

QUEST NATIONAL SECURITY

Equal Opportunity Employer

Full Name:	
Nicknames:	Date of Birth: ____/____/____
Social Security Number ____-____-____	D.L. # _____
Present Address:	
Mailing Address:	
Guard Card #	Expiration date:
Phone Number	
Home:	Cell:
Pager:	Fax:
Email Address:	
Referred By:	
Position Desired:	Salary Desired: \$ _____ / Hour
Date You Can Start: ____/____/____	Are You Employed?
If yes, may we contact your present employer?	
Have you ever applied to this company before?	
Where?	When?
Education and Experience	
Have you graduated high school or completed a GED or Proficiency Exam?	
Military Service	
Branch:	Rank:
Specialty:	Years Served:
Are you still active or reserve?	
1.	

Former Employment

Please list all employment, starting with current or last job and back at least 5 years

1. Employer:

Address:

Phone Numbers:

Contact Name:

Title:

Position:

Salary:

Duties:

Dates Employed From: ____/____ To: ____/____ (month/ year)

Reason for leaving:

2. Employer:

Address:

Phone Numbers:

Contact Name:

Title:

Position:

Salary:

Duties:

Dates Employed From: ____/____ To: ____/____ (month/ year)

Reason for leaving:

3. Employer:

Address:

Phone Numbers:

Contact Name:

Title:

Position:

Salary:

Duties:

Dates Employed From: ____/____ To: ____/____ (month/ year)

Reason for leaving:

3.

References	
You must provide 3 persons, not related to you, whom you have known at least 1 year.	
1. Name:	Phone #
Address:	
Business:	Years known:
2. Name:	Phone #
Address:	
Business:	Years known:
3. Name:	Phone #
Address:	
Business:	Years known:
Emergency Contacts	
1. Name:	Relation:
Address:	
Home phone:	Cell phone:
Work phone:	Other:
2. Name:	Relation:
Address:	
Home phone:	Cell phone:
Work phone:	Other:
3. Name:	Relation:
Address:	
Home phone:	Cell phone:
Work phone:	Other:
Have you been convicted of any felonies?	
If yes, please list:	
Have you been convicted of any misdemeanors with fines over \$299?	
If yes, please list:	
Please list your top 5 attributes:	

Authorization and Disclaimer

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to foregoing, unless it is in writing and signed by an authorized company representative.”

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

The Company does not condone the use of illegal drugs of any kind. We reserve the right to drug test all new applicants and employees at the company’s discretion.

Applicant’s Signature _____ Date ____ / ____ / ____

Interviewed By _____ Date ____ / ____ / ____

Applicant, DO NOT write below this line.

Remarks:		
Uniform Size: (shirt, pant, shoe, etc.)		
Neatness:	Skills:	
Hire Date:	Salary:	
Position:	Start Date:	
Approved By:	Title:	
Date Approved:		
Checklist (receive from new hire)		
Copy of CADL _____	Resume (attach to application) _____	
Copy of Soc. Sec. Card _____	Copies of Certifications _____	
Copy of Guard Card _____	Copies of permits (gun, baton, etc.) _____	
Question/ Answer Form _____		
Checklist (For Applicant to complete and Return)		
I-9 _____	At-will Employment _____	Arbitration Agreement _____
W-4 _____	Payroll Deduction Form _____	Equipment List _____
Information from drug testing _____		Medical/ Dental Insurance _____
Give to Employees		
Any Equipment _____		Employee Handbook _____
5.		

QUEST NATIONAL SECURITY

At-will Employment

Absent a personal written services agreement between you and the Company, you are free to leave your employment to pursue other interests or opportunities at any time. You may choose to resign, to return to school, to move to another location, to retire, or to work for another employer or be self-employed.

The Company is vested with the responsibility to run its affairs in a manner it determines in its discretion as appropriate. This includes, but is not limited to, the right to offer employment or decide not to employ or to terminate the services of any person at any time, to assign work, to decide to the nature of the work, the locations for conducting business, and the wage and hours and other terms and conditions for employment.

