

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS, TRADE, OTHER			<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)					
EMPLOYER INFORMATION					
NAME OF COMPANY	STREET	CITY	STATE	ZIP	
TYPE OF BUSINESS	NAME AND TITLE OF IMMEDIATE SUPERVISOR	PHONE NO.			
STARTING SALARY	ENDING SALARY	DATES WORKED (MO/YR) FROM _____ TO _____			
DESCRIBE YOUR POSITIONS AND DUTIES:			REASON FOR LEAVING:		
EXPLAIN ANY PERIODS BETWEEN JOBS:					

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NAME OF COMPANY	STREET	CITY	STATE	ZIP	
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STARTING SALARY	ENDING SALARY	DATES WORKED (MO/YR) FROM _____ TO _____			
DESCRIBE YOUR POSITIONS AND DUTIES:			REASON FOR LEAVING:		
EXPLAIN ANY PERIODS BETWEEN JOBS:					

EMPLOYMENT HISTORY CONTINUED

EMPLOYER INFORMATION				
NAME OF COMPANY	STREET	CITY	STATE	ZIP
TYPE OF BUSINESS	NAME AND TITLE OF IMMEDIATE SUPERVISOR	PHONE NO.		
STARTING SALARY	ENDING SALARY	DATES WORKED (MO/YR) FROM _____ TO _____		
DESCRIBE YOUR POSITIONS AND DUTIES:		REASON FOR LEAVING:		
EXPLAIN ANY PERIODS BETWEEN JOBS:				

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TYPE OF BUSINESS	NAME AND TITLE OF IMMEDIATE SUPERVISOR	PHONE NO.		
STARTING SALARY	ENDING SALARY	DATES WORKED (MO/YR) FROM _____ TO _____		
DESCRIBE YOUR POSITIONS AND DUTIES:		REASON FOR LEAVING:		
EXPLAIN ANY PERIODS BETWEEN JOBS:				

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR FORCED TO RESIGN?

NO YES **IF YES, EXPLAIN:**

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS, VOLUNTEER ACTIVITIES, MILITARY EXPERIENCE, HOBBIES, EMPLOYMENT OR OTHER ACTIVITIES RELATED TO THE JOB YOU ARE SEEKING AND WHICH YOU WOULD LIKE TO BE CONSIDERED IN CONNECTION WITH YOUR APPLICATION FOR EMPLOYMENT.

SUPPLEMENTAL INFORMATION

Only U.S. Citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligible for employment at Portland Patrol Inc. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?

YES NO If yes, please list information:

EQUAL EMPLOYMENT OPPORTUNITY

PORTLAND PATROL INC. IS COMMITTED TO EQUAL EMPLOYMENT OPPORTUNITY IN ALL OF ITS EMPLOYMENT PRACTICES. DECISIONS INVOLVING EVERY ASPECT OF THE EMPLOYMENT RELATIONSHIP ARE MADE WITHOUT REGARD TO AN EMPLOYEE'S RACE, COLOR, CREED, RELIGION, SEX, AGE, NATIONAL ORIGIN, MARITAL STATUS, VETERAN STATUS, OR ANY OTHER STATUS OR CHARACTERISTIC PROTECTED UNDER APPLICABLE STATE OR FEDERAL LAW, UNLESS IT IS A BONA FIDE OCCUPATIONAL REQUIREMENT NECESSARY TO THE NORMAL OPERATION OF THE BUSINESS.

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING. YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY YOU WILL BE EMPLOYED.

Please note: All private security providers must be of good moral fitness as determined by a criminal background check, department investigation or other reliable sources. The Oregon Dept of Public Safety, Standards and Training is responsible for certifying all security officer applicants. DPSST must deny certification for any applicant who has been convicted of a felony or certain misdemeanors. *For complete details of disqualifiers to receive state certification as an unarmed or armed security officer - please visit the Oregon Department of Public Safety Standards and Training (DPSST) Private Security website for the [Oregon Administrative Rule \(OAR\) #259-060-0300 Denial/Suspension/Revocation.](#)*

Signature of this application gives the employer authority to run a Motor Vehicle Record report. Our insurance company may also run a report. If the position you are applying for constitutes driving a motor vehicle, it is important that a good driving record exists.

I certify that all answers and statements I have made on this application (and any other accompanying or required documents) are true and complete without omissions. I understand that any falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

YES NO

I understand that my employment may be subject to the satisfactory results of any examination required by Portland Patrol Inc., including a mandatory urine test to detect drug usage, including marijuana, and hereby submit to said testing. I agree to conform to all rules and regulations of the company as they presently exist or are later modified. I recognize that my employment can be terminated at the discretion of Portland Patrol Inc. or at my option, without notice, at any time, except as specifically set forth in writing in a current written agreement signed by the President.

YES NO

I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between Portland Patrol Inc., or myself for employment for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President.

I acknowledge that I have read, understand and agreed with the above. In addition, I hereby authorize any of the persons or organizations named in the application (or other accompanying or required documents) to give you complete information and records regarding my employment, education, character and qualifications. This application is valid for only sixty (60) days from the date signed. If I want to be considered for job openings more than sixty (60) days from date signed, I will submit a new application.

YES NO

Social Security

Signature of Applicant

Date