



# New Hire APPLICATION

**McGill's Security & K9 Patrol Service, Inc.**  
307 Paul Ave, San Francisco, California 94124

McGill's Security & K9 Patrol Service, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

*Please fill out all of the sections below:*

**Applicant Information**

*Applicant Name:* \_\_\_\_\_  
*Address:* \_\_\_\_\_  
*City, State and Zip Code:* \_\_\_\_\_  
*Telephone Number:* \_\_\_\_\_  
*Email Address:* \_\_\_\_\_  
  
*Date of Application:* \_\_\_\_\_

**Employment Position**

*Position(s) applying for:* Security Officer

How did you hear about this position? \_\_\_\_\_  
What days are you available for work? \_\_\_\_\_  
What hours or shift are you available for work? \_\_\_\_\_  
If needed, are you available to work overtime? \_\_\_\_\_  
On what date can you start working if you are hired? \_\_\_\_\_  
Do you have reliable transportation to and from work? \_\_\_\_\_  
Salary desired: \_\_\_\_\_

**Personal Information**

Do you have any friends, relatives, or acquaintances working for McGill's Security & K9 Patrol Service, Inc. Yes      No  
If yes, state name & relationship:  
\_\_\_\_\_  
\_\_\_\_\_  
Are you 18 years of age or older? Yes      No  
Are you a U.S. citizen or approved to work in the United States? Yes      No

**What document can you provide as proof of citizenship or legal status?**

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**Do you have any condition which would require job accommodations?**

**Yes**

**No**

If yes, please describe accommodations required below.

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Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes      No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

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**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

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*(Note: McGill's Security & K9 Patrol Service, Inc. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)*

**Education and Training**

**High School**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

**Military:**

Are you a member of the Armed Services? \_\_\_\_\_

What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for this position?

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**Previous Employment**

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City, State and Zip Code: \_\_\_\_\_  
 Employer Telephone: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City, State and Zip Code: \_\_\_\_\_  
 Employer Telephone: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City, State and Zip Code: \_\_\_\_\_  
 Employer Telephone: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

**References**

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

**AT-WILL EMPLOYMENT**

The relationship between you and the McGill's Security & K9 Patrol Service, Inc. is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or McGill's Security & K9 Patrol Service, Inc.

No representative of McGill's Security & K9 Patrol Service, Inc. has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

## Pre-Employment Questionnaire - Security Officer

Name: \_\_\_\_\_

Guard Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

1. Did you receive your Guard Card after July 1, 2004      YES \_\_\_\_\_      NO \_\_\_\_\_

If yes, when and where did you receive your training?

\_\_\_\_\_  
\_\_\_\_\_

2. Have you received your 8 hour yearly continuous training?      YES \_\_\_\_\_      NO \_\_\_\_\_

If yes, Certificate # \_\_\_\_\_      Facility \_\_\_\_\_

3. Have you received your full (8) hours **Phase One Training** (including *Powers to Arrest* and *Weapons of Mass Destruction / Terrorism Awareness*)?      YES \_\_\_\_\_      NO \_\_\_\_\_

If yes, Certificate # \_\_\_\_\_      Facility \_\_\_\_\_

4. Have you received your full (16) hours **Phase Two Training**      YES \_\_\_\_\_      NO \_\_\_\_\_

If yes, Certificate # \_\_\_\_\_      Facility \_\_\_\_\_

5. Have you received your full (16) hours **Phase Three Training**      YES \_\_\_\_\_      NO \_\_\_\_\_

If yes, Certificate # \_\_\_\_\_      Facility \_\_\_\_\_

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, that the aforementioned information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative

\_\_\_\_\_  
Date

## CARDS-LICENSES PERMITS

Have you ever worked as a Peace Officer? YES  NO  If yes, where?

