

# National Public Safety

PPO# 12832

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Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

**Position applying for:**

- Patrol Division
- Receptionist
- Community Division
- Sales/Customer Service Division
- Motor Division
- Dispatch Division
- Mounted Division
- Maintenance

**Check all that apply:**

- Guard Card
- Drivers 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 with us?**

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Days							
Times							

**Dear Applicant,**

Thank you for taking the time to apply for our company. We are a corporation that prides itself on *professionalism, pride and integrity.*

We are currently accepting applications for all areas of Public Safety such as: Patrol Officers, Community Service Officers, and Dispatchers. After completing the initial application and skills test, please return both forms to the receptionist and have your certifications, permits, licenses, and identification card ready for him/her to make a copy. He/She will set up an appointment for an interview with a supervisor. Due to our professional environment, please come dressed appropriately for the interview. Once again, thank you for your interest in our company.

*-National Public Safety*

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 National Public Safety (NPS) is a voluntary one and is subject to termination by you or NPS 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 NPS employees.

This policy of employment-at-will may not be modified by the CEO of NPS 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.  
Please inform the Human Resources Department if you require reasonable accommodation to the application or interview.

Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

**APPLICANT DATA:** Please PRINT 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: \_\_\_\_\_ Drivers 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

Answering yes to these questions does NOT constitute an automatic rejection to employment. Date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be consideration.

**EDUCATION:**

	Name	# of years completed	Did you graduate?	Degree	Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No		

**REFERENCES:** Please furnish reference information of two (3) 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. **Do NOT** write "please see resume"

<b>EMPLOYER</b>				
Employed from:		Address:		
Employed to:		Supervisor:		Title
Position held:		Starting salary & Title:		
Reason for leaving:		Ending salary & Title:		
Responsibilities:				
May we contact this employer for reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Phone:	

<b>EMPLOYER</b>				
Employed from:		Address:		
Employed to:		Supervisor:		Title
Position held:		Starting salary & Title:		
Reason for leaving:		Ending salary & Title:		
Responsibilities:				
May we contact this employer for reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Phone:	

<b>EMPLOYER</b>				
Employed from:		Address:		
Employed to:		Supervisor:		Title
Position held:		Starting salary & Title:		
Reason for leaving:		Ending salary & Title:		
Responsibilities:				
May we contact this employer for reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Phone:	

Applicants signature: \_\_\_\_\_

Date: \_\_\_\_\_

**BACKGROUND INVESTIGATION QUESTIONNAIRE:** Answering yes to these questions does NOT constitute an automatic rejection to employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be of consideration.

**Full Name:** \_\_\_\_\_  
Last First Middle

Have you ever been convicted of a crime? .....  Yes  No  
If yes, give dates and details: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been cited for any traffic violation? .....  Yes  No  
If yes, please explain when, where, why, and disposition \_\_\_\_\_  
\_\_\_\_\_

Have you ever experimented with narcotic substance? .....  Yes  No  
If yes, please explain what type, amount, and when last used \_\_\_\_\_  
\_\_\_\_\_

Have you ever been terminated or asked to resign from employment as a result of a drug or alcohol abuse?  Yes  
.....  No  
If yes, please explain the full situation including dates and type of drug used \_\_\_\_\_  
\_\_\_\_\_

*I certify that my answers are true and complete to the best of my knowledge. I authorize National Public Safety to make such investigations and inquiries of my personal, employment, educational, criminal, driving, and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability to inquiries in connection to my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Applicants signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_