Do you understand these essential functions?

Yes No Can you perform the essential functions of this job with or without reasonable accommodation?

SECURITY

List states and counties of residence for the past seven years: _____

Yes No Have you used any names or Social Security Numbers other than given above? If so, please list in comments, below.

Yes No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below. (conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

COMMENTS

(ASK FOR AN ADDITIONAL PAGE IF NECESSARY)

AFFIRMATIVE ACTION QUESTIONNAIRE

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to adverse treatment for refusing to complete the questionnaire.

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Government record keeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following:

RACE/ETHNICITY (check one)

- White — origins in Europe, North Africa, or Middle East
- Asian — origins in Far East, S.E. Asia, India or Pacific Islands
- Black — origins in Africa
- Hispanic — Mexican, Puerto Rican, Cuban, Central or South American
- American Indian — origins in North America, to exclude Alaska
- Other

PHYSICAL CONDITION

- (1) No Handicap
- (2) Physically Handicapped (No Facility Modification)
- (3) Physically Handicapped (Facility Modification)
- (4) Health Handicapped (Heart Attack, Diabetic, Seizures, etc.)
- (5) Mentally Handicapped (Learning Disabled)

SEX

- Male
- Female

VETERANS/U.S. MILITARY STATUS

- (0) Non-Veteran
- (1) Pre-Vietnam Veteran
- (2) Pre-Vietnam Veteran with service incurred disability
- (3) Vietnam Era Veteran (8/5/64 – 5/7/75)
- (4) Vietnam Era Veteran with service incurred disability
- (5) Post Vietnam Veteran
- (6) Post Vietnam Veteran with service incurred disability

ACTIVE NATIONAL GUARD RESERVIST (check one)

- Yes
- No

PERSONAL AND CONFIDENTIAL
THIS PAGE CONTAINS PRIVACY ACT INFORMATION. KEEP ONLY IN SECURE FILE.



Reliant Security

Applicant Authorization for Reference checks

I hereby authorize my past employers to release information to WESTSERVE INC., dba RELIANT SECURITY regarding my employment. This release of information covers my employment record in general, including information on the following questions:

1. Duties of employment;
2. Position(s) held;
3. The quality and quantity of my work;
4. Any attendance habits (excluding worker's compensation, pregnancy, disability, FMLA and other protected absences);
5. My relationship with co-workers, supervisors, and managers;
6. My attitude toward work (cooperative? positive? etc.);
7. Reason for leaving and eligibility for rehire (would the employer rehire if they had to do it all over again?);
8. Strong and weak points;
9. Willingness to comply with policies and standards;
10. Whether I have had outbursts of temper; threatened, provoked, fights with, or assaulted, others; engaged in hostile or violent behavior;
11. Other relevant information regarding my performance, skills, ability, suitability for employment sought, etc.

I agree that all former employers who provide such information are indemnified and released from liability arising from such disclosures. I also understand that if I do not sign this authorization, my application will be rejected.

Print Name

Signature

Date

