

# **Employment Application**

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

| We are an Equal Opportunity Employer and will not discriminate on any legally recognized basis, including of race (including hair texture and protective styles), color, creed, religion (including religious beliefs, observance, and practice), sex (including pregnancy), gender (including the actual gender of perception of the sex, identity, appearance, dress or behavior), status as transgender, transitioning or transitioned person, national origin, ancestry, age, disability (physical or mental), marital status, registered domestic partner status, sexual orientation, medical condition (cancer, history of cancer and genetic characteristics), age, military or veteran status, victims of domestic violence, recipients of public assistance, those exercising the right to any legally protected right, or leave of absence or on any other basis protected by law*. |   |  |  |  |
|---|---|--|--|--|
| In accordance with requirements of the Americans with I policy to provide reasonable accommodation upon requesionants in order that they may be given a full and fair an Equal Opportunity Employer, we intend to comply full laws and the information requested on this application withose laws.  | est during the application process to eligible<br>opportunity to be considered for employment. As<br>y with applicable federal and State employment |  |  |  |
| Employn   | ment  |  |  |  |
| Position applying for:  |   |  |  |  |
| Date of Application:  | <br>Salary/Rate Desired:  |  |  |  |
| Are you applying for: Full-time work? □Yes □No  | <u> </u>  |  |  |  |
| If a conditional offer of employment is made, on wh   | at date can you start work?   |  |  |  |
| How did you learn of this opening?  |   |  |  |  |
| If you have any friends or relatives working for the or relationship:   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |

# **General Information**

| Last Name:                     | First Name:                           | Middle Name:   |
|--------------------------------|---------------------------------------|--|
|                                |                                       | ther information to enable a check on your   |
| work and education             | record):                              |  |
| 0 101 1411                     |                                       | 0'' 17' 0 1  |
| Current Street Addr            | ess:                                  | City/Zip Code:<br>Iditional Phone:   |
| Cell Phone:                    | Optional Ac                           | Iditional Phone:   |
| Social Security No.            | will be required upon employment      | ent for a background check.  |
| Have you been emp              | oloyed here before? □Yes □N           | 0  |
| If yes, between wha            | at dates and what position did y      | ou hold?   |
| which you wish to d            | isclose (Please omit those which      | elated) organizations, groups, clubs, etc.,<br>ch indicate your race, religion, color, national                |
|                                | · · · · · · · · · · · · · · · · · · · |  |
| so could result in a           | conflict of interest or problem w     | hire relatives of present employees if doing ith supervision, security, safety, or morale.  U.S. Armed Forces: |
|                                |                                       |  |
| Passon for loaving:            | I\ai                                  | nk at Discharge:   |
| Have you obtained              | any unique skills or abilities as     | a result of service in the military? □Yes  |
|                                |                                       |  |
| Note: The applicant            |                                       | nformation that would reveal race, color, age  |
| If hired, can you pro □Yes □No | vide documentation to establis        | h your legal right to work in the US?  |
| •                              |                                       | erform or to safely perform any of the ve applied, (job description attached)?                                 |
| ="                             | cribe the functions that cannot b     | pe performed: (use back side of Application  |
|                                |                                       |  |

Note: We comply with State and Federal regulations and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. New hires may be subject to passing a medical examination, and skill or agility tests. Skills Do you have any experience, training, qualifications, or skills which you feel make you especially suited for the position for which you are applying? If yes, please explain: Do you have any specialized skills with Computer Programs? Please describe: **For Positions Requiring Driving Only** Do you have a current, valid driver's license? ☐ Yes ☐ No Driver's License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Note: Continued employment may be contingent upon your maintaining a current, valid driver's license if driving is a requirement of your position. Do you have any restrictions on your driver's license at this time? ☐Yes ☐No If yes, please explain: Have you ever had your driver's license suspended or revoked? ☐ Yes ☐ No If yes, please explain: Do you own a vehicle that you can use for business related purposes?  $\Box$  Yes  $\Box$  No Do you maintain the legally required minimum amount of vehicle liability insurance? □Yes  $\square$  No For Professional & Technical Applicants Only If applicable, Type of License/Certification: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Professional License/Certification No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

| Has this License/                   |                       | een revoked or sus        | spended or restri     | icted? □Yes □No                                     |
|-------------------------------------|-----------------------|---------------------------|-----------------------|---|
| If applicable, date                 | e(s) of revocation of | r suspension or res       |                       |   |
|                                     |                       |                           |                       |   |
| Education                           |                       |                           |                       |   |
|                                     | Name of School        | Specific Course of Study? | # Years<br>Completed* | Diploma / Degree<br>Received?                       |
| High School                         |                       |                           |                       |   |
| Undergraduate<br>College            |                       |                           |                       |   |
| Graduate /<br>Professional          |                       |                           |                       |   |
| Trade School /<br>Other             |                       |                           |                       |   |
| *Do not include da                  | tes of graduation     |                           |                       |   |
|                                     |                       | Work Experie              | 200                   |   |
| •                                   | urity Systems, Inc.   | uding periods of un       | employment and        | d any prior employment<br>ob. (Use the reverse side |
|                                     |                       |                           |                       | Employed:   |
| Work Performed:                     |                       |                           |                       |   |
| Address:                            |                       |                           |                       |   |
| Reason for Leavi                    | ng?                   |                           |                       |   |
| Supervisor's Nan<br>May we contact? |                       | Pno                       | one Number:           |   |
| Job Title / Duties                  | :                     |                           |                       | Employed:   |
| vvork Performed:                    |                       |                           |                       |   |
| Audi 633                            |                       |                           |                       |   |

| Reason for Leaving?  |   |
|--|---|
| Supervisor's Name:   | Phone Number:   |
| May we contact? $\square$ Yes $\square$ No   |   |
| , ,  | licitation agreement with any other employer that apany (you may be required to furnish a copy of the |
| If yes, please explain:  |   |
| Please describe what you expect from an e including any special qualifications for the p | employer or include any remarks you may wish to add position:   |
|  |   |
|  |   |
|  |   |

