

Bravo Three

PPO# 16826

Address:
10769 Woodside Av. Suite 203
Santee, CA 92071

(619) 328-0671 Office
(619) 328-0674 Fax



Applicant Name: _____ Date of Birth: _____

Home phone: _____ Cell: _____ Other: _____

Check ALL that apply and add Permit and Certification numbers:

CA Guard Card #: _____ Driver's License #: _____

Firearm #: _____ O/C (pepper spray) #: _____

PC 832 (A) (B) Baton #: _____

Other: _____ Other: _____

Are you prior Law Enforcement? YES NO

If yes, what Department? _____

Are you prior Military? YES NO

If yes, what branch? _____

Do you have reliable transportation? YES NO

If yes, what kind? Personal Vehicle Public Transportation (trolley, bus, etc.)

If no, what is your means of transportation? _____

What days and times would you be available for work?

Applicants signature: _____ Date: _____

It is the ongoing policy of our company to afford equal employment opportunity to qualified individuals regardless of their race, color, religion, sex, national origin, age, physical or mental handicap, veteran status, or because they are disabled veterans, and to conform to applicable laws and regulations. In keeping with the intent of this policy, the company will adhere strictly to the following personnel practices:

Recruitment, hiring, and promotion of individuals in all job classifications will be conducted without regard to race, color, religion, national origin, age, sex, physical or mental handicap, veteran status, or because he or she is disabled veteran, except where a bona fide occupational qualification must be met.

Employment decisions will be made in such a manner as to further the principles of equal employment opportunity through the use of valid job-related criteria. All other personnel actions, such as compensation, benefits, transfers, training and development, educational assistance, and social and recreational programs, will be administered without regard to race, color, religion, national origin, age, sex, physical or mental handicap, veteran status, or because he/she is a disabled veteran, except where a bona fide occupational qualification must be met.

Thorough and documented analyses of all personnel actions will be conducted to ensure compliance with the concept of equal opportunity.

At Will Employment Statement:

Your employment with Bravo Three is a voluntary one and is subject to termination by you or Bravo Three at will, with or without cause, and with or without notice, at any time. Nothing in these policies shall be interpreted to be in conflict with or to eliminate or modify in any way the employment-at-will status of Bravo Three employees.

This policy of employment-at-will may not be modified by the CEO of Bravo Three or employee and shall not be modified in any publication or document. The only exception to this policy is a written employment agreement approved at the discretion of the CEO, whichever is applicable.

These personnel policies are not intended to be a contract of employment or a legal document.

Applicants signature: _____ Date: _____

Employment Application

Programs, services and employment are available equally to everyone.

Date: _____

Please inform the Human Resources Department if you require reasonable accommodation to the application or interview.

Position Applied for: _____

Please PRINT or TYPE in black/blue ink.

How were you referred to us: Internet Newspaper Friend Walk-In Referral Recruited

Full Name: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Phone: () Mobile/ Other: _____ Email: _____

Date available to start: _____ Driver's license number: _____ State: _____

If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, please explain:

Have you ever worked for this company? Yes No

Are you eligible for employment in this country? Yes No

Type of employment desired: Part Time Full-time

Can you travel if a job requires? Yes No

EDUCATION:

	Name	# of years completed	Did you Graduate?	Degree	Major
High School					
College/Univ.					
College/Univ.					
Other					

References: Please furnish reference information of two (2) people to whom you are NOT related and by whom you have NOT been employed.

NAME	PHONE #	RELATIONSHIP	LENGTH KNOWN	ADDRESS

Applicants signature: _____ Date: _____

SKILLS OR QUALIFICATIONS: Please summarize any training, licenses, permits, and/or certificates that may qualify you as being able to perform job related functions for the position for which you are applying.

MILITARY SERVICE:

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

EMPLOYMENT HISTORY: Begin with the most recent employer. Be sure to include any volunteer work. If we have your resume or you brought one with you, you do not need to fill out the "Employment History" section.

EMPLOYER: _____

From: _____ To: _____ Address: _____

Supervisor and Title: _____

Position held: _____

Starting salary & Title: _____

Reason for leaving: _____

Ending salary & Title: _____

Responsibilities: _____

May we contact this employer for reference? Yes No Phone: _____

EMPLOYER: _____

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Supervisor and Title: _____

Position held: _____

Starting salary & Title: _____

Reason for leaving: _____

Ending salary & Title: _____

Responsibilities: _____

May we contact this employer for reference? Yes No Phone: _____

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Reason for leaving: _____

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Responsibilities: _____

May we contact this employer for reference? Yes No Phone: _____

Applicants signature: _____ Date: _____

