

PDS Security Services, Inc. Employment Application Instructions

Many applicants either have their applications rejected or affected by application errors that may be avoided. The following information is an effort to help you avoid the most common mistakes. Please read these instructions carefully before submitting your employment application. Any misrepresentation in this application and/or attachments may cause your application to be rejected, your name to be removed from the eligible register and/or subject you to dismissal.

GENERAL INFORMATION

- Please read the minimum requirements for the job in which you are interested.
- Apply for positions <u>only</u> if you meet the minimum qualifications for the job. We cannot waive requirements.
- Type or print applications in blue or black ink.
- Remember to sign and date your employment application.
- PDS applicants should provide accurate and complete application information regarding employment, education, criminal history, etc.
- Criminal record checks will be run on all applicants not currently employed with PDS Security Services as well as
 those employees with less then six months of service. These record checks will be run prior to candidates being
 eligible for interview.
- The following information is required for criminal record checks to be run: SSNO, birth date, driver's license and state in which it was issued, city and state of every employer.
- Copies of applications are encouraged as long as each copy is complete, legible and signed.
- Applications written in pencil or copies that are too light or damaged (bent, rolled, stained, etc.) are not acceptable.
- Once submitted, your application and attachments will not be returned, reused or copied for you.

> TESTING INFORMATION

Applications for positions requiring a written examination are submitted during test check-in (please refer to the test calendar.)

Please leave cell phones, personal data assistants, beepers and other communication devices in your vehicle during all examinations. Such devices are not allowed in the examination room.

VETERAN'S PREFERENCE

Please submit proof of service connected disability for veteran's preference points to be awarded. (Six months active duty, not for training, and honorable discharge required)

> EDUCATION RELATED INFORMATION

Educational requirements are met only through accredited institutions. The institutions must be accredited by an agency recognized by the United States Department of Education. Foreign degrees must be converted.

EMPLOYMENT RELATED

Work history information is used to determine whether you qualify for the job for which you are applying. This section will also be scored to determine part of or your entire grade. To receive credit, you should fill out all blocks for each job listed.

List <u>all</u> periods of employment, beginning with your present or most recent employer and working back.

Title of position held should be your official title and not a working title or multiple titles.

It is especially important that you fill out the beginning and ending dates (month/year) and the average number of hours worked per week for each job listed. If the hours varied, list a range such as "5-15" hours, or "20-40" hours. If you often worked overtime, "40+" is acceptable in the hours box.

If you held different jobs while working for the same employer (e.g. promotions), treat each change as a separate job using separate blocks and giving specific information for each change.

Also, describe in <u>detail</u> the specific duties beginning with your primary duties. Job descriptions should include types of software used, specific equipment operated, languages programmed, customer service specifics and other such details.

Where you have held supervisory positions, titles of people supervised, not just the number of people, should be indicated.

For volunteer work, complete all applicable information and submit a letter on the organization's letterhead specifying the nature of the work, average number of hours worked per week and the beginning and ending dates.

Please do not use abbreviations, initials or military jargon when describing your duties or listing your job title.

Include specific details such as software used, equipment operated, types of records maintained, etc.

If you cannot fit all the jobs you have held on this application form, ask for supplemental sheets for listing additional jobs (or copy any blank job page).

AVAILABILITY:

How many hours per week are you available for work? _____ (LIST TIMES BELOW)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM							
TO							

CERTAIN POSITIONS WITHIN THE COMPANY REQUIRE USE OF A CAR OR OTHER MOTORIZED VEHICLE. IF USE OF SUCH A VEHICLE WERE REQUIRED IN THE JOB FOR WHICH YOU ARE APPLYING......

•	Do you have a valid Driver's Li	cense?	[] Yes	[] No
	If No. can you obtain one?	l Yes [No		

- Do you have access to a car or other motorized vehicle? [] Yes [] No
- Do you or can you get liability insurance on such a vehicle? [] Yes [] No

YOUR DRIVING RECORD WILL BE CHECKED IF YOU DRIVE A COMPANY VEHICLE.

