



URBAN SHIELD SECURITY SERVICES
Contractor Application Form

**PLEASE PRINT ALL
 INFORMATION
 REQUESTED EXCEPT
 SIGNATURE**

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (_____) _____ No Pref. _____ Thu _____

Alternate Phone (_____) _____ Mon _____ Fri _____

Email Address _____ Tue _____ Sat _____

If under 18, please list age _____ Wed _____ Sun _____

Position applied for (1) _____
 and compensation desired (2) _____
 (Be specific)

How many hours can you work weekly? _____ Can you work nights? _____

Schedule desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

**PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE**

	MILITARY	
HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specialty _____ Date Entered _____ Discharge Date _____		

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

**PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE**

Work experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my application by Urban Shield Security Services (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of work relationship, either in the position applied for or any other position, and regardless of the contents of policy and procedures handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee or independent contractor of Urban Shield Security Services, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner(s) or Chief Executive Officer the Company. Both the undersigned and Earl A. Harper may end the work relationship at any time, without specified notice or reason. If contracted, I understand that I must give the Company two weeks notice before the end of the work relationship and that anything short of two weeks without the pre-approval of the Owner(s) and/or Chief Executive Officer may result in loss of pay. I also understand that the Company may unilaterally change or revise their compensation, policies and procedures and such changes may include reduction in reimbursement.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your job application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my service with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my service relationship with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

Urban Shield adheres to a policy of making decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for service with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE OR CONTRACTOR HAS BEEN HIRED

Height _____ ft. _____ in. Weight _____ Birth date _____
 Married Yes No If married, how long? _____ Single Separated Divorced Widowed
 Full name of spouse _____ Occupation _____
 Name of company _____ Telephone (_____) _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone (_____) _____
 Address _____ Relationship _____

FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE	SSN

TO BE COMPLETED
BY URBAN SHIELD SECURITY

Start Date _____ Title _____ Dept. _____
 Location _____ Rate of pay _____ Full-time Part-time Salaried
 Applicant's signature acknowledging above information _____
 Drug test confirmation number _____
 Name of person verifying information _____
 Name of person authorizing contract _____

Applicant Selection Criteria Record

JOB TITLE			
CANDIDATES CONSIDERED (INCLUDING MINORITIES AND FEMALES)			
NAME	MALE/ FEMALE	ETHNIC CODE*	ON LAB SECTION/ OFF LAB
*ETHNIC CODES: 1-BLACK, 2-ORIENTAL, 3-HISPANIC, 4- AMERICAN INDIAN, 0- OTHER			
CANDIDATE SELECTED			
NAME	MALE/ FEMALE	ETHNIC CODE	SOURCE
SELECTION CRITERIA			
REASONS CANDIDATE SELECTED WAS PREFERABLE TO OTHERS			
	ORIGINATOR'S SIGNATURE	DATE	