

2. Name _____	Address _____
Date Started _____ / _____ / _____	Job Title _____ Supervisor _____
Date Terminated _____ / _____ / _____	Reason for Termination _____
3. Name _____	Address _____
Date Started _____ / _____ / _____	Job Title _____ Supervisor _____
Date Terminated _____ / _____ / _____	Reason for Termination _____
4. Name _____	Address _____
Date Started _____ / _____ / _____	Job Title _____ Supervisor _____
Date Terminated _____ / _____ / _____	Reason for Termination _____

Personal Background Information

From	To			Street	City	State
Mo.	Yr.	Mo.	Yr.			
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

1. Have you ever been discharged for: Dishonesty? Yes No Insobriety? Yes No
Explain all "yes" Responses _____
2. Have you ever been arrested or convicted of a crime? Yes No
Explain all "yes" Responses _____
3. a. Have you ever used or tried marijuana, cocaine, or any other illegal drug? yes No
How many times? _____ Last time use or tried _____
b. Have you ever sold marijuana, cocaine, or any other illegal drug? Yes No
How many time? _____ Last time sold _____
Explain all "yes" responses _____

Abilities Questionnaire

Answers to the following questions provide a guide for determining the type of assignments you are best suited for. Check either "Yes" or "No" for each question. Answer every question.

	Yes	No		Yes	No
1. Can you stand for an eight hour period?	_____	_____	10. Can you bend and squat?	_____	_____
2. Can you run 100 yards without stopping?	_____	_____	11. Can you stay calm in Emergencies?	_____	_____
3. Can you distinguish colors?	_____	_____	12. Can you hear Telephone rings?	_____	_____
4. Can you drive a Vehicle?	_____	_____	13. Can you dial a telephone?	_____	_____
5. Can you monitor CCTV?	_____	_____	14. Can you ride a bicycle?	_____	_____
6. Can you hear normal conversation on a standard telephone?	_____	_____	15. Can you read signs for directions Such as left, right, up and down?	_____	_____
7. Can you walk 50 minutes out of each Hour for an 8-hour period?	_____	_____	16. Can you work regular schedule Without incurring unexpected absences?	_____	_____
8. Can you sit for extended period of time?	_____	_____	17. Can you respond to emergencies?	_____	_____
9. Can you smell smoke, chemical and gas odors?	_____	_____	18. Can you maintain alertness for Extended periods to respond to an emergency?	_____	_____

Understand that any false or misleading information provided by me on this application shall be grounds for immediate dismissal any time during my employment with A&A. It is understood that my employment is subject to my satisfactorily meeting the requirements of a security background investigation, to which I hereby consent, and subject to undergoing a medical examination the results of which how that I can perform the essential functions of the job, with or without reasonable accommodation, without posing a direct threat to the health or safety of myself or others.

Date _____ Signature _____