



APPLICATION FOR EMPLOYMENT

Please complete all blanks with the required information. Resumes may accompany completed applications. Additional pages may be attached to complete the required information.

Your interest in employment with A.S.A.P Secured Inc. is greatly appreciated. Due the highly sensitive nature of our industry, it requires that certain searching questions be asked. Should your application proceed to the next level, the information you provide will be subject to verification and will be treated in strictest confidence.

Date: _____ / _____ / _____
MM DD YY

Surname: _____

First Name: _____ Middle Initial: _____

Residence Telephone #: () _____ Cellular Telephone #: () _____

Address: _____

City: _____ Province: _____ Postal Code: _____

How long have you resided at the above address: _____

Email Address: _____

1. Are you legally entitled to work in Canada? YES NO
2. Are you willing to travel within Ontario? YES NO
3. Are you willing to travel within Canada? YES NO
4. Are you willing and able to work shift work? YES NO
(which may include weekends, night shifts and holidays)

If No, when would you not be able to work? _____

5. Have you ever been previously employed by A.S.A.P Secured Inc? YES NO

If yes, please specify location, dates and position: _____

If you are applying for a position as a Security Guard / Private Investigator:

6. Have you ever been previously employed by another Licensed Security company? YES NO

If yes, list company, position and dates: _____

7. Have you ever been previously employed as an "In-House" Security Guard by any organization?
 YES NO

If yes, list company, position and dates: _____

(use separate sheet if extra space is required)

8. **HOURLY POSITIONS:**

Position applied for: _____

How did you hear about this position: _____

Have you previously held supervisory / management positions: YES NO

9. **MANAGERIAL / ADMINISTRATIVE POSITIONS:**

Position applied for: _____

How did you hear about this position: _____

Have you previously held supervisory / management positions: YES NO

Applicants applying for positions requiring word processing and/or typing skills must take the requisite test.

10. **EMPLOYMENT HISTORY**

Please list in date order, starting with your current or most recent position, all previous employers (include Canadian military service if applicable) for the past 3 years, or since you left school, use separate sheet if necessary).

A.	Employer's Name: _____	Name of Supervisor: _____
	Address: _____	Telephone #: _____
	Dates of Employment—From _____ To _____	Position Held: _____
	Main Duties: _____	
	Reason for Leaving: _____	
	Rate of Pay: _____	May we contact this Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

B.	Employer's Name: _____	Name of Supervisor: _____
	Address: _____	Telephone #: _____
	Dates of Employment—From _____ To _____	Position Held: _____
	Main Duties: _____	
	Reason for Leaving: _____	
	Rate of Pay: _____	May we contact this Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

C.	Employer's Name: _____	Name of Supervisor: _____
	Address: _____	Telephone #: _____
	Dates of Employment—From _____ To _____	Position Held: _____
	Main Duties: _____	
	Reason for Leaving: _____	
	Rate of Pay: _____	May we contact this Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY CONTINUED

11. Have you ever been self-employed? YES NO

If so, please list the name, address and nature of your business.

12. **SECURITY CLEARANCE:**

Have you ever been fingerprinted in the past? YES NO

Has security clearance been denied to you in the past? YES NO

Has a Security Guard or Private Investigator License been denied to you in the past? YES NO

If yes, specify: _____

13. **EDUCATION**

Please indicate highest grade level completed:

Secondary School 9 10 11 12 13 Diploma Obtained? YES NO

Community College University

License, Certificate or Diploma Obtained? YES NO

Specify: _____

Business or Trade School YES NO

Specify: _____

14. List any special skills, attributes, certifications, or courses taken in addition to the above:

15. **LANGUAGES**

Please indicate any verbal or written language skills you may possess.

Languages	Can Speak Fluently	Conversational Only	Write/Read Fluently

NOTE: The following questions are asked for the purpose of frank, confidential discussion at the time of an interview, in advance of routine inquiries, which are made as a matter of standard policy. An affirmative answer will not disqualify you from consideration of employment.

16. Have you ever been convicted of a criminal offense, in any Province, for which a pardon has not been granted? YES NO

If yes, when? _____

DRIVING HISTORY

Driver's Licence #:

Province of Issue:

Expiry Date:

Class:

18. Please list any driving restrictions you may be subject to:

19. List all traffic violation convictions in the last five years: *(Applicants who may be utilized to operate company vehicles will be asked to provide a Driver's Abstract from the Ministry of Transportation)*

1. _____ 2. _____ 3. _____

4. _____ 5. _____

20. How many vehicle accidents have you been involved in the last five years? _____

21. Have you participated in any driving instruction or course within the last five years?
If so, give details:

Upon the offer of employment by the company and my acceptance of said offer, I hereby agree to protect and immediately indemnify and hold harmless the company and/or its insurers against any and all losses, liabilities, costs, damages, charges, and expenses of whatsoever kind and nature it may sustain or become liable for by reason of any dishonest or fraudulent act(s) committed by me during the course of my employment with the company, including counsel and/or attorney fees which it may incur in connection with any litigation resulting from such acts. I further agree that all vouchers and other such evidence of payment in respect to such loss, liability, costs, damages, charges or expenses of whatsoever kind and nature incurred by the company or its solicitors or attorneys shall be taken as conclusive evidence against me and my estate of the fact and extent of my liability to the company provided that such payment shall have been made by the company and/or its insurers in good faith believing itself to have been liable therefore.

Applicant Signature: _____

Date: