

CMD FOUNDATION, LLC

It is the policy of CMD Foundation, LLC. to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

Note: Please type or print your answers. If you print, please do so in **black ink** and write neatly. An illegible application may preclude you from consideration.

POSITION APPLYING FOR: Security Guard Account Manager EP Agent Other: _____

PERSONAL INFORMATION

First Name Middle Initial Last Name

Current Address:

Street and Apt. # City State Zip Code

Telephone: _____ E-mail: _____

Social Security #: _____ - _____ - _____ Driver's License #: _____ State: _____

I am a Citizen or otherwise authorized to work in the United States on an unrestricted basis:

Yes **No**

If applicable, please list your visa type, visa # and expiration: _____

Have you ever been convicted of a felony or a misdemeanor?

Yes **No**

If you answered yes, please explain:

Have you ever served in the Military? **Yes** **No**

If yes, please provide the following information:

Branch of Service: _____ Rank at time of separation: _____

I served from _____ to _____.

Special Honors: _____

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: _____

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 CMD Foundation, LLC. to investigate any aspect of my prior educational, employment history, and other relevant matters. Furthermore, I understand that if I am hired, employment with CMD Foundation, LLC. is "at will," which means that either CMD Foundation, LLC. or I can terminate my employment for any reason not prohibited by law.

Signature: _____ **Date** _____

CMD FOUNDATION, LLC.

Authorization to Release Information

I hereby authorize CMD Foundation, LLC. 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 CMD Foundation, LLC. may request. I authorize any credit agency, credit bureau or reporting agency to release my credit information to CMD Foundation, LLC.

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 CMD Foundation, LLC. This release does *NOT* include sealed records or youthful offender records. I release to CMD Foundation, LLC. 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 CMD Foundation, LLC., their 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 CMD Foundation, LLC, 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 CMD Foundation, LLC.

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.