

AMERICANSTAR PRIVATE SECURITY

Federal ID # 68-01-40556, State ID # 350-5590-4

License #PPO 10032

476-9262

922 E Street, Suite A
Eureka, California
95501

Fax 445-9308

Position Applied For						Date	
PERSONAL INFORMATION							
Legal Name (last, first, middle)				Other names you have used (maiden, nicknames, aliases, etc.)			
Date of Birth		Place of Birth (City/County/State)				Citizenship	
Gender	Height	Weight	Eye Color	Social Security Number	Driver License	Date of Expiration	
Residence Address (no P.O. Boxes)				City	State	Zip	
Home Phone		Business Phone		Cell Phone		Contact Phone	
Marital Status		Tattoos				Do you have a Guard Card?	
Are you currently working? Where? Are you applying for full time or part time work?							

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Social Security Number _____ - _____ - _____ Date _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

How many years have lived at this address? _____ Phone Number _____

Do you have any physical handicaps that would prevent you from performing specific kinds of work? _____

Are you over the age of 21? _____ Have you ever been bonded? _____

Are you a U.S. Citizen? _____ If not, are you allowed to work in the U.S.? _____

Have you ever been convicted of any crime, including misdemeanors?: _____

If yes, describe in detail: _____

What hours can you work? _____

Have you worked for us before? _____ If so, when? _____

List any qualifications you have that can be used on the job: _____

List any friends or relatives working for us: _____

How did you learn of us? _____

Do you have a reliable means of transportation? _____

If hired, on what date would you be able to start work? _____

Have you served in the Armed Forces? () Yes () No

If so, what branch? _____ Date of Duty: From _____ to _____

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QUESTIONS YOU NEED TO ANSWER

Thank you for picking up an application for employment with us. Please take these forms home and fill them out. Go to the DMV office and get a copy of your driving record, then return to the office with the application and record.

What hours can I work? _____

Can I be away from home for 10 to 14 hours at a time? _____

Can I work with mental patients? _____

Can I work at a secluded work site, at night, by myself? _____

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APPLICATION FOR EMPLOYMENT

FORMER EMPLOYERS: LIST THE LAST FOUR EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY, NOTIFY: _____
ADDRESS: _____ PHONE: _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, AT THE DISCRETION OF THE EMPLOYER, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

SIGNED: _____ DATE: _____

APPLICANT - DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:		DATE:
REMARKS:		
NEATNESS:		
ABILITY:		
HIRED:	DEPT:	POSITION:
START DATE:	SALARY:	
APPROVALS:		
1. EMPLOYMENT MANAGER	2. EMPLOYMENT HEAD	3. GENERAL MANAGER

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EMPLOYMENT HISTORY

1. Have you ever been asked to resign from any employment? _____
2. Have you ever resigned in lieu of termination? _____
3. Have you ever deliberately taken anything from your employer without authorization? _____
4. Have you ever received any disciplinary action while employed on any job, including written or oral reprimand, suspensions, or non-judicial punishment in the military? _____
5. Have you ever had any problems with any of your supervisors at any job that you have held? _____
6. Have you ever had any problems with any co-workers on any job that you have held? _____
7. Have you ever had any problems in your dealing with the public at any job that you have held? _____
8. Have you called in sick when you were not ill? _____
If yes, how many times in the past twelve months? _____
9. Have ever been a party in any restraining order, whether dismissed or not? _____
Have ever been a party in any civil court action, whether dismissed or not? _____

INFRACTION OFFENSES

10. If you have committed any of the following infractions within the past seven years, please write "YES" on the line. If you have not, write "NO" on the line.
 - a. Hunting or fishing without a license? _____
 - b. Violation of City/County ordinances? _____
 - c. Possession of Marijuana? _____

MISDEMEANOR OFFENSES

11. If you have committed any of the following misdemeanors within the past seven years, please write "YES" on the line. If you have not, write "NO" on the line.

a. Petty Theft	_____	b. Vandalism	_____
c. NSF Check	_____	d. Drunk in Public	_____
e. Joyriding	_____	f. Illegal Gambling	_____
g. Hit and Run	_____	h. Possess alcohol as a minor	_____
i. Possess/use alter ID	_____	j. Prostitution or soliciting	_____
k. Defraud an innkeeper	_____	l. Brandish a weapon	_____
m. Carry weapon w/o permit	_____	n. Assault/Battery (incl. fighting)	_____
o. Make annoying phone calls	_____	p. Indecent exposure/Voyeurism	_____
q. Possess stolen property	_____	r. Impersonate a peace officer	_____

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FELONY OFFENSES

12. If you have committed any of the following felonies, please write "YES" on the line. If you have not, write "NO" on the line.

