

ATLAS PACIFIC SECURITY, INC. – EMPLOYMENT APPLICATION



Atlas Pacific Security Inc.
600 SE Assembly Ave, Suite 100
Vancouver, Washington 98661
Ph: 360-694-6800 | Fax: 360-694-9475
Service@atlaspacificsecurity.com

Atlas Pacific Security Inc. is an EQUAL OPPORTUNITY EMPLOYER. We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

DATE OF APPLICATION:	REFERRAL SOURCE:	Indeed:	Current Employee:	Other:	
		Employee Name:			
HAVE YOU APPLIED BEFORE:	Yes	No	ARE YOU A FORMER EMPLOYEE:	Yes	No
NAME:	Last		First	Middle	
SOCIAL SECURITY NUMBER:			State Identification/Driver License Number:		
PRIMARY PHONE NUMBER:			TYPE OF PHONE:		
OTHER PHONE NUMBER:			TYPE OF PHONE:		
CITIZENSHIP:	US Citizen	Registered Alien	AGE:	Over 18 BUT Under 21	Over 21
(Proof of citizenship/immigration status will be required upon employment)			DPSST #:	_____	
			WA Guard Card #:	_____	
EMAIL ADDRESS:			POLICE DPSST (IF APPLICABLE):		

CURRENT ADDRESS:	FROM _____				
Street Number	Street Name	Unit #	City/Town	State	Zip
PREVIOUS ADDRESS: (If less than 5 years at current address)	FROM _____	TO _____			
Street Number	Street Name	Unit #	City/Town	State	Zip

POSITION(S) APPLYING FOR:	On-Site Officer	Patrol Officer	Dispatcher/Operator	Lead Officer	Admin/Office				
SPECIAL QUALIFICATIONS:	Former LEO	Current Military	Previous Military Service	Customer Service	ASP / Baton Certified	OC Certified	Taser Certified	Firearms Certified	Defensive Tactics Certified
Concealed Handgun License(s) State/County No.:									
MILITARY SERVICE: (A copy of your DD Form 214 Long Form will be required along with your application)									
Service Branch:	Date of Entry:	Date of Discharge:	Discharge Type:	Complete MOS (Including Identifiers):					
Entry Rank:	Discharge Rank:	Final Duty Station:	Any UCMJ Action:			Yes	No		

AVAILABILITY:											
<u>Check Each Day You ARE Available For Work</u>					<u>Check Position Desired</u>			<u>Check Shifts You Can Work</u>			
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Full Time	Part Time	Day	Swing	Grave
If You Have Limits On Availability, Describe Them:											
TRANSPORTATION: (Relying on Public Transportation or the use of another's vehicle WILL NOT be an excusable tardy or absence from work or availability)											
Personal Vehicle	Shared Vehicle	Personal Rides	Public Transportation	Specify:	Other Methods			Specify:			
Drivers License #:	State:	Exp:	Endorsements:	Clean Record:	Yes	No					
If you answered no to a clean driving record, state why:											

EDUCATION:					
	Name of School – City & State	Years / Months Completed	Graduated YES or NO	Course of Study	Diploma / Degree / Certificate
HIGH SCHOOL					
COLLEGE					
SPECIAL TRAINING					
OTHER					

LANGUAGES (other than English):							
SPEAK	Fluent	Good	Fair	SPEAK	Fluent	Good	Fair
READ	Fluent	Good	Fair	READ	Fluent	Good	Fair
WRITE	Fluent	Good	Fair	WRITE	Fluent	Good	Fair

EMPLOYMENT HISTORY				STILL EMPLOYED WITH THIS COMPANY:			
All previous employers going back 5 years, if needed attach resume – start with most recent:				Yes No			
Employer	Direct Supervisor	Start Date	Job Title/Position at Hire	Starting Wage (per)			
Employer Address	Phone No.	Term Date (if applicable)	Final or Current Job Title Position	Final or Current Wage (per)			
Types & Locations of Work Experience:							
Detailed Reason for Leaving or Looking for New Employment:							
				Terminated	Resigned	May we Contact this Employer:	Yes No

EMPLOYMENT HISTORY:				STILL EMPLOYED WITH THIS COMPANY:			
				Yes No			
Employer	Direct Supervisor	Start Date	Job Title/Position at Hire	Starting Wage (per)			
Employer Address	Phone No.	Term Date (if applicable)	Final or Current Job Title Position	Final or Current Wage (per)			
Types & Locations of Work Experience:							
Detailed Reason for Leaving or Looking for New Employment:							
				Terminated	Resigned	May we Contact this Employer:	Yes No

ADDITIONAL QUALIFICATIONS:
Training / Certifications (Specialized Training, Apprenticeships, Skills, Etc.)
MILITARY:
(Job Related Training, Awards, Decorations, Skill Badges, Etc.)
ADDITIONAL INFORMATION:
(List Professional, Trade, Business or Civic Activities and/or Offices Held)

PROFESSIONAL REFERENCES (Do Not Name Relatives or Previous Employers):				
1				
	Reference Name	Relationship	Years Known	Phone No.

PROFESSIONAL REFERENCES (Do Not Name Relatives or Previous Employers):				
2				
	Reference Name	Relationship	Years Known	Phone No.

