

A.P.I. Security Services & Investigations Employment Application

867 High St. Suite D
Worthington, Ohio 43085
614-310-1980

Personal Information

Position Applied for: _____ Date: _____

Name: _____

Last
First
Middle

Address: _____

Street
City
State
Zip

Phone: _____ Alternative Number: _____

Social Security Number: _____ Date Available to Start: _____

Expected Pay Rate: _____

Upon employment, can you show verification of your legal right to work in the United State? Yes No

Are you at least 18 years old? Yes No

Have you ever been convicted of a felony? Yes No

Work Availability

Type of employment desired: Full Time Part Time Casual

Indicate day and time available to work.

| Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------|--------|--------|---------|-----------|----------|--------|
| | | | | | | |
| | | | | | | |

Education

| School | City, State | Major Course of Study | Highest Level Completed |
|-----------------------------------|-------------|-----------------------|-------------------------|
| High School | | | |
| | | | |
| College | | | |
| | | | |
| Business, Technical, Trade School | | | |
| | | | |

List any additional skills: _____

Describe other job related training: _____

Work Experience (Start with the most recent)

| | | |
|---------------------|--------------------|---|
| Employer: | Address | City, State |
| Phone Number: | Supervisor: | May we contact: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Date Employed: | Start Pay Rate: \$ | Final Pay Rate: \$ |
| Work Performed: | | |
| Reason for Leaving: | | |

| | | |
|---------------------|--------------------|---|
| Employer: | Address | City, State |
| Phone Number: | Supervisor: | May we contact: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Date Employed: | Start Pay Rate: \$ | Final Pay Rate: \$ |
| Work Performed: | | |
| Reason for Leaving: | | |

| | | |
|---------------------|--------------------|---|
| Employer: | Address | City, State |
| | | |
| Phone Number: | Supervisor: | May we contact: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Date Employed: | Start Pay Rate: \$ | Final Pay Rate: \$ |
| Work Performed: | | |
| Reason for Leaving: | | |

| | | |
|---------------------|--------------------|---|
| Employer: | Address | City, State |
| | | |
| Phone Number: | Supervisor: | May we contact: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Date Employed: | Start Pay Rate: \$ | Final Pay Rate: \$ |
| Work Performed: | | |
| Reason for Leaving: | | |

| Personal Reference: Give names of three persons to whom you are not related | | | |
|---|------------|------------|---------------|
| Name: | Telephone: | Occupation | Years Known : |
| | | | |
| | | | |
| | | | |

Applicant's Statement

I certify that answers given are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for emplacement as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this Company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this department.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, the laws of the State of Ohio and to uphold the Constitution of the United State of America.

I also authorize the A.P.I. Security Services to conduct a full and complete investigation of my background including, but not limited to, Criminal, Civil, Medical, Military, Credit, Character or any and all other records. I authorize any person with knowledge of me to provide any and all information about me to A.P.I. Security Services. I authorize any person holding such records or information permission, without recourse, to provide information or copies of any such records to A.P.I. Security Services. I understand that I will not be given any information as to who, if anyone gave information or negative nature.

Signature of Applicant

Date

We are an equal opportunity employer

Hourly Pay Rate and Background Check Agreement

I agree and understand that a \$100.00 charge and will not exceed for my State of Ohio background check and processing fee will be deducted from my first paycheck. If maintain employment for six months with API Security Service & Investigation the \$100.00 charge will be reimbursed.

Date Charged _____ Date to be Reimbursed _____

In accordance with the rules and regulations set forth by API Security Services and Investigations my final pay check will be held until all my uniforms and accessories are returned to API Security Service & Investigation.