#### **Disclosure Statement**

Redwood Security Systems, Inc., when considering your application for employment, insurance or credit, when making a decision whether to offer you employment, insurance, or credit, when deciding whether to continue your employment, insurance, or credit, and when making other decisions directly affecting you, may wish to obtain and use a "consumer report" from a "consumer reporting agency". These terms are defined in the FCRA (15 US.C. SS 1861 et seq.), which applies to you. You are a "consumer" with rights under the FCRA.

A "consumer" is an individual.

A "consumer reporting agency" is any person or business which for monetary fees, dues, or on cooperative nonprofit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information or other information on consumers for the purpose of furnishing "consumer reports" to others, and which uses any means of facility of interstate commerce for the purple of preparing or furnishing "consumer reports".

A "consumer report" is any written, oral, or other communication of any information by a "consumer reporting agency" bearing on a customer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected, in whole or in part, for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes or other purposes authorized under the FCRA.

If Redwood Security Systems, Inc. obtains a "consumer report" about you, and if, based on any information in the consumer report, Redwood Security Systems, Inc. makes a decision for

employment, insurance, or credit purposes that directly and adversely affects you, you may be provided with a copy of the "consumer report". You may also contact the Federal Trade Commission about your rights under the FCRA as a "consumer" with regard to "consumer reports" and "consumer reporting agencies".

Redwood Security Systems, Inc. has contracted with SAMBA Holdings, Inc. to provide records. SAMBA furnishes information as available from state and national agencies. SAMBA does not issue an opinion on the information provided, or participate in any action or decision based on the information provided. SAMBA may be contacted in writing concerning a consumer report about you.

## **Application Statement**

#### Please initial each statement

| I certify that all information provided on this application, or any other documents                 |
|---|
| submitted in connection with my application or interview for employment is true and correct. I      |
| agree to have any of the statements provided by me checked by the Company unless I have             |
| indicated to the contrary. Further, I understand that falsification or omission of any information  |
| on this application or presenting false or misleading information on this application may be        |
| considered sufficient cause to discontinue my consideration for employment and/or if hired, for     |
| immediate termination.  |
| I hereby authorize the Company to investigate my references, work record, education                 |
| and other matters related to my suitability for employment and, further authorize the references I  |
| have listed to disclose to the Company all letters, reports and other information related to my     |
| work records, without giving me prior notice of such disclosure. I hereby fully waive any rights or |
| claims that I have or may have against my former employers, their employees and/or agents           |
| and release them for any and all such liability, claims or damages that may directly or indirectly  |
| result from the use, disclosure, or release of any such reference information about me, whether     |
| favorable or unfavorable.   |
| If hired, I agree as follows: My employment is for no definite period, is terminable at-will        |
| and my employment may be terminated by the Company at any time and for any reason                   |
| whatsoever, with or without good cause, and with or without prior notice, at the option of either   |
| the Company or myself. I understand that nothing contained in the application, or conveyed          |
| during any interview, or during my employment, if hired, is intended to create an employment        |
| contract between me and my company.   |
| No implied, oral, or written agreements contrary to the express language of this at will            |
| agreement are valid unless they are in writing and signed by the President of the Company or        |

the President's designee. No supervisor or representative of the Company, other than the

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| President of the Company or the President's designee has any authority agreements contrary to the foregoing.   | y to make any   |
|--|---|
| I agree that if employed, I will abide by all policies and procedure Company.  | es established by the                                 |
| I further certify that I have been informed of the duties of the position and that I can perform the essential functions of the position are inform the Company of any need for a reasonable accommodation that the functions of the position.   | nd that, if necessary, will                           |
| I expressly represent that my application for employment does with any other obligations to any other prior or current employer of mine or disclose any trade secret or other confidential information of a third p from using during this application process or if hired, during my employr                            | and that I will not utilize arty that I am prohibited |
| I expressly understand and agree that if hired, I will not improped disseminate any confidential proprietary information or trade secrets of the been provided, learned about or obtained from the Company during my understand I am prohibited from using the Company's confidential propriet trade secrets at any time | the Company that I have employment. I                 |
| Signature of the Applicant:  | Date:   |
| Print Name:  |   |
|  |   |

### **Public and Private Record Release**

State and Federal privacy laws protect and prescribe restrictions regarding access to certain confidential and personal information. This form authorizes the release of motor vehicle and criminal background information to Redwood Security Systems, Inc. for employment or insurance eligibility purposes.

By signing below:

I authorize Redwood Security Systems, Inc. to investigate and review driving, motor vehicle, criminal histories, and related information periodically the duration of my employment or insurance relationship with Redwood Security Systems, Inc.;

I understand that my employment or insurance eligibility is contingent upon Redwood Security Systems, Inc. review of such information; and

#### I confirm that I have read and understand the attached Disclosure Statement.

| Organization: Redwood Security Systems, Inc.      |       |  |
|---|-------|--|
| Signature of the Applicant:                       | Date: |  |
| Printed Name (as it appears on Driver's License): |       |  |
| Driver's License No.:                             |       |  |
| Birth Date (Month/Day/Year):                      |       |  |
| Gender: □Male □Female □Other, please describe:    |       |  |
|   |       |  |