

APPLICATION FOR EMPLOYMENT		Southland Network Security Services, Inc. 6101 Ball Rd., Ste #2088, Cypress, CA90630 PH (949) 903-3991, FAX (714) 484-1666	
PERSONAL INFORMATION			
NAME:		DATE: _____ / _____ / _____	
SOCIAL SECURITY#: _____ - _____ - _____		ALIEN REGISTRATION #:	
HOME ADDRESS:		ALIEN REGISTRATION EXP. _____ / _____ / _____	
CITY, STATE, ZIP CODE:			
HOME PHONE # _____ - _____ - _____		PAGER & CELL #: _____ - _____ - _____	
US CITIZEN: YES NO		IF NOT GIVE NO. & EXPIRATION:	
POSITION APPLYING FOR			
TITLE:		SALARY DESIRED:	
REFERED BY:		DATE AVAILABLE:	
EDUCATION INFROMATION FOR HIGH SCHOOL & COLLEGE			
SCHOOL NAME:		ADDRESS:	
CITY, STATE, COUNTRY:		GRADUATION DATE:	
COLLEGE/BUSINESS / TECHNICAL SCHOOL NAME:		ADDRESS:	
DATES ATTENDED:		DEGREE / MAJOR:	
UNDER/GRADUATE COLLEGE NAME:		ADDRESS:	
DATES ATTEND:		DEGREE / MAJOR:	
EMERGENCY CONTACTS & TELEPHONE NUMBERS			
NAME:		PHONE: () -	RELATIONSHIP:
NAME:		PHONE: () -	RELATIONSHIP:
NAME:		PHONE: () -	RELATIONSHIP:
AVAILABILITY			
DAY SHIFT:		SWING SHIFT:	GRAVEYARD SHIFT:
COMPANY (NAME & ADDRESS):			
POSITION STARTED:		POSITION ENDED:	
SUPERVISOR NAME:		SUPERVISOR PHONE:	
PAY RATE:	START DATE:	END DATE:	REASON FOR LEAVING:
COMPANY (NAME & ADDRESS):			
POSITION STARTED:		POSITION ENDED:	
SUPERVISOR NAME:		SUPERVISOR PHONE:	
PAY RATE:	START DATE:	END DATE:	REASON FOR LEAVING:
COMPANY (NAME & ADDRESS):			
POSITION STARTED:		POSITION ENDED:	
SUPERVISOR NAME:		SUPERVISOR PHONE:	
PAY RATE:	START DATE:	END DATE:	REASON FOR LEAVING:
COMPANY (NAME & ADDRESS):			
POSITION STARTED:		POSITION ENDED:	
SUPERVISOR NAME:		SUPERVISOR PHONE:	
PAY RATE:	START DATE:	END DATE:	REASON FOR LEAVING:
POSITION STARTED:		POSITION ENDED:	

Please supply the names and phone numbers of three character references of people that have known you at least one or more years. (Priest, Lawyer, Doctor, Teacher, Social Friend, Mechanic, Co-worker). Do not include Relatives or Former Employer. Please enter the name, telephone number and the length of time you have known the person.

Name: _____	Tel. _____ - _____	Period: _____ yr/mo
Name: _____	Tel. _____ - _____	Period: _____ yr/mo
Name: _____	Tel. _____ - _____	Period: _____ yr/mo

Have you ever been arrested and convicted of any crime, or entered a plea of nolo contendere: Yes () No ()

This item includes misdemeanors and felonies regardless of the length of time that has lapsed since their occurrence. Minor traffic violations resulting in a fine of \$499.00 or less do not need to be disclosed. Conviction dismissed under Section 1203.4. MUST be disclosed. Please explain the nature and conviction of crime and conviction in detail.

