



Application for Employment

UCE Protection Group is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Full Name: _____

Home Address: _____

City/State/ZIP: _____

Phone number: _____ email: _____

Social Security Number: _____

Driver's License (State/Number): _____

PILB # (Exp date): _____

Emergency Contact

Contact Name: _____

Relationship to you: _____

Address: _____

City/State/ZIP: _____

Daytime phone: _____ Evening phone: _____

Job Position Applied For: Security Guard

Salary Desired: \$ _____ per _____

Who referred you to our company? _____

Are you at least 18 years old? _____ Yes _____ No

How will you get to work? _____

Are you willing to work any shift, including nights and weekends? _____ Yes _____ No

If no, please state any limitations: _____

If applicable, are you available to work overtime? _____ Yes _____ No

If you are offered employment, when would you be available to begin work? _____

If hired, are you able to submit proof that you are legally eligible for employment in the United States? _____ Yes _____ No

Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Applicant's Education and Training

College/University Name and Address

Did you receive a degree? _____ Yes _____ No

High School/GED Name and Address

Did you receive a degree? _____ Yes _____ No

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

Military Service: _____ Yes _____ No

Branch: _____

Specialized Training: _____

References:

List any two non-relatives who would be willing to provide a reference for you.

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize UCE Protection Group LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature,

and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of UCE Protection Group LLC, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE

APPLICANT PRINTED NAME