


Office Use Only  Admin  VPP  KPP  BPP  VF  BF  SHOP  AAA  KGA  ELEC.

  	<h2 style="margin: 0;">Application for Employment</h2> <p style="margin: 5px 0;">AAA Quality Services, Inc./AAA Security, Inc./Knight Guard Alarm, Inc. IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER.</p>
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(PLEASE PRINT IN BLACK OR BLUE INK)

**THIS APPLICATION FOR EMPLOYMENT WILL NOT BE CONSIDERED UNLESS FULLY COMPLETED**

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Current Address	City	State	Zip Code
Phone Number		Alternate Number	
Email Address			

### Applicant Questionnaire

How Did You Hear About Us?

- Newspaper Ad  Employment Agency  Current Employee \_\_\_\_\_
- Other \_\_\_\_\_

If hired, can you provide evidence of your U.S citizenship or proof of your legal right to live and work in the United States?.....  Yes  No

Are you over the age of 18?  
(If no, you may be required to provide authorization).....  Yes  No

Have you ever been employed or applied with us before?.....  Yes  No  
(If Yes, give dates.) \_\_\_\_\_

Are you currently employed?.....  Yes  No

May we contact your present employer?.....  Yes  No

Are you currently awaiting trial for any criminal offense?.....  Yes  No

Have you ever been convicted of a crime and/or a misdemeanor of more than \$500?.....  Yes  No

*(Do not include any conviction related to marijuana dated more than two years ago, any post-trial)*

diversion program, or any legally expunged conviction. A conviction will not necessarily disqualify you and/or misdemeanor of \$500.)

If yes, please explain: \_\_\_\_\_

(Answer only if applying for a guard position) Guard Lic, # \_\_\_\_\_

Do you have a valid California Guard Card?.....  Yes  No

(Answer if applying for an Alarm Technician position) BSI Lic. # \_\_\_\_\_

Do you have a valid California Alarm Agent License?.....  Yes  No

Do you have a valid driver's license? (For driving positions only)  Yes  No

License number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*(You must be qualified, licensed, and insurable in order to hold any position that requires driving.)*

(Circle One)

What salary or rate of pay do you expect to receive if employed? \$\_\_\_\_\_ per Hour Month Annual

Have you ever been fired or asked to resign from a job?.....  Yes  No

If yes, please explain: \_\_\_\_\_

Are you able to speak, read and/or write in a language other than English? Describe:  Yes  No

On what date would you be available to start work? \_\_\_\_\_

Are you available to work:  Full time  Part Time  Temporary

Days and Hours Available

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours Available							

Are you currently on "lay-off" status and subject to recall?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

\_\_\_\_\_  
\_\_\_\_\_

List names of relatives and acquaintances currently working with us:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

# Employment Experience

List ALL employment experience, starting with your present or last job. Do not leave any gaps in your employment history. Include any job-related military service assignments and work in volunteer organizations.

Employer:		Address:	
Supervisor Name:		Tel: (     )	
Dates Employed:	From:	To:	
Hourly Rate/Salary	Starting:	Final:	
Job Title:		Reason for leaving:	
Work performed:			
May we contact your past employer & named references      Yes <input type="checkbox"/> No <input type="checkbox"/>			

Employer:		Address:	
Supervisor Name:		Tel: (     )	
Dates Employed:	From:	To:	
Hourly Rate/Salary	Starting:	Final:	
Job Title:		Reason for leaving:	
Work performed:			
May we contact your past employer & named references      Yes <input type="checkbox"/> No <input type="checkbox"/>			

Employer:		Address:	
Supervisor Name:		Tel: (     )	
Dates Employed:	From:	To:	
Hourly Rate/Salary	Starting:	Final:	
Job Title:		Reason for leaving:	
Work performed:			
May we contact your past employer & named references      Yes <input type="checkbox"/> No <input type="checkbox"/>			

Employer:		Address:	
Supervisor Name:		Tel: (     )	
Dates Employed:	From:	To:	
Hourly Rate/Salary	Starting:	Final:	
Job Title:		Reason for leaving:	
Work performed:			
May we contact your past employer & named references      Yes <input type="checkbox"/> No <input type="checkbox"/>			

## Education

	High School	Undergraduate College/University	Graduate/Professional
School Name and Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe any specialized training, apprenticeship, skills and extra-curricular activities. Describe any honors you have received:			
Can you furnish records of completion of schools and or courses as indicated above?			<input type="checkbox"/> Yes <input type="checkbox"/> No

## References

Give name, address and telephone number of three references who are not related to you and who are familiar with your work.