SOUTHLAND NETWORK SECURITY SERVICES, INC. does not present its employees to use illegal-non-prescription drugs. Here at **SOUTHLAND NETWORK SECURITY SERVICES, INC.**, we maintain a drug free workplace at all companies and customer work sites. **SOUTHLAND NETWORK SECURITY SERVICES, INC.** reserves the right to randomly test every employee for illegal drugs and alcohol use at any time
.Employees(s) who use illegal drugs or abuse alcohol in connection with their work performance for **SOUTHLAND NETWORK SECURITY SERVICES, INC.** are subject to disciplinary action, up to and including immediate termination.

I certify that the facts contained in this application are true and correct to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment, and release the company from all liability for any damage that may result from utilization of such information. Also, I have read and agree with **SOUTHLAND NETWORK SECURITY SERVICES, INC.** Alcohol and Drug Policy.

SIGNATURE

_____ / _____ / _____

DATE _____

INTERVIEWER'S COMMENTS DURING AND AFTER THE INTERVIEW

CONFIDENTIAL INFORMATION AGREEMENT

I, _____, do hereby agree that all business, personnel and professional, of **Southland Network Security Service Inc** shall remain strictly confidential. Outside of normal business practices, information regarding personnel and clients can only be disclosed to the proper authorities. i.e... any law enforcement agencies or The Bureau of Collections and Investigative Services. Violation of this agreement can result in disciplinary action or immediate termination.

Signature

Date

PROBATIONARY EMPLOYMENT VERIFICATION

I, _____, acknowledge the fact that my first 60 days of employment with **SN SECURITY SERVICES, INC.** is classified as probationary.

During the first 90 days, my employment can be terminated at any time at my employer's discretion. At the end of the first 60 days, I will be classified as a permanent employee.

Signature

Date

PAYROLL DEDUCTION FOR GUARD CARD

I, _____, do hereby give my permission to **SN SECURITY SERVICES, INC.** Services to withhold the sum of \$96.00 from my paycheck for the purpose of paying for my Guard Card Registration. I understand that this is a non-refundable registration fee that will be paid in whole to the State of California.

Signature

Date

ACKNOWLEDGEMENT (please read carefully)

I, _____, hereby certify that the information contained in this application form and in any attachment listed below (hereafter made a part of this application) is true and correct to the best of my knowledge and agree to have any of the statements checked by the organization unless I have indicated to the contrary. I authorize the references listed above to provide the company any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and person from any and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by the organization or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

Attachments: _____

Applicant's Signature:

Date

GROUND FOR DISMISSAL, DEFINITIONS & PROCEDURES

1. **TARDINESS** - Defined as not being signed on duty and accepting the duties of the post at the designated start time.
ACTION - for more than three (3) times extending beyond the ten minute grace period within a thirty (30) day period: **TERMINATION.**
2. **EXCESSIVE ABSENTEEISM** - Defined as more than two (2) call-offs within a thirty (30) day period without a doctor's excuse.
ACTION - **TERMINATION.**
3. **CALL-OFFS** - Defined as notifying the **SN SECURITY SERVICES, INC.** Field Supervisor NO LESS THAN FOUR (4) HOURS PRIOR TO THE SHIFT of your inability to report to work. Call-off must be done by YOU personally and will not be accepted if made by a friend or relative. **SN SECURITY SERVICES, INC.** staff members and/or supervisors are not authorized to accept call-offs from anyone other than the security officer unless a bona-fide emergency exists.
ACTION - **TERMINATION.**
4. **NO-SHOW** - Defined as not reporting for assigned duties and not notifying an **SN SECURITY SERVICES, INC.** supervisor of your inability to report.
ACTION - **TERMINATION.**
5. **EMERGENCIES** - Defined as unavoidable, unplanned, last minute situations requiring your immediate attention and absence from your post. These must be handled personally by an **SN SECURITY SERVICES, INC.** supervisor on a priority basis upon notification of the emergency situation.