ACKNOWLEDGMENTS:

I have completely read and understand this application. I understand that any misrepresentation or intentional omission of the facts is cause for termination and possible prosecution, even if the misrepresentation or omission is found after an offer of employment. I understand that employment is contingent upon successful fulfillment of certification/licensing laws and providing proof to work in the United States. I further understand and agree that if offered, employment is at-will and therefore there is no definite period of employment and employment may be terminated at any time without prior notice, with or without cause, and described by State of Washington law. I fully authorize an investigation of any and all statements made either written on this application or made verbally during an interview with no limits. This includes the contacting of any of my former employers that I have listed in this application, listed on my provided resume or this application, disclosed during an interview or learned of by Atlas Pacific Security Inc. staff during contact with my former employers, references, friends, family or anyone else who may have provided information on my employment history, my work ethics or moral fitness. I understand and agree that Atlas Pacific Security Inc may contact any of these people in any way deemed necessary, up to, but not limited to, face to face contact. Additionally, I HERBY WAIVE AND FOREVER RELEASE ANY AND ALL RIGHTS I MAY HAVE to make a claim against or commence a lawsuit or to recover any damages or losses (potential or real) from or against any customer/client (and any employees of any customer/client) of Atlas Pacific Security Inc to which I may be assigned or required to provide services to arising from or related to injuries which are covered under Worker's Compensation statutes. I also fully understand and authorize that I may be subject to special job-related training, certification or screenings for certain positions and that should I not meet these additional requirements or screening, I may be terminated without notice. **INITIALS:** _____

I certify that all answers and information given herein are true to the best of my knowledge. **INITIALS:** _____

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Atlas Pacific Security Inc has my permission to verify any of the information in this application. **INITIALS:** _____

I understand that if I'm extended an offer of employment that I may be required to submit to drug testing and that my employment is conditioned upon the result of the examination. I have been made aware and understand that the use of any illegal narcotics (or the use of marijuana, regardless of if said use is legal in my state of residence or employment) will result in my denial or revocation of employment. Furthermore, I have been made aware and understand that even the legal use of marijuana for medical purposes is a violation of Atlas Pacific Security Inc employment policy and that should any of my examination results show the use of this narcotic, regardless of reason, it may result in my denial or revocation of employment. **INITIALS:** _____

In the event of employment, I understand that false or misleading information or statements given in my application or interview(s) may result in discharge. I understand that I'm required at all times to abide by all rules, regulations and policies of my employer (Atlas Pacific Security Inc) and that failure to do so may result in my termination. **INITIALS:** _____

Have you ever been arrested: Yes No

Have you ever been convicted of a crime by any Civilian or Military court (Including Article 15's): Yes No

If your answer was yes to either question above, state the circumstances of the event, when it took place, the result, and your current legal disposition.

(State law prohibits employment as a Security Officer or Private Investigator of those with certain types of arrests and/or convictions)

RELEASE OF INFORMATION WAIVER:

I authorize the complete investigation of my background as part of my employment application with Atlas Pacific Security Inc as deemed necessary for determining an employment decision. I authorize all persons, schools, military, law enforcement agencies, courts, licensing authorities and current or previous employers to release and provide any and all information requested about me by and to Atlas Pacific Security Inc, I agree that by your receiving a copy of this statement you have been released of any confidentiality requirements and that in providing Atlas Pacific Security Inc the requested information I cannot and will not seek any legal action against you or the company or agency you represent, either criminally or civilly.

Name	Signature	Date

PRE-EMPLOYMENT RELEASE OF INFORMATION AUTHORIZATION

Atlas Pacific Security Inc.
600 SE Assembly Avenue, Suite 100
Vancouver, Washington 98661

Ph: 360-694-6800

Fax: 360-694-9475

Service@atlaspacificsecurity.com

To Whom It May Concern:

I am an applicant for employment with Atlas Pacific Security Inc Company policy mandates the completion of a comprehensive background investigation to determine if I possess the personal qualities and moral fitness to service under Atlas Pacific Security Inc in a Security Professional capacity.

I authorize and direct you, your organization, its officers, agents, and employees to release any and all information which you may possess about me, including information which may be deemed confidential, privileged and/or derogatory in nature, including but not limited to: employment information; official employment documents; employment performance materials or data, including information that may have been sealed as the result of an order or agreement between me and your organization; character reference information; educational records; and local criminal history information pursuant to state law.

I hereby exonerate, release, and discharge you, your organization, its officers, agents, all references and employees from any liability or damages, whether in law or in equity, now and in the future, for complying with this request and for furnishing the information requested by the bearer of this authorization form.

I have specifically waived all rights I may have to review or inspect any information developed in this investigation, so your responses will not be released to me. You may retain a copy of this form for your files. A photocopy of this release is to be considered as valid as an original.

Name	Signature	Date

Military Personnel:

To Whom It May Concern:

I authorize the National Personnel Records Center, St. Louis, MO, or other custodian of my military records to release to Atlas Pacific Security Inc, Vancouver, WA information about or photocopies of my **Military personnel records**. This could include a photocopy of my DD-214 and report of separation.

Soc Sec #	Name	Signature	Date

Subscribed and sworn before me
this

_____ day of _____, 20__

Stamp

Notary for the State of _____

My commission expires _____