Type	Number	Expiration Date
Guard Card		
Weapons Permit		
Baton Permit		
Tear Gas/Pepper Spray Certificate		
First Aid Card		
CPR Card		

### IF PERMITTED TO CARRY A WEAPON, PLEASE COMPLETE THE FOLLOWING

Weapon Make:	Model/Caliber:	Serial #:
Weapon Make:	Model/Caliber:	Serial#:

## MILITARY SERVICE

Have you ever served in any branch of the Military? YES  NO  If yes, complete the following:

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than Honorable, explain:		

## **DISCLAIMER AND SIGNATURE**

PLEASE READ AND MAKE SURE YOU UNDERSTAND THE FOLLOWING BEFORE YOU SIGN AND DATE THIS APPLICATION

I hereby affirm that all of the aforementioned information is true and without reservation. I further authorize, McGill's Security & K9 Patrol Services and its officers and the officers of any company or person or firm by which I have been employed heretofore, to and any and all inquiries as to my conduct and qualifications while such services, and to state so far as they may know, the cause of my leaving the same hereby release any and all such companies, firms and persons from any liability for damage of whatever nature, on account of furnishing information for sue in determining my fitness for employment. I understand that I will be subject for dismissal if anything in this application is found to be untrue. I further understand that if I am employed, I am required to act honestly, legally and must abide by all rules and regulations of the company.

Should I be employed by, I hereby agree to the following conditions set forth by McGill's Security & K9 Patrol Services and its agents.

I further authorize that if I am employed by McGill's Security & K9 Patrol Services and leave for any reason whatsoever, I will return all uniforms, equipment and manuals issued to me. If not, I authorize McGill's Security & K9 Patrol Services to deduct any and all amounts owed from my final paycheck. \_\_\_\_\_ *initial*

At no time will I consume any illegal drugs. At no time will I consume any alcohol or prescription which could impair my responses while on duty for a period of eight (8) hours prior to my assigned duties/shift. should I be on prescribed drugs, I will provide McGill's Security & K9 Patrol Services a letter from my physician stating I am on prescribed drugs and I am unable to perform my duties safely. I also agree that I will fully consent to a drug/alcohol test which may be required for pre-employment and/or which may be required to perform my duties on a special job site to which I may be assigned to work. Furthermore, should I be found on my job site unable to perform my duties due to the possible use of alcohol drugs, I also agree to any necessary test required by McGill's Security & K9 Patrol Services or its clients. Any costs incurred for the test will be paid by McGill's Security & K9 Patrol Services, or the agency requesting the tests.

FAILURE TO COMPLY WITH THE ABOVE CAN AND WILL RESULT IN YOU NOT BEING HIRED, OR IF EMPLOYED BY MCGILL'S SECURITY & K9 PATROL SERVICES IMMEDIATE TERMINATION.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **DISCLOSURE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION**

I hereby authorize McGill's Security & K9 Patrol Services and/or any entity directed by the Company to obtain an Investigative Consumer Report and/or Consumer Credit Report for employment purposes, including in connection with my application for employment. An "Investigative Consumer Report" includes any information as to your character, general reputation, personal characteristics, or mode of living. A "Consumer Credit Report" includes any information regarding your credit worthiness, credit standing, and credit capacity. The specific nature in scope of the Investigative Consumer Report McGill's Security & K9 Patrol Services is seeking includes inquiries regarding educational background; work history; personal financial status and credit history; court records, including criminal conviction record, as permitted by law; driving history; verification of Social Security number; and references obtained from professional and personal associates. I further understand and agree that an investigative consumer report and or consumer credit report may be obtained at any time, and any number of times, as McGill's Security & K9 Patrol Services in its sole discretion determines is necessary before, during or after my employment.

The consumer reporting agency that will be providing McGill's Security & K9 Patrol Services with the Investigative Consumer Report and or Consumer Credit Report is \_\_\_\_\_.

I understand that I will automatically be provided with a copy of the Investigative Consumer Report provided to McGill's Security & K9 Patrol Services. I acknowledge receipt of the attached summary of an investigative consumer reporting agency's obligations pursuant to California Civil Code 1786.22.

I hereby authorize all previous employers, educational institutions, consumer reporting agencies in other persons or entities having information about me to provide such information to McGill's Security & K9 Patrol Services. I further fully release McGill's Security & K9 Patrol Services, its employees, officers, directors, agents, successors, and assigns, and all parties involved in this background investigation, including but not limited to investigators, credit Agencies and those companies and individuals who provide information to McGill's Security & K9 Patrol Services concerning me, from any claims or actions for liability whatsoever related to the process or results of the background investigation.

I understand that an offer of employment is contingent upon the outcome of the background check, and that this disclosure an authorization is not an offer for employment by McGill's Security & K9 Patrol Services or a contract for employment with McGill's Security & K9 Patrol Services. I further understand McGill's Security & K9 Patrol Services operates under an AT-WILL EMPLOYMENT POLICY and this authorization does not alter or affect that policy in any manner.

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Signature

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Date