ACTION - All emergencies will be handled on a case-by-case basis and every effort will be made to assist you is required.
ACTION - **TERMINATION.**

6. **SEXUAL HARASSMENT** - No sexual harassment of any kind will be tolerated while on duty or in company's uniform. Any such actions will be the sole responsibility of the individual security officer. Neither **SN SECURITY SERVICES, INC.** nor the owner shall be held accountable for such actions. **IF ANY SECURITY OFFICER IS FOUND DOING ANY FORM OF SEXUAL HARASSMENT, IT WILL RESULT IN IMMEDIATE TERMINATION WITH NO CHANCE OF REHIRE!!!! ANY SEXUAL HARASSMENT CASE(S) SHOULD BE REPORTED TO THE LOCAL POLICE DEPARTMENT, THE MANAGEMENT OF THE CLIENT, AND TO THE PRESIDENT OR VICE PRESIDENT OF ALL NATION SECURITY AT 1 - 800 - 482 - 7371 IMMEDIATELY.**

Security Officer Name

Social Security Number

Security Officer Signature

Date

UNIFORM ISSUANCE/AUTHORIZATION TO WITHHOLD FINAL PAYCHECK

NAME: _____ EMP.SSN: _____

ISSUE DATE: _____ RETURN DATE: _____

ISSUED BY: _____ RECEIVED BY: _____

ITEM	COLOR	SIZE	CONDITION OF EQUIPMENT	NUMBER ISSUED	NUMBER RETURNED	EMPLOYEE INITIAL
Shirts						
Jacket						
Pants						
Hat						
Handcuffs with Case						
Flash Light / Spot Light						
Pepper Spray with Case						
Flashlight Holder						
Waist Belt						
Badge						
Other						

I understand that I shall not be charged a deposit toward any and all uniforms and/or equipment issued to me by **SN SECURITY SERVICE, INC.** Furthermore; I understand that by signing for and taking the above uniforms and/or equipment into my possession. I shall be totally responsible for the upkeep, cleaning and care of these items. I also understand that I am fully responsible for any damages that may occur to any of the uniforms and/or equipment issued to me, and that I shall be responsible for the cost of replacing my damage item or items issued to me beyond the normal wear and tear of the uniforms and any normal mechanical or technical wear and tear of the equipment.

Furthermore, upon my termination, whether voluntary or involuntary, I agree to return, including but not limited to, all company issued uniforms, security related equipment, automobiles, cellular phones, pagers, company documents, and training manuals issued to me, I understand that in lieu of said deposit and by signing for the above uniforms and/or equipment, I agree to the terms of this issuance agreement and authorize **SN SECURITY SERVICE, INC.;** to withhold or deduct at fair market value from my final paycheck until all company issued uniforms and/or equipment are returned in satisfactory condition, as described above.

Signature

Date

EMPLOYEE INFORMATION FORM

- ☐ NEW HIRE
☐ TERMINATION
☐ CHANGE

EFFECTIVE DATE _____

EMPLOYEE NUMBER _____

LAST NAME _____ FIRST NAME _____ MIDDLE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

(_____) _____ -- _____ (_____) _____ -- _____

HOME PHONE _____ PAGER _____

SOCIAL SECURITY NUMBER -- _____ DATE OF BIRTH / / _____

Marital STATUS _____ NUMBER OF DEPENDENTS _____ \$ RATE OF PAY _____ HOURLY/SALARY _____

SECURITY OFFICER'S SIGNATURE _____ DATE / / _____

FOR OFFICE USE ONLY

ADDITIONAL LICENSES AND INFORMATIONS AND DEDUCTIONS:

Guard Card # _____ Exp. / / _____

B.S.I.S Deduction _____

Gun Permit # _____ Exp. / / _____

Uniforms Deductions: \$ _____

Tear Gas# _____ Exp. / / _____

Advance Deductions: \$ _____

Mace Permit# _____ Exp. / / _____

Other Deductions: \$ _____

Baton Permit# _____

☐ Deductions Entry by: _____