



INQUEST
GLOBAL SERVICES

Solutions you need, Protection you deserve.

**APPLICATION FOR
EMPLOYMENT**



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EMPLOYMENT APPLICATION (PART ONE)

**Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of IGS.*

APPLICANT INFORMATION

Name (Last, First M.):		Today's Date:	
Date of birth:	SSN:	Email:	
Current address:			
City:	State:	ZIP Code:	
Home Phone:		Cell/Other#:	
Are you 21 years old or older? <input type="checkbox"/> - YES <input type="checkbox"/> - NO		Are you legally eligible for employment in this country? <input type="checkbox"/> - YES <input type="checkbox"/> - NO	
Date available for work?	Type of work desire? <input type="checkbox"/> - FULL TIME <input type="checkbox"/> - PART TIME <input type="checkbox"/> - SEASONAL		
Are you able to work overnights, weekends, and holidays? <input type="checkbox"/> - YES <input type="checkbox"/> - NO		If no, Explain:	
Do you have reliable transportation? <input type="checkbox"/> - YES <input type="checkbox"/> - NO			
Have you ever been employed here before? <input type="checkbox"/> - YES <input type="checkbox"/> - NO		If yes, give dates and positions:	

CRIMINAL HISTORY

MUST READ

ANSWERING, "YES" TO ANY OF THE CRIMINAL HISTORY QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT.

1. Have you ever pled "GUILTY", "NO CONTEST", had "ADJUDICATION WITHHELD" on a FELONY or MISDEMEANOR?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO
2. Have you ever been charged, arrested, or had a notice to appear on a criminal FELONY or MISDEMEANOR?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO
3. Have you ever had a record sealed or expunged on a criminal FELONY or MISDEMEANOR?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO

NOTE

IF YES, YOU MUST INCLUDE DATES, CHARGE, LOCATION, AND DISPOSITIONS FOR EACH INCIDENT.

Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. FALSIFICATION OR OMISSION OF ANSWERS MAY BE GROUNDS FOR DENIAL OF YOUR APPLICATION.

MILITARY HISTORY

Have you ever served in the Armed Forces? <input type="checkbox"/> - YES <input type="checkbox"/> - NO	If yes, which branch did you serve?
<input type="checkbox"/> - ARMY <input type="checkbox"/> - MARINES <input type="checkbox"/> - NAVY <input type="checkbox"/> - AIR FORCE <input type="checkbox"/> - COST GUARD	
Type if discharge?	Date of separation?



EDUCATIONAL BACKGROUND			
Name and Location	Number of years completed	Did you Graduate?	Course of Study
HIGH SCHOOL		<input type="checkbox"/> - YES <input type="checkbox"/> - NO	
COLLEGE		<input type="checkbox"/> - YES <input type="checkbox"/> - NO	
OTHER:		<input type="checkbox"/> - YES <input type="checkbox"/> - NO	
OTHER:		<input type="checkbox"/> - YES <input type="checkbox"/> - NO	
LICENSING AND CERTIFICATIONS			
Do you have a valid class (d) security officer's license?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO	LICENSE # D-	
Do you have a valid class (g) statewide firearms license?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO	LICENSE # G-	
Are you certified in the use of handcuffs?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO	DATE OF CERTIFICATION:	
Are you certified in the use of O.C. Spray?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO	DATE OF CERTIFICATION:	
Are you CPR / FIST AID certified?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO	EXPIRATION DATE:	
EMPLOYMENT INFORMATION			
<i>STARTING WITH YOUR MOST CURRENT EMPLOYER, PROVIDE THE FOLLOWING INFORMATION, FOR ALL OCCUPATIONS HELD WITHIN THE PAST FIVE YEARS. INCLUDE ANY PERIODS OF UNEMPLOYMENT. (If more space is needed a separate blank paper may be used)</i>			
Current or last employer name:			
Address:		Position:	
City:	State:	ZIP:	Phone:
Employment dates	From:	To:	
Reason for leaving:			Hourly Rate /Salary:
Immediate Supervisor and title:			
Summarize the nature of work performed:			
Previous employer name:			
Address:		Position:	
City:	State:	ZIP:	Phone:
Employment dates	From:	To:	
Reason for leaving:			Hourly Rate /Salary:
Immediate Supervisor and title:			
Summarize the nature of work performed:			
Previous employer name:			
Address:		Position:	
City:	State:	ZIP:	Phone:
Employment dates	From:	To:	
Reason for leaving:			Hourly Rate /Salary:
Immediate Supervisor and title:			
Summarize the nature of work performed:			
Previous employer name:			
Address:		Position:	
City:	State:	ZIP:	Phone:
Employment dates	From:	To:	
Reason for leaving:			Hourly Rate /Salary:
Immediate Supervisor and title:			
Summarize the nature of work performed:			



