

Security Management, LLC

Please be advised this application is for Security Management, LLC

Please make sure you have filled out this application completely.

Please make sure you have signed all documentations for Background Checks & Employment Verifications!

Please provide Date of Birth:

Please note if background consent forms are not signed, we will not be able to run a background check on you for employment, please double check to make sure all things are complete.

DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION
FOR EMPLOYMENT PURPOSES

Disclosure

Security Management, LLC (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature _____

Date _____

Security Management LLC

Employment Application

Facility: _____

APPLICANT INFORMATION

Full Name: _____

Other Names Used: _____

Street Address _____ Apartment/Unit # _____
Mailing Address: _____

City _____ State _____ ZIP Code _____

Phone: _____ Email: _____

Date Available: _____ SSN : _____ Desired Salary: \$ _____

(Circle One) Full Time Part Time No Preference
Position

Desired: _____

Do you have transportation to and from work? Yes No

Are you at least 18 years of age? Yes No

Are you a citizen of the United States? Yes No

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

Have you ever worked for this company? Yes No

If yes, please provide dates to the best of your knowledge: _____

Do you have any relatives or friends employed by this company? Yes No

If yes, please provide name(s) and relationship(s): _____

When answering the following questions, do not include minor traffic infractions. Do not include ANY convictions for which the record has been sealed and/or expunged, and/or eradicated. Do not include any conviction for which probation has been successfully completed or otherwise discharged with the case having been judicially dismissed, and do not include any information regarding referrals to and/or participation in any pre-trial or post-trial diversion program. A conviction record will not necessarily bar employment. Factors such as age, time of offense, seriousness and nature of the violation, and rehabilitation will be considered.

Have you ever pleaded Guilty, No Contest, or been convicted of a misdemeanor or felony? Yes No

Have you ever been arrested for any matter for which you are now out on bail, or have been released on your own recognizance, pending trial? Yes No

If you answered YES to either of the questions above, please provide the details for each, including case number and court where your case is/was handled in the space below:

DRIVING RECORD & HISTORY

Driver's License #: _____ State: _____ Class: _____ Expiration Date: _____

Have you ever had your license suspended or revoked? Yes No

If yes, explain below:

In the last five years, have you pleaded Guilty, No Contest, or been convicted of any traffic violations? Yes No

If yes, explain below:

PLACES OF RESIDENCE

In the spaces below, please provide the address(es) at which you have taken residence during the last ten years. Begin with current residence and account for all time, leaving no gaps.

FROM	TO	ADDRESS OF RESIDENCE	CITY/STATE/ZIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

High School: Address:	Dates: From: To:
	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Did you earn a diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No
College: Address:	Dates: From: To:
	Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Degree:
Other: Address:	Dates: From: To:
	Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Degree:

REFERENCES

Please list three professional references. Please do not include family members.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

PREVIOUS EMPLOYMENT

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

Dates of Employment: _____ to _____

May we contact your previous supervisor for a reference? Yes No

Reasons for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

Dates of Employment: _____ to _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

Dates of Employment: _____ to _____

May we contact your previous supervisor for a reference? Yes No

Reasons for Leaving: _____

~~Have you ever been laid-off or terminated from any job or positions? Yes No~~

If yes, please explain: _____

Have you ever been asked to resign in lieu of termination from any job or position? Yes No

Please explain any gaps in employment:

I certify that the statements on all pages of this APPLICATION are true to the best of my knowledge. All information and documentation submitted in connection with this employment application, and in any interview, is true and correct.

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from Security Management LLC service.

I give Security Management LLC the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability Security Management LLC and its representatives for seeking such information. I hereby release all other persons, corporations, or organizations for furnishing such information to Security Management LLC for the purpose of determining my suitability for employment.

I understand that my employment at Security Management LLC will be contingent upon the passing of a test for controlled substances.

Security Management LLC is an Equal Opportunity Employer. Security Management LLC does not discriminate in employment and no question on this application is used to limit or excuse any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

APPLICANT SIGNATURE

DATE

APPLICANT PRINTED NAME

AUTHORIZATION TO RELEASE INFORMATION

I, _____, the undersigned, do hereby authorize Security Management LLC and/or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain any information in your files pertaining to my previous employment and/or criminal history.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is needed for employment purposes.

I hereby release you, as custodian of such records, from all liability for damages of any kind that may result because of compliance with this authorization and request for information, or any attempt to comply with it.

The information to be obtained is to be utilized to confirm records for possible employment with Security Management LLC at this facility.

APPLICANT SIGNATURE

DATE

APPLICANT PRINTED NAME