Employee: _____

Position: _____

Status: _____

Hourly Pay Rate: _____

Employee Signature

Date

Witness Signature

Date

A.P.I. Security Services &
Investigation

Verification of Previous Employment

Applicant Information

Applicant Name: _____ Date: _____

Position Applied for: _____

Conducting Reference: _____

Previous Employment

Name of Contact: _____ Title: _____

Company: _____ Phone: _____

Start Date: _____ End Date: _____

What was the applicant's position on the last day of employment? _____

What was the applicant's starting salary? _____

What was the applicants ending salary? _____

Do you have any reason o believe this applicant poses a threat of violence to employees or customers? Yes No

Do you have any reason to believe this applicant is dishonest or lacks integrity? Yes No

Would you rehire this applicant? Yes No

What was the applicant's reason for leaving? _____

Notes: _____

Notice of Timesheets and Pay Checks

Timesheets must be in the office by 10:00 a.m. every Monday. Either by fax, hand delivered, or mail, but the responsibility is on the EMPLOYEE to make sure it is received on time. Every timesheet should list one week only. Our weeks run from Sunday to Saturday. So, every timesheet should have only that week's information.

Hours listed under the "hours" heading should be total hours worked, minus any lunch break.

No overtime is paid without pre-approval. If you are approaching overtime hours and are in doubt about approval, confirm with the office before your shift.

Mileage is NOT paid unless negotiated during interview process or pre-approved. If you are in doubt of your status, contact the office.

If you have an address change, please make note of that on the top of your timesheet.

Remember: All checks are mailed. Employees cannot pick up at the office.

Employee Information Sheet

Name: _____
Last First M.I. Social Security #

Current Address: _____
Street City, State Zip

Primary Number: _____ Alternative Number: _____

Date of Birth: _____ Sex: _____

Start Date: _____ Position: _____

Status: _____ Pay Rate: _____
Full Time/ Part Time/Casual/Contract

In Case of Emergency Notify:

Name: _____ Phone (day): _____

Relationship: _____ Phone (night): _____

Name: _____ Phone (day): _____

Relationship: _____ Phone (night): _____

Last Date Worked: _____ Recommended Rehire: _____

Reason for Departure: _____

Disclosure and Release Form Employee Driving Record Information

In connection with my employment (or my application for employment), I hereby give permission to API Security Services & Investigations, Inc. (hereinafter referred to as Employer) to obtain my state driving record (also known as my motor vehicle record or MVR).

I acknowledge and understand that my driving record is a consumer report that contains public record information. I authorize, without reservation, any party or agency contacted by Employer, to furnish the above-mentioned information. I understand that I have the right to request a copy of my driving record and to know the source or sources of my driving record, for a two-year period preceding my request.

This authorization shall remain on file by Employer for the duration of my employment, and will serve as ongoing authorization for Employer to procure my state driving record a: any time during my employment period.

I understand that Employer may take adverse action affecting my employment, - based on information in my driving record. If such adverse action is taken, I acknowledge that my rights are as follows:

- Employers must notify me in writing of any such adverse action.
- I have the right to receive a copy of the driving record upon which the adverse action was based.
- I have the right to receive a summary of my rights under the Fair Credit Reporting Act. I have the right to know the name, address, and the phone number of the consumer-reporting agency that provided my driving record to Employer.
- I have the right to obtain a free copy of my driving record from the agency that provided it, if such request is made in 60 days from the date that Employer took adverse action.
- I have the right to dispute the accuracy or completeness of my driving record with the consumer reporting agency that provided it. and request errors be corrected.

Employee's Name (Print)

Employee's Signature

Date Signed

Social Security Number

Drivers License Number / State

Date of Birth

EMPLOYEE NON-COMPETE AGREEMENT (Specific Locations)

In consideration of my being employed by _____ (Company), I, the undersigned, hereby agree that upon the termination of my [employment](#) and notwithstanding the cause of termination, I shall not compete with the [business](#) of the Company or its successors or assigns, to wit: _____ and shall not directly or indirectly, as an owner, officer, director, employee, consultant, or stockholder, engage in the business of _____ or a business substantially similar or competitive to the business of the Company.

This non-compete agreement shall extend only for a radius of _____ miles from the present location of the Company, and shall be in full force and effect for _____ years, commencing with the date of employment termination.

Signed and sealed this _____ day of _____, 20__.

Employee