RESIDENT HISTORY

PLEASE SHOW ALL ADDRESS LIVED AT, FOR THE LAST FIVE (5) YEARS BEGINNING WITH THE MOST CURRENT ADDRESS.

(1) ADDRESS ONE	Dates:	Address:
City:	State:	Zip Code:
(2) ADDRESS ONE	Dates:	Address:
City:	State:	Zip Code:
(3) ADDRESS ONE	Dates:	Address:
City:	State:	Zip Code:
(4) ADDRESS ONE	Dates:	Address:
City:	State:	Zip Code:

APPLICANT STATEMENT

I certify all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this application, or (II) immediately discharge me from the employer's service, whenever it is discovered. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law. I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and prior notice, excepts as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the united states and federal immigration laws require me to complete an i-9 form in this regard.

*****DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT*****

I Certify that I have read, fully understand and accept all the terms of the foregoing applicant statement.

Signature of Applicant:

Date:



EMPLOYMENT APPLICATION (PART TWO)

PLEASE READ AND INITIAL THE FOLLOWING SPACES BELOW

I acknowledge that the information I have supplied is correct to the best of my knowledge and understand that any falsification, misrepresentation, or omission of fact(s) may be for rejection of my employment application or dismissal from subsequent employment.

INITIALS _____

I understand that consideration for employment in this position is contingent upon the results of reference and background checks. I understand that this may be a drug screening, driver's license audit, criminal background check and d and g license check, as is appropriate. I therefore authorize IGS to investigate all statements made on my employment application and to discuss the results of its investigations with those responsible for hiring. I further authorize IGS to contact my former employer(s) and my professional references or other persons who can supply information and I give my consent for former employer(s) and other contacted persons to respond to pertaining to information on this application. further, I remove from liability such former employer(s) or other persons contacted by and providing information to IGS.

INITIALS _____

I understand that this employment application is considered active for 30 calendar days. I also understand that if I am not contacted by an IGS representative within that time and still wish to be considered for employment, I must re-apply by completing a new employment application.

INITIALS _____

I understand that submitting an employment application is not a guarantee of an interview and/or employment.

INITIALS _____

I understand that, if hired, my employment is at will and can be terminated by IGS at any time with or without notice for any reason.

INITIALS _____

PRINT NAME:

SIGNATURE:

DATE:



CRIMINAL BACKGROUND

I hereby authorize and give my consent for the release of my criminal records, if any, by the Florida Department of Law Enforcement ("FDLE"), any law enforcement agency or any courthouse within the United States, to furnish any and all criminal background information requested by Inquest Global Services, LLC.

I agree that a facsimile (fax/Scan), electronic or photographic copy of this Authorization shall be as valid as the original.

This information may be required for the purpose of employment. I hereby waive, release and surrender any or all rights to claims, which I may have against FDLE, any law enforcement agency in the U.S., any courthouse in the U.S., IGS or any of its employees as results of the release of such records.

(All spaces must be filled in, if blank, please write N/A in space)

First Name:		Last Name:		Middle Initial:	
Present Address:					
City:		State:		Zip:	
Previous Address:					
City:		State:		Zip:	
Date of Birth:		SSN#			
Other names used (Aliases)					
Race:	Sex: <input type="checkbox"/> - MALE <input type="checkbox"/> - FEMALE	Driver's License#		STATE:	EXP.
Print Name:		Signature		Date:	

FOR OFFICIAL USE ONLY, DO NOT WRITE BELOW THIS LINE

REC FOUND: - YES - NO **COMPLETED BY:** _____ **DATE COMPLETED:** _____



DRUG-FREE WORKPLACE POLICY SUMMARY

READ CAREFULLY, INITIAL EACH ITEM SEPARATELY.

