

PERSONAL INFORMATION

CAN YOU PRESENT EVIDENCE OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY? YES NO
 ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? YES NO
 IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED _____

(NOTE: We comply with the ADA and under the ADA we reasonably accommodate eligible applicants' employees. Hire may be subject to passing a medical examination, skill and/or agility tests.)

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? YES NO
 (FELONY OR MISDEMEANOR. CONVICTIONS OF MARIJUANA-RELATED OFFENSES THAT ARE MORE THAN TWO YEARS OLD NEED NOT BE LISTED.)
 IF YES, STATE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED AND DISPOSITION OF THE CASE _____

(NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

ARE YOU QUALIFIED IN FIRST AID?..... YES NO
 ARE YOU QUALIFIED IN CPR? YES NO
 HAVE YOU EVER BEEN BONDED?..... YES NO
 HAVE YOU EVER HAD A BOND REFUSED? YES NO
 ARE YOU CURRENTLY EMPLOYED? YES NO
 IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO
 IF EMPLOYED BY OLYMPIC SECURITY SERVICES, DO YOU ANTICIPATE ANY INCOME
 OTHER THAN YOUR SALARY YES NO
 IF YES, GIVE DETAILS _____

EDUCATION, TRAINING AND EXPERIENCE

SCHOOL	NAME AND ADDRESS	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH SCHOOL			<input type="radio"/> YES <input type="radio"/> NO	
COLLEGE/ UNIVERSITY			<input type="radio"/> YES <input type="radio"/> NO	
VOCATIONAL/ BUSINESS			<input type="radio"/> YES <input type="radio"/> NO	

DO YOU SPEAK, WRITE OR UNDERSTAND ANY FOREIGN LANGUAGES? YES NO

IF YES, WHICH LANGUAGE(S)? _____
 DO YOU HAVE ANY OTHER EXPERIENCE, TRAINING, QUALIFICATIONS OR SKILLS WHICH YOU FEEL MAKE YOU ESPECIALLY SUITED FOR WORK AT OLYMPIC SECURITY SERVICES? IF SO, PLEASE EXPLAIN.

ANSWER THE FOLLOWING QUESTIONS IF YOU ARE APPLYING FOR A MANAGERIAL POSITION

DO YOU PRESENTLY HAVE A VALID GUARD'S LICENSE? YES NO ISSUING JURISDICTION _____
 DO YOU PRESENTLY HAVE A VALID WEAPONS PERMIT? YES NO ISSUING JURISDICTION _____
 HAS YOUR LICENSE OR PERMIT EVER BEEN REVOKED OR SUSPENDED? YES NO
 IF YES, STATE REASON(S), DATE OF REVOCATION OR SUSPENSION AND DATE OF REINSTATEMENT

MILITARY SERVICE

HAVE YOU OBTAINED ANY SPECIAL SKILLS OR ABILITIES AS THE RESULT OF SERVICE IN THE MILITARY? YES NO
 IF SO, DESCRIBE: _____

EMPLOYMENT HISTORY

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT STARTING WITH YOUR MOST RECENT EMPLOYER (Last 10 years is sufficient). ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT, YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING RESUME.

EMPLOYER	DATE OF EMPLOYMENT:
STREET ADDRESS	FROM TO
CITY STATE ZIP CODE	WEEKLY PAY:
SUPERVISOR TELEPHONE NO. ()	STARTING \$ ENDING \$
POSITION: _____	
SPECIFIC DUTIES:	
REASONS FOR LEAVING:	
EMPLOYER	DATE OF EMPLOYMENT:
STREET ADDRESS	FROM TO
CITY STATE ZIP CODE	WEEKLY PAY:
SUPERVISOR TELEPHONE NO. ()	STARTING \$ ENDING \$
POSITION AND SPECIFIC DUTIES:	
REASONS FOR LEAVING:	
EMPLOYER	DATE OF EMPLOYMENT:
STREET ADDRESS	FROM TO
CITY STATE ZIP CODE	WEEKLY PAY:
SUPERVISOR TELEPHONE NO. ()	STARTING \$ ENDING \$
POSITION: _____	
SPECIFIC DUTIES:	
REASONS FOR LEAVING:	
EMPLOYER	DATE OF EMPLOYMENT:
STREET ADDRESS	FROM TO
CITY STATE ZIP CODE	WEEKLY PAY:
SUPERVISOR TELEPHONE NO. ()	STARTING \$ ENDING \$
POSITION: _____	
SPECIFIC DUTIES:	
REASONS FOR LEAVING:	
EMPLOYER	DATE OF EMPLOYMENT:
STREET ADDRESS	FROM TO
CITY STATE ZIP CODE	WEEKLY PAY:
SUPERVISOR TELEPHONE NO. ()	STARTING \$ ENDING \$
POSITION: _____	
SPECIFIC DUTIES:	
REASONS FOR LEAVING:	
EMPLOYER	DATE OF EMPLOYMENT:
STREET ADDRESS	FROM TO
CITY STATE ZIP CODE	WEEKLY PAY:
SUPERVISOR TELEPHONE NO. ()	STARTING \$ ENDING \$
POSITION: _____	
SPECIFIC DUTIES:	
REASONS FOR LEAVING:	

PROFESSIONAL AND CHARACTER REFERENCES

LIST BELOW THREE PERSONS NOT RELATED TO YOU WHO KNOW YOU WELL ENOUGH TO GIVE CURRENT OR PAST INFORMATION ABOUT YOU. ALL REFERENCES MUST HAVE KNOWN YOU FOR A MINIMUM OF TWO YEARS.

NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
OCCUPATION _____
TELEPHONE NO. () NUMBER OF YEARS ACQUAINTED

NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
OCCUPATION _____
TELEPHONE NO. () NUMBER OF YEARS ACQUAINTED

NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
OCCUPATION _____
TELEPHONE NO. () NUMBER OF YEARS ACQUAINTED

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demand or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association and company policy and procedures.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create a contract for continued employment with the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's President.

APPLICANT'S SIGNATURE

DATE