



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL
OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO	
PRESENT ADDRESS	APT NO	CITY	STATE	ZIP
PERMANENT ADDRESS	APT NO	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? YES	PHONE	PLACE OF BIRTH		

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? YES NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO	
EVER APPLIED FOR THIS COMPANY BEFORE? YES NO	WHERE ?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? YES NO	WHERE ?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY?		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE,BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL



FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES NO		
NAME OF SUPERVISOR		TITLE		PHONE
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES NO		
NAME OF SUPERVISOR		TITLE		PHONE
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES NO		
NAME OF SUPERVISOR		TITLE		PHONE
DESCRIPTION OF WORK				
REASON FOR LEAVING				



REFERENCES

BELOW GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN ATLEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEAR ACQUAINTED
1			
2			
3			

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS ?	YES	NO
IF YES EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)		

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THE APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONCERNING MY PREVIOUS EMPLOYMENT AND ANT PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR T MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING UNLESS IS IN WRITING AND SIGNED BY AUTHORIZED COMPANY REPRESENTATIVE

DISCLAIMER: By typing your name below, you are signing this application electronically.
You agree that your electronic signature is the legal equivalent of your manual signature on this application.

DATE

SIGNATURE

ACES Private Investigations & Bodyguard Services LLC



DRUG-FREE WORKPLACE POLICY

Aces Private Investigations & Bodyguard intends to help provide a safe and drug-free work environment for our clients and our employees. With this goal in mind and because of the serious drug abuse problem in today's workplace, we are establishing the following policy for existing and future employees of Aces.

Aces explicitly prohibits:

- The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on Company or customer premises or while performing an assignment.
- Being impaired or under the influence of legal or illegal drugs or alcohol away from the Company or customer premises, if such impairment or influence adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the Company's reputation.
- Possession, use, solicitation for, or sale of legal or illegal drugs or alcohol away from the Company or customer premises, if such activity or involvement adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the Company's reputation.
- The presence of any detectable amount of prohibited substances in the employee's system while at work, while on the premises of the company or its customers, or while on company business. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the employee.

Aces will conduct drug and/or alcohol testing under any of the following circumstances:

- **RANDOM TESTING:** Employees may be selected at random for drug and/or alcohol testing at any interval determined by the Company.



- **FOR-CAUSE TESTING:** Aces may ask an employee to submit to a drug and/or alcohol test at any time it feels that the employee may be under the influence of drugs or alcohol, including, but not limited to, the following circumstances: evidence of drugs or alcohol on or about the employee's person or in the employee's vicinity, unusual conduct on the employee's part that suggests impairment or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness.
- **POST-ACCIDENT TESTING:** Any employee involved in an on-the-job accident or injury under circumstances that suggest possible use or influence of drugs or alcohol in the accident or injury event may be asked to submit to a drug and/or alcohol test. "Involved in an on-the-job accident or injury" means not only the one who was or could have been injured, but also any employee who potentially contributed to the accident or injury event in any way.

If an employee is tested for drugs or alcohol outside of the employment context and the results indicate a violation of this policy, or if an employee refuses a request to submit to testing under this policy, the employee may be subject to appropriate disciplinary action, up to and possibly including discharge from employment. In such a case, the employee will be given an opportunity to explain the circumstances prior to any final employment action becoming effective.

Employee Signature Date

Employee Name Manager Signature

DISCLAIMER: By typing your name below, you are signing this application electronically.
You agree that your electronic signature is the legal equivalent of your manual signature on this application.



CONFIDENTIAL

BACKGROUND CHECK AUTHORIZATION

PRINT NAME : _____
(FIRST) (MIDDLE) (LAST)

FORMER NAME(S) AND DATES USED _____

CURRENT ADDRESS SINCE _____
(MO/YEAR) (STREET) (CITY) (ZIP/STATE)

PREVIOUS ADDRESS FROM _____
(MO/YEAR) (STREET) (CITY) (ZIP/STATE)

PREVIOUS ADDRESS FROM _____
(MO/YEAR) (STREET) (CITY) (ZIP/STATE)

SOCIAL SECURITY NUMBER _____ DOB _____

TELEPHONE NUMBER _____

DRIVER LICENCE NUMBER /STATE _____

THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

I hereby authorize _____ and his designated agents and Representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written pertaining to me, to _____ or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have to include information or data received from other sources. _____ and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applications personal information, including, but not limited to, addresses, social security numbers and dates of birth.

SIGNATURE _____ DATE _____

Notice to California, Minnesota and Oklahoma Residents

Please check box below if you wish to receive a copy of a consumer report that is requested.

☐ I wish to receive a copy of any Background Check Report on me that is requested.