- IGS is committed to protecting the safety, health, and well-being of its employees and all people who come into contact with its workplace(s) and property, and/or use its products and services.
- Recognizing that drug and alcohol abuse pose a direct and significant threat to this goal, IGS is committed to ensuring a substance-free working environment for all of its employees.
- IGS therefore strictly prohibits the illicit use, possession, sale, conveyance, distribution, or manufacture of illegal drugs, intoxicants, or controlled substances in any amount or in any manner.
- In addition, IGS strictly prohibits the abuse of alcohol or prescription drugs.
- Any violation of this policy will result in adverse employment action up to and including dismissal and referral for criminal prosecution.

- I know that if I am injured or contribute to the cause of an accident and test positive for drugs or alcohol, I will be subject to discipline up to and including termination.

INITIALS _____

- I know that if I enter into a treatment program for drugs or alcohol abuse and test positive for drugs or alcohol following completion of my treatment I will be subject to discipline up to and including termination.

INITIALS _____

- I know that I have the right to challenge any positive test result and that I must notify the laboratory that I am challenging the test result.

INITIALS _____

- I know that if I am convicted of a drug or alcohol related crime I must notify my supervisor within five working days.

INITIALS _____

- I agree to comply with the drug and alcohol testing requirements of the employer's drug-free workplace policy.

INITIALS _____

- I give my informed consent for the release of drug and/or alcohol test to the employer.

INITIALS _____

- I know that the employer's drug-free workplace policy does not constitute an employment contract between the employer and me.

INITIALS _____

- I understand that any request for any drug screening must be submitted within 24-HRS of the request time.

INITIALS _____

I have read and understood each of the preceding items that I have initial. I have had the opportunity to question any item I did not understand. I have voluntarily signed this form.

Print Name:

Signature:

Date:



EMPLOYEE HIRING AGREEMENT

PRINT NAME:

DATE:

The first (90) ninety days of your employment are defined as your initial probationary period.

The initial probationary period is designed so that you and the agency have the opportunity to determine whether or not you meet each other's expectations regarding employment. This is a period of adjustments to your new position. During this period of time, if your performance does not meet minimum job standards, you will be given one opportunity to improve through the progressive discipline process, or you will be terminated as not meeting this agency requirement(s).

Employees who are placed on any level of disciplinary counseling will not be eligible for promotions or wage raises.

INITIALS _____

I _____, recognize and accept as a term of hire, a 90-day introductory period as an employee of Inquest Global Services, llc. I also understand that if my job performance is unacceptable to my employer, that I may be terminated during this period.

I understand that if I am hired by Inquest Global Services, llc. and my employment is terminated for any reason (resignation or termination) within (180) one hundred eighty calendar days of employment I will be responsible to pay IGS for my drug screening a fee (\$45.00).

I also understand and agree that the fee for the drug screening, will be deducted from my last patrol check.

In addition, if I terminate my employment without giving a two-week notice, I understand that my last check will be paid at minimum wage.

INITIALS _____

I have read and understand the above statement.

Signature:



EMPLOYEE EMERGENCY CONTACT

EMPLOYEE INFORMATION

NAME:		DOB:
HOME PHONE:	CELL PHONE:	

PRIMARY EMERGENCY CONTACT INFORMATION

NAME:		RELATIONSHIP:
HOME PHONE:	CELL PHONE:	

SECONDARY EMERGENCY CONTACT INFORMATION

NAME:		RELATIONSHIP:
HOME PHONE:	CELL PHONE:	

I have voluntarily provided the above contact information and authorize inquest global services and its representatives to contact any of the above on my behalf in the event of an emergency.

Signature:

Date:

Instructions or Comments:



REFERENCES

Give at least three (4) references (not related) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Reference One

Complete Name:	Years Acquainted:
Occupation:	Email:
Cell Phone:	Mailing Address:
Home Phone:	City/State/zip:

Reference Two

Complete Name:	Years Acquainted:
Occupation:	Email:
Cell Phone:	Mailing Address:
Home Phone	City/State/zip:

Reference Three

Complete Name:	Years Acquainted:
Occupation:	Email:
Cell Phone:	Mailing Address:
Home Phone	City/State/zip:

Reference Four

Complete Name:	Years Acquainted:
Occupation:	Email:
Cell Phone:	Mailing Address:
Home Phone	City/State/zip: