

EMPLOYMENT HISTORY:

Present or Most Recent Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No
Name Title

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No
Name Title

Reasons for Leaving: _____

EDUCATION

High School

Name and Address

Did you graduate? Yes NO Attended from _____ to _____.

If you did not graduate, did you receive your GED? Yes NO

Special honors or awards: _____
Technical or Vocational School including Police, Sheriff, Correctional Academies

Name and Address

Did you graduate? Yes NO Attended from _____ to _____.

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

College or University

Name and Address

Did you graduate? Yes NO Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

College or University

Name and Address

Did you graduate? Yes NO Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

POSITION INFORMATION:

Position Specifications

Position Applying For:

How did you hear about this job?

What hours are you willing to work? _____

Would you be able to work weekends? Yes No

When would you be able to start? _____

Desired salary: _____ per _____

Skills

Please describe any skills you have in the following areas:

Computers, firearms, baton, defensive tactics, diver certifications, EMT, CDL licenses, captain license, narcotics investigations, interview techniques, or *ANY* other advanced training:

Do you possess a valid security guard certification? If yes, provide your ID No. If you are exempt, pursuant to law, please explain below:

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize Stratus Security Management, Inc. to investigate any aspect of my prior educational, employment history, and other relevant matters. Furthermore, I understand that if I am hired, employment with Stratus Security Management, Inc. is "at will," which means that either Stratus Security Management, Inc. or I can terminate my employment for any reason not prohibited by law.

Signature: _____ **Date** _____

Stratus Security Management, Inc.

Authorization to Release Information

I hereby authorize Stratus Security Management, Inc. to conduct a background investigation to include my prior employment, educational history, credit history, driving record, and criminal history. This information will assist them in their assessment of my qualifications.

I hereby authorize my present and past employers and schools that I have attended to release any employment information (including attendance records, performance evaluations, etc), references, academic records (including transcripts, credentials, etc.) and any other confidential information that Stratus Security Management, Inc. may request. I authorize any credit agency, credit bureau or reporting agency to release my credit information to Stratus Security Management, Inc.

I hereby authorize the release of information related to any criminal action, proceeding, and dispositions thereto. I authorize the custodian of records of any police department, or official law enforcement agency to release my records to Stratus Security Management, Inc. This release does *NOT* include sealed records or youthful offender records. I release to Stratus Security Management, Inc. and its representatives, agents and investigators all pertinent information regarding my character including any negative police contacts when a summons was issued in lieu of arrest, or the filing of a "field interview card" was filed in connection with the listed candidate.

I hereby waive any right I may have to review the information collected through the above authorization.

I hereby release to Stratus Security Management, Inc., their board members, agents, investigators, employees, executors, and assigns from any and all liability that may be incurred by the signing of this form and or liability incurred as a result of the information collected and its use. I expressly waive any right I may have to sue to Stratus Security Management, Inc., their board members, agents, investigators, employees, executors, and assigns for any claim arising out of or related to the collection of information listed in this release or my application to Stratus Security Management, Inc.

I have carefully read and reviewed all the provisions above and have voluntarily agreed to sign this authorization.

Date: _____

(Signature of Candidate)

(Printed Name of Candidate - Social Security Number)

***This form must be notarized in order for it to be valid.**

*Photocopies of this form are valid when all signatures are affixed.