- | | | | |
|---|-------|--|-------|
| a. Murder | _____ | b. Unlawful sexual intercourse | _____ |
| b. Rape | _____ | d. Spousal Battery | _____ |
| e. Arson | _____ | f. Burglary | _____ |
| g. Forgery | _____ | h. Grand theft | _____ |
| i. Embezzlement | _____ | j. Any sexual activity with a child | _____ |
| k. Other forcible sex acts | _____ | l. Child abuse | _____ |
| m. Aggravated assault | _____ | n. Domestic violence | _____ |
| o. Hit and run with injury | _____ | p. Auto Theft | _____ |
| q. Possess controlled substance | _____ | r. Possess for sale/sale of controlled substance | _____ |
| s. Manufacture/cultivate controlled substance | _____ | t. Kidnapping | _____ |
| | | u. Terrorist Activities | _____ |

13. Have you ever been adjudge a "Mentally Disordered Sex Offender"? _____
14. Have you been detained for investigation or arrested for violation of any criminal act? _____
15. Did you fail to register for the Selective Service as required by Federal Law? _____
16. Have you ever falsified any legal document? _____

I hereby certify that all statements made in this pre-investigative questionnaire are true and complete. I further understand any misstatements of material facts will subject me to disqualification or dismissal.

Signature of Applicant

Date

Background Investigator

Date

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In your lifetime, indicate any and all drugs, narcotics, or controlled substances you have knowingly or unknowingly ingested, used, been under the influence of, or experimented with which were not specifically prescribed for you by a licensed physician.

	NO	YES	Date of Last Use
Marijuana	_____	_____	_____
Hashish/Hash Oil	_____	_____	_____
Cocaine/Crack/Rock	_____	_____	_____
Amphetamines (Uppers)	_____	_____	_____
Methamphetamines (Meth, Crank, Speed)	_____	_____	_____
Barbiturates (Downers, Reds)	_____	_____	_____
LSD (Acid), Psilocybin (Magic Mushrooms)	_____	_____	_____
Peyote or Mescaline	_____	_____	_____
PCP (Angle Dust, Sherms, Rocket Fuel)	_____	_____	_____
Heroin/Opiates/Morphine	_____	_____	_____
Sniff Glue/Paint/Lacquer (Toluene)	_____	_____	_____
Designer Drugs or Illegal drugs not listed	_____	_____	_____
Steroids (Without a prescription)	_____	_____	_____
Amy Nitrite (Rush, Poppers, Ecstasy, X)	_____	_____	_____
Other	_____	_____	_____

Answer each of the following questions "Yes" or "No" as applicable in reference to any drugs, narcotics, or controlled substances not legally prescribed to you by a licensed physician.

Have you ever taken a prescription drug that was not prescribed to you? _____

Have you ever taken what you thought was a drug only to find out later it was not? _____

Have you ever purchased any type of illegal drug? _____

Have you ever sold any type of illegal drug? _____

Have you ever transported any type of illegal drug? _____

Have you ever manufactured or cultivated any type of drug? _____

Have you ever had any type of illegal drug in your possession, other than the ones listed above? _____

Have you ever been under the influence of any drug at work or during off duty hours? _____

Have you ever told anyone where to obtain drugs? _____

Have you ever been involved in any form of drug transaction? _____

I certify that the above answers are correct and that I have not deliberately omitted or falsified any information on this form.

Applicant Signature _____ Date _____

Background Investigator _____ Date _____

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INVESTIGATION WAIVER AGREEMENT

It is understood that for being hired by **AMERICAN STAR PRIVATE SECURITY** in any capacity, that the following information is to be considered confidential and is not to be disclosed except in the course of one's duties as an employee of **AMERICAN STAR PRIVATE SECURITY**.

1. The names, addresses, or phone numbers of customers, employees, and suppliers of **AMERICAN STAR PRIVATE SECURITY**.
2. Shall not call on customers of **AMERICAN STAR PRIVATE SECURITY** for the purpose of soliciting business from them unless those being offered are not offered by **AMERICAN STAR PRIVATE SECURITY**.
3. That for a period of one year following termination of employment with **AMERICAN STAR PRIVATE SECURITY** the under signed will not call on any client of **AMERICAN STAR PRIVATE SECURITY** or any person or any company, unless it is for a business not in competition with **AMERICAN STAR PRIVATE SECURITY**.
4. All records relating to **AMERICAN STAR PRIVATE SECURITY** are the sole property of **AMERICAN STAR PRIVATE SECURITY**.
5. All new employees will be on a six month introductory period.
6. All employee are employed as at-will employs.
7. It is acknowledged that a security officer's first duty is to **OBSERVE** and **REPORT**. That bodily action is not to be taken unless human life or bodily harm is at stake, and the observation has been reported and any needed help is one the scene.
8. I agree that failure to back up a fellow security officer, not showing up for a scheduled job, or property of clients taken without proper permission are grounds for instant dismissal.
9. If any portion of this agreement is held to be invalid, all other provisions shall be effective.

