Capital Guard & Patrol Providing quality security services 24/7

7657 Winnetka Ave. #509 Winnetka, CA 91306 (818)808-2117

PERSONAL	INFORMATION			
NAME:	DATE:///			
SOCIAL SECURITY#:	ALIEN REGISTRATION #:			
HOME ADDRESS:	ALIEN REGISTRATION EXP///			
CITY, STATE, ZIP CODE:				
HOME PHONE #	PAGER & CELL #:			
U.S. CITIZEN: YESNO	IF NOT GIVE NO. & EXPIRATION:			
POSITION	APPLYING FOR			
TITLE:	SALARY DESIRED:			
REFERRED BY:	DATE AVAILABLE:			
EDUCATION INFROMATION	N FOR HIGH SCHOOL & COLLEGE			
SCHOOL NAME: ADDRESS:				
CITY, STATE, COUNTRY:	GRADUATION DATE:			
COLLEGE/BUSINESS / TECHNICAL SCHOOL NAME:	ADDRESS:			
DATES ATTENDED:	DEGREE / MAJOR:			
UNDER/GRADUATE COLLEGE NAME:	ADDRESS:			
DATES ATTENDED:	DEGREE / MAJOR:			
EMERGENCY CONTAC	Γ & TELEPHONE NUMBERS			
NAME: PHONE: ()	- RELATIONSHIP:			
NAME: PHONE: ()	- RELATIONSHIP:			
NAME: PHONE: ()	- RELATIONSHIP:			
AVAI	LABILITY			
DAY SHIFT: EVENING SHIFT: WEEKEND SHIFT:				
COMPANY (NAME & ADDRESS):				
POSITION STARTED:	POSITION ENDED:			
SUPERVISOR NAME:	SUPERVISOR PHONE:			
PAY RATE: START DATE:	END DATE: REASON FOR LEAVING:			
COMPANY (NAME & ADDRESS):				
POSITION STARTED:	POSITION ENDED:			
SUPERVISOR NAME:	SUPERVISOR PHONE:			
PAY RATE: START DATE:	END DATE: REASON FOR LEAVING:			
COMPANY (NAME & ADDRESS):				
POSITION STARTED:	OSITION ENDED:			
SUPERVISOR NAME:	ERVISOR PHONE:			
PAY RATE: START DATE:	END DATE: REASON FOR LEAVING:			
COMPANY (NAME & ADDRESS):	<u> </u>			
POSITION STARTED:	POSITION ENDED:			
SUPERVISOR NAME	SUPERVISOR PHONE:			
PAY RATE: START DATE:	END DATE: REASON FOR LEAVING:			
POSITION STARTED:	POSITION ENDED:			

COMPANY (NAME & A	DDRESS):					
SUPERVISOR NAME:		SUPERVISOR PHO	NE:			
PAY RATE:	START DATE:	END DATE:	REASON	FOR LEAVING:		
COMPANY (NAME & A	DDRESS):					
POSITION STARTED:		POSITION ENDED:	POSITION ENDED:			
SUPERVISOR NAME			SUPERVISOR PHONE:			
PAY RATE:	START DATE:	END DATE:				
least one or more	e names and phone numbers of years. (Manager, Co-worker, etc th of time you have known the pe	.). Do not include R				
Name:		Tel		Period:	yr/mo	
Name:		Tel	-	Period:	yr/mo	
Name:		Tel	<u>-</u>	Period:	yr/mo	
Patrol, we maintain a to randomly test every Employees(s) who us	trol does not present its Interns/emp drug free workplace at all companie employee for illegal drugs and alco e illegal drugs or abuse alcohol in conary action, up to and including imm	es and customer work so shol use at any time. connection with their w	ites. Capital	Guard & Patrol re	eserves the rigl	
	Capital Guard & Patrol takes p	oride in being an equal	opportunity e	mployer.		
employed, falsified s contained herein and employment, and rele	s contained in this application are tatements on this application shall the references and employers listed asse the company from all liability agree with Capital Guard & Patrol	be grounds for dismis d above to give you ar for any damage that n	sal. I authoring and all information and all information and all information are sult from the sale.	ize investigation of formation concerning	f all statemen ng my previou	
SIGNATURE		DATE		/		
	INTERVIEWER'S COMMENT	TS DURING AND AFTER	THE INTERVI	EW		