*** Please read employment application instructions before completing this form ***

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POSITION FO]	For PDS Employees Only:		
YOU ARE APPLYING:										Γransfer ☐ Reemploy ☐		
Check all that you may be interested in: Full-Time Part-time Job-Share												
Last Name First Name										Middle Initial		
Mailing Address City										County		
State	Zip	Ce	ll Telephone No.	Home	Teleph	none No.	Business	Phone No.	E-N	Tail Address		
Driver's License	#	Sta	ate			Expiration	Date			License Class		
Are you claiming	g Veteran's P	refe	rence? (Attach a copy of	of servic	e conn	ected disabili	ty)			☐ Yes ☐ No		
	viction is not		a felony since your 18ti utomatic bar to employ Name & Locatio	ment. E	Each cas	se is consider		ndividual merits)		(Inaccurate information here will result in disqualification.) Yes No		
	educational ous Last Name		ployment records foun	d under	a diffe	rent last nam	e? If yes,	please give the la	ıst	☐ Yes ☐ No		
Do you have a valid and up to date STATE OF ILLINOIS PERMANENT EMPLOYEE REGISTRATION CARD: Give Registration No: Give Date PERC Card Expires:								RD:	☐ Yes ☐ No			
Are you a former employee of the PDS Security Services If yes please give: **Last Date(s) of Employment Division**								☐ Yes ☐ No				
Have you ever been discharged or forced to resign from any position? If yes, please give employer, date and reason. <i>Employer</i> Date and Reason								☐ Yes ☐ No				
Do you have any relatives working for PDS Security Services If yes, please complete the following: (Continue listing relatives on a separate page if necessary) Name Relationship Division								☐ Yes ☐ No				
			rk in the United States? ad Naturalization Service							☐ Yes ☐ No		
References										For Office Use Only: Date and Time Received		
Name Telephone Number									Bute and Time Received			
				+								
				+								
									Accomtad by 1			

		ED	UCATION ANI	TRAINING							
ELEMENTARY AND HIGH SCHOOL EDUCATION											
Highest Grade Completed (choose one)	Did you a GED?	graduate	e from High Schoo	l or obtain	Name and Location of Last School Attended (College, High School, Junior High or Elementary Name:						
College YES NO			YES	NO Location:							
RELATED SPECIAL TRAINING (CORRESPONDENCE, BUSINESS, TRADES, VOCATIONAL, ARMED FORCES SCHOOLS, ETC.) Dates Attended											
Names and Locations of School	(Mo & Yr) Courses/Subjects Courses				ted	Credit Hours		as/Certificates eceived			
			TIES ATTENDE	,			*				
Must be from a recogn		<i>credite</i> Attended			Type of 1		tial applica	tion			
Names and Locations of School(s)	(Mo From	& Yr)		Credit Hours Semester OR Quarter			Major	Minor			
	Pion	10	Semester	Quarter	(e.g.BA	100)					
Major <u>Undergraduate</u>	Credit Hours				Graduate		Credit Hours				
College Subjects	Semester OR		OR Quarter	Colleg	College Subjects		Semester	OR Quarter			
			TED LICENSES				Issue	Expiration			
Professional License Issued By	Field	d/Trade S	Specialization	Licens	se Number	se Number		Date			
			SKILL		Other softwa	re	Language	es spoken and			
☐ Excel/Lotus ☐ A	uto Cad		☐ WordPerfect					LUENTLY			
☐ Micro Soft Word ☐ T	yping	_wpm	☐ PowerPoint		_						
Also include specific software	avnariana	a in vor	ioh descriptions								
Ask about PC skills exams and pr	ovide cert	ificates o	f courses complete	ed.							

May we contact your present employer? Starting Date month / day / year	EMPLOYMENT HISTORY										
Mounth / day / year month / day / year month / day / year Mounth / day	May we contact your present employer? YES NO										
Reason for Leaving Title of Position Held Number & Job Title of Employees you Supervised Describe job responsibilities in order of importance: Starting Date Ending Date Employer/Company Name and address (city and state are required)	1 month / day / year month / day / year										
Title of Position Held Describe job responsibilities in order of importance: Starting Date Ending Date Employer/Company Name and address (city and state are required)	Paid Work Volunteer										
Describe job responsibilities in order of importance: Starting Date Ending Date Employer/Company Name and address (city and state are required)	Reason for Leaving	1	l								
Starting Date Ending Date Employer/Company Name and address (city and state are required)	Title of Position Held Number & Job Title of Employees you Supervised										
	Describe job responsibilities in order	of importance:									
month / day / year month / day / year	Starting Date	Ending Date	Employer/Comp	pany Name and address (city and sta	te are required)						
	2 month / day / year	month / day / year									
Paid Work Volunteer Hours per Week Name & Title of Immediate Supervisor Telephone Number	Paid Work Volunteer	Hours per Week	Name & Title o	f Immediate Supervisor	Telephone Number						
Reason for Leaving	Reason for Leaving										
Title of Position Held Number & Job Title of Employees you Supervised	Title of Position Held			Number & Job Title of Employees	you Supervised						
Describe job responsibilities in order of importance:	Describe job responsibilities in order	of importance:									

