
SITE OFFICE 2407 109th AVE NE SUITE 110 MINNEAPOLIS, MN 55449
MAILING ADDRESS: 12527 CENTRAL AVE NE SUITE 312 MPLS., MN 55434
Phone: 763-767-9111 Fax: 763-231-8466 www.avalonsecurity.com

Pre-employment Application Requirements

Before filling out the application please, take the time to read the following information.

The following requirements are in effect to ensure that anyone hired as an security guard is a responsible individual and will act as a professional security guard at all times.

1. Applicant must be willing and able to work **third shift (overnights) and weekends**, no exceptions. Also must be willing to work holidays, if hired.
2. Applicant must possess a legally owned and insured vehicle.
3. Applicant must possess a **valid driver's license**.
4. Must be able to clearly speak, read, and write English.
5. Applicant must have a working telephone at his or her residence, a cell phone is preferred.
6. Applicant must possess a high school diploma or G.E.D. equivalent.
7. Applicants are required to have lifting ability up to 25lbs., standing, walking, and sitting for long periods of time.
8. Applicants must have a criminal history that is free of felony convictions and disqualifying misdemeanors. A Bureau of Criminal Apprehension criminal background check will be conducted after accepting a bona fide offer of employment. The successful candidate's employment status will remain "conditional" until both BCA and FBI criminal background check reports are received.
9. Applicant must be willing to sign Employee Confidentiality/Non-Solicitation agreement if offered employment.

By signing below I agree that I fully understand and accept the requirements listed above and feel that I qualify for employment.

Applicant Signature

Date

APPLICATION FOR EMPLOYMENT

Avalon Fortress Security Corporation is an equal opportunity employer

Please Print

Date Last Name First Name Middle

Present Address

No. & Street City State Zip -

Permanent Address (if different from present address)

No. & Street City State Zip -

(____) ____ - ____ (____) ____ - ____
Home Phone Cell Phone

EMAIL ADDRESS

Employment Desired

Position applying for: _____

Transportation

Mode of reliable transportation: _____

(Type of vehicle)

Availability : (Please list start and end times)

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------------------------|--------|--------|---------|-----------|----------|--------|----------|
| Day Availability | | | | | | | |
| Evening Availability | | | | | | | |
| Over-Night Availability | | | | | | | |

Personal Information

Have you ever applied to or worked for Avalon Fortress Security Corporation before?

Yes No

If yes, when? _____

Do you have any friends or relatives working for Avalon Security?

Yes No

If yes, state name(s) and relationship:

Name

Relationship

Name

Relationship

Why are you applying for work at Avalon Security?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of

minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No
If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense? Yes No
If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

| School | Name and Address | No. of years Completed | Did you Graduate? | Degree or Diploma |
|--------|------------------|------------------------|-------------------|-------------------|
|--------|------------------|------------------------|-------------------|-------------------|

| | | | | |
|--------------------|------|-------|--|-------|
| High School | Name | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| | City | _____ | State | _____ |
| | Zip | _____ | | |

| | | | | |
|----------------------------|------|-------|--|-------|
| College/ University | Name | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| | City | _____ | State | _____ |
| | Zip | _____ | | |

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

| | | | |
|----------------------|---------------------|------------------------|-----------------------------|
| Name of Employer | _____ | (____) ____ - ____ | Telephone No. |
| Type of Business | _____ | Your Supervisor's Name | |
| Address & Street | _____ | City | State Zip |
| Dates of Employment: | From _____ To _____ | Pay: | Starting _____ Ending _____ |

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

| | | | |
|------------------|-------|--------------------|---------------|
| Name of Employer | _____ | (____) ____ - ____ | Telephone No. |
| _____ | | | |

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment:

From

To

Pay:

Starting

Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer

() -
Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment:

From

To

Pay:

Starting

Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name

Last Name

() -
Telephone No.

Address & Street

City

State

Zip

Occupation

No. of Years Acquainted

First Name

Last Name

() -
Telephone No.

Address & Street

City

State

Zip

Occupation

No. of Years Acquainted

First Name

Last Name

() -
Telephone No.

Address & Street

City

State

Zip

Occupation

No. of Years Acquainted

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize Avalon Fortress Security, to thoroughly 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 any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between the Company and me. In addition, I understand and agree that if I am employed, I agree to conform to the company's rules and regulations and that my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

Initials I understand that should internal personnel employed by the company conduct a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment). I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above

Date

Applicant's Signature

Applicant Survey Form

Name: _____ Date _____

Job Applied for: _____

Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is ***completely voluntary***. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used ***only*** to monitor our compliance with equal opportunity laws and regulations and for no other purpose.* When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in a separate envelope from the one that contains your application.

RACE/ETHNICITY – *Select One or More:*

- American Indian or Alaskan Native:** A person having origins in any of the original people of North America or South America (including Central America) and who maintains tribal affiliation or community attachment.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American:** A person having origins in any of the Black racial groups of Africa.
- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

DISABILITY – Are you a person with a disability?

- Yes
- No

GENDER/SEX – *Select One*

- Male
- Female

How did you first learn about this position? _____

* ***This form is not used for employment decisions.*** If you have a disability and need any accommodations so that you can perform the duties of the job for which you are applying, please notify us in some other manner.