

Tentative Start Date: \_\_\_\_\_

Please circle classification:

- Full Time Regular
- Full Time Project
- Part time

Rate of Pay: \_\_\_\_\_

Applicant Acknowledgement: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewing Manager: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ EMAIL \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

IF APPLICABLE, LIST ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN WHICH MAY BE NECESSARY TO ALLOW US TO CONFIRM YOUR WORK AND EDUCATIONAL RECORD. FOR EXAMPLE, CHANGE OF NAME, USE OF AN ASSUMED NAME, NICKNAME, ETC.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ MSG. PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

IF YOU ARE UNDER THE AGE OF 18, CAN YOU FURNISH A WORK PERMIT IF IT IS REQUIRED? YES \_\_\_\_\_ NO \_\_\_\_\_

CAN YOU AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, GIVE DATES AND LOCATION: \_\_\_\_\_

DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY THIS COMPANY? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE STATE NAME(S): \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME (IE: MISDEMEANOR OR FELONY)? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE STATE: TYPE OF CRIME: \_\_\_\_\_  
(YOU WILL NOT NECESSARILY BE DISQUALIFIED FROM EMPLOYMENT SOLELY BECAUSE OF A CONVICTION)

LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

### EMPLOYMENT DESIRED

WHAT POSITION ARE YOU APPLYING FOR? 1<sup>ST</sup> CHOICE \_\_\_\_\_ 2<sup>ND</sup> CHOICE \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_ FULL TIME: \_\_\_\_\_ PART TIME: \_\_\_\_\_ DESIRED RATE OF PAY: \_\_\_\_\_

IF DRIVING IS AN ESSENTIAL DUTY OF THE JOB WHICH YOU ARE APPLYING FOR: DO YOU HAVE A CURRENT DRIVER'S LICENSE? YES \_\_\_\_\_ NO \_\_\_\_\_

ISSUING STATE: \_\_\_\_\_ CLASS: \_\_\_\_\_ NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

EDUCATION	LIST SCHOOLS AND/OR BRANCH OF SERVICE AND CITY/STATE	LEVEL ATTAINED/ TYPE OF DEGREE
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HIGH SCHOOL	_____	_____
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COLLEGE	_____	_____
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U.S. MILITARY SVC.	_____	_____
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TRADE SCHOOL	_____	_____
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ADDITIONAL SKILLS AND QUALIFICATIONS: \_\_\_\_\_

### REFERENCES - PLEASE PROVIDE THREE PROFESSIONAL REFERENCES WHO HAVE KNOWN YOU FOR AT LEAST TWO YEARS:

	NAME	ADDRESS	TELEPHONE	RELATIONSHIP
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____



I understand that the company is relying upon all of the representations, both written and oral, which I have made or do during the entire process of applying for employment with Comstock Protective Services. I acknowledge that Comstock Protective Services has the right to investigate any other information that the company believes relevant including but not limited to, employment history, educational background, references, credit history and conviction records. I hereby agree to hold Comstock Protective Services, its officers and agents harmless from any and all liability resulting in any way from such investigation and from any and all attorney fees resulting from any legal action I may institute which is within the scope of this waiver. I also authorize my former employers, schools, and references to provide any information they may have regarding me, whether or not it is in their records. I hereby release them and their company from all liability for divulging same.

In the event that employment is granted, Comstock Protective Services, as employer, may at its discretion, with or without notice, modify, amend, or terminate present or future policies or practices relating to but not limited to, piece-rates, hours, job duties and descriptions, benefits or any other terms of employment.

In the event that employment is granted, I have no objection to making application for security clearance. And if necessary, signing an employee agreement on confidential information and inventions, or taking a job related medical examination.

In the event that employment is granted, in consideration of such employment, I promise to ascertain and abide by all pertinent rules and regulations, and I understand that failure to do so may be cause for discharge from such employment.

I understand that if Comstock Protective Services employs me, my employment will be "at will" and I may terminate my employment at any time, with or without notice and with or without reason. Similarly, Comstock Protective Services is free to terminate an employment relationship with me at any time with or without notice and with or without reason if it believes it to be within Comstock Protective Services' best interest. No supervisor or representative of Comstock Protective Services other than the Deputy Director has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to the foregoing. Nothing in the company employment procedure or in subsequent employment is intended to be or convey a contract of employment, expressed or implied.

I have read and understand the foregoing application and agreement. By my signature below, I understand that incomplete or inaccurate employment applications will not be considered for employment. All the responses I have made on this application are true and correct to the best of my knowledge. I understand that if I make any false statements, misrepresentations, or omissions in this application process, this application could be rendered void and may be reason for my immediate discharge at any time during my employment.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print full name

We are an Equal Opportunity Employer

All applicants will be considered for employment without regard to actual or perceived race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, medical condition, pregnancy, genetic information, marital status, amnesty, or status as a covered veteran or any other characteristic protected by applicable federal, state or local laws.

**COMSTOCK PROTECTIVE SERVICES**

**DRUG TESTING PROGRAM**

**NOTICE TO APPLICANTS**

Comstock Protective Services has a vital interest in maintaining safe, healthful and efficient working conditions for its customers and employees. Using or being under the influence of drugs and/or alcohol on the job may pose serious safety and health risks not only for the user, but to the public and all those who work with the user. The possession, use or sale of an illegal drug or controlled substance may also pose unacceptable risks to safe, healthful and efficient operations.

To meet this compelling interest, individuals who wish to be considered for employment must agree to **PRE-PLACEMENT DRUG TESTING AND DRUG AND ALCOHOL TESTING DURING EMPLOYMENT.**

By completing and signing this Notice and the attached Application of Employment, the applicant understands and agrees to submit to drug testing as a condition of our employment offer as well as to alcohol and drug testing during the course of employment as provided for in Comstock Protective Services' Drug and Alcohol Policy. The applicant further understands and agrees to release Comstock Protective Services and its directors, officers, agents, employees, parents, subsidiaries and affiliated concerns from any and all liability, claims, demands, damages and causes of action of every kind and nature arising out of or resulting from or in connection with submitting to drug and alcohol testing and any decision concerning employment made by Comstock Protective Services in whole or in part, based upon the results of drug and alcohol testing. Submission of an altered or adulterated specimen or the substitution of a specimen by the applicant will result in a withdrawal of the employment offer.

**ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH COMSTOCK PROTECTIVE SERVICES.**

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Applicant's Signature

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Date



## Employee Confidentiality Agreement

This agreement is made on \_\_\_\_\_, 20\_\_\_\_, between

\_\_\_\_\_, employer, **Comstock Protective Services**, of  
*(Printed Name of Employer Representative)*

P.O. Box 17125, City of Sparks, State of Nevada, and

\_\_\_\_\_, employee of \_\_\_\_\_  
*(Printed Name of Employee)* *(Street Address)*

City of \_\_\_\_\_, State of \_\_\_\_\_

For valuable consideration, the employer and the employee agree as follows:

1. The employee agreed to keep all of the employers' business secrets confidential at all times during and after the term of employee's employment. Employer's business secrets include any information regarding the employer's customers, supplies, finances, research, development, manufacturing processes, or any other technical or business information.
2. The employee agrees not to make any unauthorized copies of any of employer's business secrets or information without the employer's consent, nor to remove any of employer's business secrets or information from the employer's facilities.

\_\_\_\_\_  
*(Signature of Employer Representative)*

**Comstock Protective Services**

\_\_\_\_\_  
Date

\_\_\_\_\_  
*(Printed Name of Employer Representative)*

\_\_\_\_\_  
*(Signature of Employee)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*(Printed Name of Employee)*