	Starting Date month / day / year	Ending Date month / day / year	Employer/Com	pany Name and address (city a	and state are required)
3	month / day / year	monar / day / year			
Paid	Work Volunteer	Hours per Week	Name & Title o	f Immediate Supervisor	Telephone Number
Reason fo	or Leaving				
Title of Po	osition Held			Number & Job Title of Emp	oloyees you Supervised
Describe j	job responsibilities in orde	er of importance:		L	
	Charting Date	Ending Date	E1/C	N J. J (*****	and -4a4a and manning d)
4	Starting Date month / day / year	Ending Date month / day / year	Employer/Com	pany Name and address (city :	and state are required)
Paid	Work Volunteer	Hours per Week	Name & Title o	f Immediate Supervisor	Telephone Number
Reason fo	r Leaving	I	1		
Title of Po	osition Held			Number & Job Title of Emp	oloyees you Supervised
Describe j	job responsibilities in ord	er of importance:			

5	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)					
Paid	Work Volunteer	Hours per Week	Name & Title o	f Immediate Supervisor	Telephone Number			
Reason fo	r Leaving	1	1					
Title of Po	osition Held			Number & Job Title of Employees yo	ou Supervised			
Describe j	ob responsibilities in orde	er of importance:						
6				Employer/Company Name and address (city and state are required)				
Paid	Work Volunteer	Hours per Week	Name & Title o	f Immediate Supervisor	Telephone Number			
Reason fo	r Leaving		•					
Title of Po	osition Held			Number & Job Title of Employees yo	ou Supervised			
Describe j	ob responsibilities in orde	er of importance:						

7		ng Date day / year		nding Dat th / day / y		Employer/0	Compan	y Name and add	ress (city and stat	e are re	equired)		
Paid	Work	Volunteer]	Hours per	Week	Name & Ti	itle of I	nmediate Superv	risor	Telep	ohone Nur	nber	
Reason fo	or Leaving												
Title of Po	osition Held						N	Jumber & Job Ti	tle of Employees y	ou Supe	ervised		
Describe j	job responsil	oilities in orde	er of impo	ortance:									
						Employn	nent D	ata					
									ormation will be us				
Last Nai		re reacning an	segmen	ts of the c	ommunit	First Nan		EO reporting req	uirements and to c		dle Initial		•
Social	Security Nu	mber (requir	ed)	Date of	M	Ionth	Date Year			F	1-		
				Birth (Req'd)					Female Male				
Hispan		c Origin Non-Hispan	nic	Amor	ioon India	an/ Alaskan	Nativo	Ra		Native Hawaiian or other Pacific Islander			
or Latin		or Non-Latin		Amer	Asian	Alaskali	Native	Black	Native Hawaiiaii		White		
					ase indica	ate how you	learne	d about this job					
Media Web site	2			Other Walk-ii	n			Organizations Job Service					
	h one?		Ш	vv ark-r	ш		Ш	Job Scivice					
Trades J Which	ournal h one?			Job Fai	r:	-		Vocational/Tra Which one?					
Radio Which	h station? _			News I	Paper:			College Which one?					
Television Which	on h station? _			Other:				Minority referr Which one?					
Other: _								Other:					
1				1				1					1

CONDITIONS OF EMPLOYMENT STATEMENT

I declare that my answers to the questions on this application and any necessary examinations and supplements are true and PDS Security Services has the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith. I also authorize the release of my scholastic ratings to PDS Security Services, the schools and other education institutions that I have attended.

I understand that the completion of this application does not assure me of a position with PDS Security Services and does not obligate PDS Security Services to me in any way. I further understand that any misrepresentation herein may cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal. Candidates selected for hire must pass a drug screen prior to employment. I am aware that the results will be made available to Human Resources or a duly authorized representative. PDS Security Services is committed to a drug free work place to protect the safety of workers and the public and will comply with the Federal Drug Free Work Place Act.

I understand that this application, exam documents and attachments become a part of PDS Security Services records and will not be returned, reused or copied for me once submitted.

PDS Security Services is an equal opportunity employer. In all our employment practices, including hiring, we are firmly committed to equal opportunity without regard to race, religion, color, sex, age, national origin, citizenship, disability or any other basis of discrimination prohibited by applicable local, state or federal law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on such grounds.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

by my signature, I certify, authorize and acknowledge the above statements.									
Signature	Date	Social Security Number							
(Unsigned applications will not be considered)									

Reminder: With your application, bring original transcripts, training certifications, professional licenses & certifications and other documents as indicated in the application instructions. Once in our database, they need not be brought again

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.