Your right to freely choose to work here and the corresponding right of the Company to decide who will work for it and on what terms and conditions is called an "At-Will" employment relationship. You may terminate your services with the company at any time, with or without notice, and with or without cause.

The Company may also terminate your services at any time, with or without notice, and with or without cause. An At-Will employment relationship is recognized in California Labor Code Section 2922, which applies to your employment at the Company. This law reads in part:

"An employment, having no specified term, may be terminated at the will of either party on notice to the other"

The At-Will Employment Relationship may not be changed by any oral promise or assurances from anyone or by you, and may be changed only by an express written agreement signed between you and the Company.

I have read understand and agree to company and cooperate with the staff of QUEST NATIONAL SECURITY in implementing the above stated policies.

Employee Signature

Date

QUEST NATIONAL SECURITY

Arbitration Agreement and Addendum

It is hereby agreed between the parties – Quest National Security, Inc. and Individual/Employee (hereinafter as “the parties”) to this Arbitration Agreement (hereinafter the “Agreement”), that any dispute arising out of the terms, conditions or provisions of this “Agreement,” will be submitted as an exclusive remedy between all parties, to binding Arbitration at the written request of either party. The parties further agree that any such Arbitration will proceed according to the laws of the State of California, and Country of San Bernardino, Central District. It is further agreed that the Arbitrator’s Award is binding on and enforceable on all parties.

Should the parties to this “Agreement” be unable to mutually agree upon a neutral Arbitrator to hear the matter, then each party will select an Arbitrator, who will meet the confer and select a single Arbitrator. Should a mutually agreeable Arbitrator fail to be selected within a reasonable time, each party to this “Agreement,” hereby submits to the courts selection and appointment of the Arbitrator.

It is further agreed that the prevailing party is entitled to attorney fees and costs as incurred, and all fees required by the Arbitrator shall be equally split between the parties and paid as requested by the Arbitrator.

Employee Signature

Supervisor Signature

Print Name/ Date

Print Name/ Date

QUEST NATIONAL SECURITY

All uniforms or other employer provided property must be returned to the Company upon request. In the event you separate from service for any reason and do not return your uniforms or other equipment, the reasonable value of the item not returned will be deducted from your final pay. If the amount owed exceeds your final paycheck, you may be held liable for the difference.

Equipment List:	Employee Initial	Supervisor Initial
1. Uniform Shirts Qty.	_____	_____

2. Uniform Pants Qty.	_____	_____

3. Cell Phone	_____	_____
4. Tie	_____	_____
5. Badge (Security)	_____	_____
6. Badge (Door)	_____	_____
7. Two-way Radio	_____	_____
8. Flashlight	_____	_____
9. Jacket	_____	_____
10. Badge Holder	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____

A cell phone and landline phone have been provided for employees for use during designated calls only. Supervisor consent must be obtained for personal calls incoming and outgoing on either phone. All calls made without Supervisor approval from Company phones are strictly prohibited and the cost of the calls will be deducted from your paycheck.

I have read, understand and agree to all of the terms and conditions stated in this document.

Employee Signature

Date

Supervisor Signature

Date

QUEST NATIONAL SECURITY

Image release form

Disclosure:

As a security company it is part of our protocol to document clients' locations and guards on post by taking frequent pictures and videos of our employees, typically on post. These pictures and videos may be used anytime for internal purposes.

Also, from time to time we may elect to showcase employees' pictures or videos in external publication such as our website, newsletter and other channels which include various online and offline publications.

Should you wish to be excluded - please advise our office. Otherwise please review the following image release form:

I hereby grant Quest National Security a full permission to use my photographs, video recordings or electronic images in any and all of its publications, including website entries and newsletters, without payment or any other consideration. I understand and agree that these materials will become the property of the company and will not be returned. I hereby irrevocably authorize the company to edit, alter, copy, exhibit, publish or distribute these images for purposes of publicizing the company's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my photos and videos appear. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image. I hereby hold harmless and release and forever discharge the company from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

Date: _____

Name: _____

Signature: _____