Name, Address, City, State, Zip Code	Telephone Number (     )
	Relationship/Years Acquainted:
Name, Address, City, State, Zip Code	Telephone Number (     )
	Relationship/Years Acquainted:
Name, Address, City, State, Zip Code	Telephone Number (     )
	Relationship/Years Acquainted:

# Skills – Check applicable skills

<b>Accounting –ACCTG</b>	
Accounting	
Bookkeeper-Full Charge	
Bookkeeper-General	
Bookkeeper-AP	
Bookkeeper-AR	
Bank Reconciliation	
CPA	
Collection	
Financial Statements	
General Ledger	
Payroll	
Taxes	
Other	
<b>Clerical –CLERI</b>	
Administrative Assistant	
Date Entry	
General Clerical	
Customer Service Rep	
Office Administrator	
Other	
<b>Automotive-AUTO</b>	
Auto Detailer	
Lube Tech	
Towing	
Other	
<b>Construction</b>	
Carpentry-Level	
Concrete-Level	
Drywall	
Electrician-Level	
Framing	
Laborer	
Paining-Level	
Plumbing-Level	
Roofer	
Other	
<b>Foreign Languages-F-LAN</b>	

Spanish	
Other	
<b>Filed Worker-FIELD</b>	
Field Worker	
Irrigation Specialist	
Machine Operator	
Pesticide	
Tractor Driver	
<b>Warehouse-WHSE</b>	
Shipping	
Receiving	
Inventory Control	
Other	
<b>Mechanical -MECH</b>	
Auto body Repair	
Auto Mechanic	
Diesel Mechanic	
Motorcycle	
Other	
<b>Manufacturing-MFG</b>	
Machinist	
Materials Handler	
Purchasing Manager	
Quality Control	
Solder	
Welder	
Other	
<b>Receptionist-RECEP</b>	
Dispatcher	
Receptionist-General	
Switchboard	
<b>Sales</b>	
Marketing	
Retail	
Sales	
Other	
<b>Secretarial-SEC</b>	
Executive Assistant	

Legal Secretary	
Transcribing	
<b>Computer Software-SFTWR</b>	
Access	
Excel	
Outlook	
PageMaker (Adobe)	
PowerPoint	
Peachtree	
Quicken	
QuickBooks	
Word	
Other	
<b>Other Industries</b>	
Engineering-ENG	
Landscaping-LAND	
General Labor-LABOR	
Other	

# APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING AND INITIAL EACH PARAGRAPH

\_\_\_\_ I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

\_\_\_\_ I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by AAA, AQS, KGA, INC. that such employment with AAA, AQS, KGA, INC. is at will, for no specified duration and may be terminated by either, AQS, KGA INC. or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of, AAA, AQS, KGA INC. or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of, AAA, AQS, KGA INC. except the general manager has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the general manager of , AAA, AQS, KGA INC.

\_\_\_\_ I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to AAA, AQS, KGA, INC. and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

\_\_\_\_ I understand that this application is considered current for 90-days. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

AAA Quality Services, Inc./ AAA Services, Inc./Knight Guard Alarm, Inc. IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER.

## EMPLOYMENT VERIFICATION

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This report may contain information about you concerning your character, general reputation, personal characteristics, and mode of living, among other relevant things. This information may be obtained from a variety of sources, including but not limited to, government agencies, past employers, personal interviews with those who know you and others.

I hereby authorize the release of information to any and all schools and former employers.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

1. Company Name		
2. Reference Name:		Title:
3. Dates of employment	From:	To:
4. Position Held		
5. Reason for leaving		
6. Describe his/her job duties		
7. How does he/she react in a stressful situation?		Please explain
8. What are his/her professional strengths?		
9. In what areas do you feel he/she can improve?		
10. What is your overall assessment of the candidate?		
11. Would this individual be eligible for rehire?		Explain

\_\_\_\_\_  
Signature (Person conducting reference check)

\_\_\_\_\_  
Date

RETURN TO:  
HUMAN RESOURCES, P.O. BOX 535, FARMERSVILLE, CA 93223  
(559) 594-1128 -- FAX (559) 594-9468