I hereby certify that the facts set forth in my employment application are true and complete to the best of my knowledge. I understand that if employed, any falsified information supplied can be considered sufficient cause for dismissal. I hereby authorized **AMERICAN STAR PRIVATE SECURITY** to make any investigation of my personal history, financial and credit record personally or through any investigation or credit agencies of **AMERICAN STAR PRIVATE SECURITY** choice. If hired I give **AMERICAN STAR PRIVATE SECURITY** permission to perform investigations into myself until I turn in written notice that I am leaving their employment, have worked my last shift, and turned in any and all property of **AMERICAN STAR PRIVATE SECURITY**. I also acknowledge that the **State of California** and the **FBI** will perform a **criminal background check** before I am issued a guard qualification card and **AMERICAN STAR PRIVATE SECURITY** is allowed to put me to work.

Signed _____ Date _____

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AUTHORIZATION TO RELEASE INFORMATION

Applicant: _____

I am an applicant for the position of a Private Security Guard for the American Star Private Security Company. Under California Law, Government Code Section 1031, subdivision (d) and Administrative code section 1002 (a)(3), my employer is required to conduct an investigation into my fitness to serve in this capacity.

I hereby direct you, your organization, its Custodian of Records, and/or persons in your employ to release any and all information, which you may have concerning me, including information which may be of a confidential, privileged, and/or derogatory nature (pursuant to section 6254 (c) of the Government Code. This includes, but is not limited to information, educational records and transcripts (pursuant to Public Law 93-380), local criminal history information (pursuant to Penal Code Section 1330 [b] [10] and/or any other information you possess.

I exonerate, release and discharge you, your organization, its officers, agents, or assigns from any liability or damage whether in law or in equity, now and in the future, for furnishing information requested by the bearer of this authorization form. I have specifically and permanently waived my right to review or inspect any and all information developed in this investigation. Your responses will be completely confidential.

Individual responses, whether solicited or unsolicited enjoy absolute privilege pursuant to California Civil Code Section 47(b)(3). You may retain this form for your files.

Name of Applicant Signature of Applicant

County of _____, State of _____

DATE _____

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Initial Security Officer Training Requirements

I, _____, acknowledge that before working as a security officer, I must have a guard registration, and unless I had a guard registration **before July 2004** or have already have training **certificate(s)** for **40 hours** of required security training under **AB 2880**, that I must finish 16 hours of California mandated security officer's training within my first 30 days of employment, and a total of 32 hours of California mandated security officer's training within **SIX MONTHS** of my first day of employment. Failure to get the required training voids my guard registration and requires **BY STATE LAW** that I will be laid off.

That **FOUR** required subjects are: **PUBLIC RELATIONS (COMMUNITY & CUSTOMER), OBERSEVATION & DOCUMENTATION, COMMUNICATION AND ITS SIGNIFICANCE** and **LIABILITY AND LEGAL ASPECTS**.

That there are, at least, 19 elective courses of study; and that I must take an addition **SIXTEEN** hours training within the six month training period. Of which, **First Aid** or **CPR** can be used for four hours of the elective training.

I understand that I can get this training from any approved trainer. That my employer, American Star Private Security, can provide it free of charge or that I may contract with any **BSIS Trainer** for the appropriate training. **First Aid** and **CPR** can be taught by any **Red Cross** approved trainer.

Finally, I understand that getting the appropriate training is my responsibility. That I cannot maintain my employment without the necessary training, that American Star Private Security cannot continue to employ me without it and that failure to meet the minimum training requirements can result in the loss of **Guard Registration** and denial of unemployment benefits since I would not be employable as a security officer.

SIGNATURE _____

DATE _____

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ADDITIONAL INFORMATION

1. What kind of jobs have you had during the past five years?
2. At how many places have you lived during the past years? In what cities are they located?
3. What is the longest time you have ever been out of work? If for a long period, how did you finance yourself?
4. What kind of work do you like best?
5. What kind of work do you like least?
6. What other kinds of job have recently sought?

INTERVIEW-IN-WRITING

1. Among the previous jobs listed, which one did you like best, and why?
2. Among you previous jobs, which one did you like least, and why?
3. What was the most monotonous, dull, or boring part of any job you ever held?
4. What was the most interesting or stimulating part of any job you ever had?
5. If you had your way about it, and could have the job of your dreams, what would it be?
6. On your previous or last job, what could the company do, or had done to effect improvement in your work?
7. On your previous jobs, what have been your principal problems?
8. What kind of job would your spouse like to see you have?
9. What kinds of jobs are held by some of your close friends?
10. How did obtain your last job?
11. Are you generally lucky?
12. What do you consider you most important asset for success?
13. Give a brief account of the ups and downs of you own health in the last few years.
15. How did you come to make your present occupational choice?

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