

OPERATION PROTECTIVE SERVICES - OPS

Employment Application

Position Applied for:	Location for which you are applying: <input type="checkbox"/> Los Angeles <input type="checkbox"/> Orange Co. <input type="checkbox"/> San Diego <input type="checkbox"/> San Francisco
Salary Desired:	<input type="checkbox"/> Oakland <input type="checkbox"/> San Jose <input type="checkbox"/> Riverside Co. <input type="checkbox"/> Other:
Date Available to Start:	Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal

First Name:	Last Name:	Middle Name:	Social Security Number:	
Street Address:		City:	State:	Zip Code:
Home Phone:	Mobile Phone:	Other:		
Do you have Dependable Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Method of transportation you will be using to get to work? <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Public Transportation <input type="checkbox"/> Other:				
If you are driving to work, please provide the Model, Make, Year and Vehicle Tag Number?				
MODEL	MAKE	YEAR	TAG NUMBER	

If you are under 18 years of age, can you provide a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, are you legally allowed to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony, pleaded guilty or no contest for which the date of conviction or prison release is within 7 years of the date of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes", please give the date, nature offense(s) and where convicted:	
<i>Note: A "yes" answer is not an absolute bar to employment. It will be considered only as it relates to the job for which you are applying.</i>	
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable recommendation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "no" describe the function that cannot be performed:	
How did you hear about the employment opportunities at Operation Protective Services - OPS?	
Who do you know that works at OPS?	

Have you ever been employed by OPS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at which location?
What were the dates of your employment?
Summarize Your Special Skills or Qualifications

Previous Employment History

(begin with the most recent position)

PREVIOUS EMPLOYMENT 1		
Company Name:	Phone Number: Supervisor Name: Title:	
Position / Responsibilities:	Starting Title:	Ending Title:
Reason for Leaving:	Dates of Employment (From):	Dates of Employment (To):
May we contact them for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PREVIOUS EMPLOYMENT 2		
Company Name:	Phone Number: Supervisor Name: Title:	
Position / Responsibilities:	Starting Title:	Ending Title:
Reason for Leaving:	Dates of Employment (From):	Dates of Employment (To):
May we contact them for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PREVIOUS EMPLOYMENT 3		
Company Name:	Phone Number: Supervisor Name: Title:	
Position / Responsibilities:	Starting Title:	Ending Title:
Reason for Leaving:	Dates of Employment (From):	Dates of Employment (To):
May we contact them for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

MILITARY SERVICE	Were you in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes what branch?	
Date started:	Date Ended:	Total time in service:

YOU MAY ADD ADDITIONAL PAGES WITH OTHER RELEVANT PREVIOUS EMPLOYMENT HISTORY, IF NECESSARY.

Educational Information

NAME & LOCATION OF	COURSE OF STUDY	DEGREE OR DIPLOMA
College:		
High School:		
Military:		
Trade or Professional:		
Other:		

Personal References

Do not use relatives or previous employers. Providing this information means that you are giving Operation Protective Services - OPS permission to contact all the references.

NAME & TITLE	ADDRESS & PHONE NUMBER	BUSINESS	YEARS KNOWN

Schedule

Schedule desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends If part time is desired, how many hours a week can you work? Do you have a vacation scheduled or in need of any specific time off in the near future? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you use non-prescribed drugs or narcotics? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you submit to urinalysis testing for drug use? <input type="checkbox"/> Yes <input type="checkbox"/> No

Why would you like to work for OPS?
Briefly describe a specific situation where you have provided excellent customer service. Why was this effective?

Information List

Person to Notify in Emergency:		Relationship:		Telephone Number:	
CA Guard Card Number:		Expiration Date:		Years in Security:	
Weapon Permit Number:		Expiration Date:		Weapon Serial Number:	
Weapon Make:		Weapon Model:		Inches of Weapon:	
Baton Card Permit #:		Tear Gas Card Permit #:		832 PC Training: <input type="checkbox"/> Yes <input type="checkbox"/> No	
CPR Card Number:	Expiration Date:	First Aid Card #:	Expiration Date:		
Other:	Expiration Date:	Other:	Expiration Date:		
Are you in the military reserves? <input type="checkbox"/> No <input type="checkbox"/> Yes, what branch?			How often do you have to report for duties? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other, explain:		
Please notify me and add my email address to the OPS security officer's employment openings with OPS as positions are available. <input type="checkbox"/> Yes <input type="checkbox"/> No			By providing your email address, you agree to receive electronic correspondence from OPS. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Your Email Address:					

IMPORTANT: READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING

I declare that all statements and answers in the application are true and complete: therefore, I agree that any misleading answerer, omission, false statement, concealment, or failure to answer any question completely and accurately will be grounds for termination.

I authorize OPS to investigate my references, work record, education and to make an independent investigation of my character and conduct, and to keep and preserve the records of such investigations. If hired, I agree that upon termination of my employment, I will return all company property and records / materials in my possession. If hired, I agree to read and comply with OPS rules, regulations and policies. I understand that this employment is "at will". Therefore, nothing contained in this application is intended to create an offer of employment. If hired, nothing herein or conveyed during any interview which may be granted is intended to create a contract for employment and my employment is for no definite or determined period. I understand that Federal Law prohibits the employment of unauthorized aliens. If hired, I will submit the required documents and satisfactory proof of employment authorization. Failure to submit such proof within the required time shall result in immediate termination. In compliance with the Fair Credit and Reporting Act (15 U.S.C.S. Section 1681), I understand that a routing consumer report may be conducted concerning my character, general reputation, personal characteristics and credit history.

YOU MAY ADD ADDITIONAL PAGES WITH OTHER RELEVANT PREVIOUS EMPLOYMENT HISTORY, IF NECESSARY.

I acknowledge that I have read, understood and agree with the above statements and I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested. This certifies that I completed this employment application by me, and that all entries on it and information in it are true and complete to the best of my knowledge. By submit and typing my name in the box below will serve as my signature.

Signature:

Date:

You will be required to sign this employment application at your scheduled interview with OPS.

Signature:

Date:

**PLEASE RETURN COMPLETED EMPLOYMENT APPLICATION VIA EMAIL OR FAX
TO OPERATION PROTECTIVE SERVICES AT:**

Email Address:	OPS@OperationProtectiveServices.com
Fax Number:	424-777-2642
OPS Corp. Office Number	310-272-5070

Thank you for your inquire for a security officers position with Operation Protective Services. We will contact you momentarily regarding this position. A Human Resource Director of Operations will review your employment application and will contact you via telephone and/or email at the telephone number and/or email address listed on this application.

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL RESULT IN DISQUALIFICATION.

Sincerely,
HR/Director of Operations

Revised: 01/2021

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