



<b>FOR OFFICE USE ONLY</b>
Position: _____
Pay Rate: \$ _____ / Hr.
Mgr.: _____ Date: _____
FileMaker Pro: _____
B/G: _____

## EMPLOYMENT APPLICATION

*Neither this application nor any subsequent employment resulting from this intended to create, or will create, a contract of employment for any specific period of time.*

*You may request an accommodation to enable you to complete this application or to participate in an interview.*

*Any application containing information not requested will be rejected.*

### APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit # City/State/Zip Code

Primary Number: \_\_\_\_\_ Alternative Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Have you ever worked for Bower Events Inc.? (Please circle) Yes No  
If yes, when? \_\_\_\_\_

Have you ever worked for any other private security companies? (Please circle) Yes No  
If yes, when? \_\_\_\_\_

Where did you hear about Bower Events Inc.? \_\_\_\_\_

When will you be available to start work? Available Date: \_\_\_\_\_

## EDUCATION

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Street Address

City/State/Zip Code

Did you graduate? *(Please circle)*

Yes

No

Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

Street Address

City/State/Zip Code

Did you graduate? *(Please circle)*

Yes

No

Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

Street Address

City/State/Zip

Did you graduate? *(Please circle)*

Yes

No

Degree: \_\_\_\_\_

## REFERENCES

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

City/State/Zip Code

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

City/State/Zip Code

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

City/State/Zip Code

## PREVIOUS EMPLOYMENT

*Please start with most current Employer:*

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your current/previous supervisor for a reference? *(Please circle)* Yes No Later

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your current/previous supervisor for a reference? *(Please circle)* Yes No Later

---

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your current/previous supervisor for a reference? *(Please circle)* Yes No Later

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## MILITARY SERVICE

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

## MISCELLANEOUS

Check which shift you will accept: *(Please circle)* Day    Evening    Night    Rotating    Weekends

Specify shift hours: \_\_\_\_\_

Are you willing to accept employment which requires you to travel?    Yes    No    If yes,    During the day only  
Occasionally overnight    Frequently overnight

Do you have a **current** CA guard card? *(Please circle)*    Yes    No

Do you have a **current** exposed firearm or baton permit? *(Please circle)*    Yes    No

Type of License or Permit	License or Permit Number	Issuing Agency	Date Issued	Date of Expiration
CA Guard Card				
Firearm Permit				
List makes, models and caliber of firearms:				
Baton & Type				
Chemical/ Tear Gas				
CPR/First Aid				
CCW Permit				

For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible to work in the United States? (Please circle) Yes No

Under the Immigration Reform and Control Act of 1986, as amended, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect, should you be employed.

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone#: \_\_\_\_\_

### CERTIFICATION AND SIGNATURE

*I hereby certify that all entries on all pages of this application and any attachments are true and complete. I agree and understand that any false information herein, regardless of time of discovery, may forfeit my right to any employment with Bower Events Inc. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to Bower Events Inc.'s contacts with my references, former employers and educational institutions. I further authorize Bower Events Inc. to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EMPLOYMENT VERIFICATION

*I, \_\_\_\_\_, authorize **BOWER** to contact my prior employers to request the following information. I further authorize all my prior employers to provide truthful information about me, and I expressly release my former employers from any and all claims that I may have which relate to or arise from their truthful responses to these.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Employment Verification

**\*\*APPLICANTS- DO NOT WRITE BELOW- OFFICE USE ONLY\*\***

Dates of employment: \_\_\_\_\_ Position held/ Company name: \_\_\_\_\_

Primary Job duties: \_\_\_\_\_

What was the quality of work, was the employee productive? \_\_\_\_\_

Did they have many absences, tardies? \_\_\_\_\_

Did they work well with others? \_\_\_\_\_

Did the employee manage their time well? \_\_\_\_\_

Were there any problems with confidentiality? \_\_\_\_\_

What was the reason for them leaving your employment? \_\_\_\_\_

Is the employee eligible for rehire? If no, why? \_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Position held/Company name \_\_\_\_\_

Primary Job duties: \_\_\_\_\_

What was the quality of work, was the employee productive? \_\_\_\_\_

Did they have many absences, tardies? \_\_\_\_\_

Did they work well with others? \_\_\_\_\_

Did the employee manage their time well? \_\_\_\_\_

Were there any problems with confidentiality? \_\_\_\_\_

What was the reason for them leaving your employment? \_\_\_\_\_

Is the employee eligible for rehire? If no, why? \_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Title:** \_\_\_\_\_



## GUARD STAFF DISCLAIMER

Employment as *Guard Staff* is a temporary, part-time position. Any employment by BOWER EVENTS, INC. as *Guard Staff* is in *NO* way a promise of permanent employment, full-time employment or a promise of future full-time employment.

Your employment with Bower Events is *at will*. This means your employment is for an indefinite period of time and it is subject to termination by you or Bower Events with or without cause, with or without notice, and at any time.

***Signature constitutes understanding and agreement of the above statement.***

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Witness*