



**Attention:** Human Resources, Close Range International, Inc.  
**From:** Security Manager  
**Fax Number:** 323.342.0359

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Uniform Size:** **Pants:** *Waist:* \_\_\_\_ / *Length:* \_\_\_\_ **Shirt:** \_\_\_\_\_ **Jacket:** \_\_\_\_\_  
**Cell Phone No. :** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Day Availability:** Mon. -Tues. -Wed. -Thurs. -Fri. -Sat. -Sun.  
**Shift Availability:** Morning – Swing – Grave Events: Yes / No  
**Total Weekly Hours Interested to Work:** \_\_\_\_\_

**Office Use Only:**

- Employment Application (All sections)
- Consent to Background Check & Consent to Drug Test
- Release of Liability Agreement & Statement of previous medical condition
- W4 (Printed separately, fax back 1st page only)
- DE4 (Printed separately, fax back 1st page only)
- I9 (Printed separately, fax back 2nd page only)
- Verified employee documents and filled out I9 section 2

1st Interview By: \_\_\_\_\_ Signature: \_\_\_\_\_  
2nd Interview By: \_\_\_\_\_ Signature: \_\_\_\_\_

Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Assigned Site: \_\_\_\_\_ Hire Rate: \$ \_\_\_\_ . \_\_\_\_  
Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Shift: Morning -Swing – Grave

Entered into Chornotek by: \_\_\_\_\_  
 Entered into SharePoint by: \_\_\_\_\_  
 Entered into ADP by: \_\_\_\_\_



**Applicant Information**

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Last First M.I.

Address: \_\_\_\_\_  
 Street Address Apartment / Unit#

City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_ Desired Salary: \$\_\_\_\_/\_\_\_\_/Hour

Position Years of Experience: \_\_\_\_\_  
 Applied:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_

Ever been convicted of a felony? YES NO If yes, explain: \_\_\_\_\_

**Education**

School: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Did you graduate? YES NO Degree: \_\_\_\_\_

**References**

*Please list two professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
 Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
 Address: \_\_\_\_\_



**Previous Employment**

Company: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_  
Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor? YES NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_  
Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor? YES NO

**Emergency Contact**  
Name: \_\_\_\_\_ Phone 1: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone 2: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_

**Guard Card Information**  
Guard Card#: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
City: \_\_\_\_\_ Disciplinary Actions: YES NO  
Other Licenses Held: \_\_\_\_\_

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**Consent to Background Check**

I, \_\_\_\_\_, hereby consent and authorize Close Range International, Inc. to conduct a background check on me which will include a criminal history check and a sex and violent offender registry check. Below, I have provided my full name, date of birth and social security number for this purpose. I understand and agree that if I choose not to provide this information, or otherwise refuse to consent and authorize this background check, any conditional offer will be withdrawn.

**Consent to Drug Test**

I have applied for employment with Close Range International, Inc. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by Close Range International, Inc. I hereby authorize any physician, laboratory, hospital or medical professional retained by Close Range International, Inc. for screening purposes to conduct such screening and to provide the results to Close Range International, Inc., and I release Close Range International, Inc. and any person affiliated with Close Range International, Inc. and any such institution or person conducting the screening, from liability therefore.

\_\_\_\_\_  
(Address – Street, City, State and Zip Code)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



**Release of Liability Agreement**

I, \_\_\_\_\_, understand my job description as a security officer with Close Range International, Inc. I release Close Range International, Inc. from any liability that results from negligence on my behalf or from actions taken outside my specific outlined duties. Close Range International, Inc. shall not be responsible for any injuries, bills or damages that occur due to negligence on my behalf. Any actions outside the specified job descriptions will result in immediate termination.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Statement of Previous Physical or Medical Condition Form**

Employee Name: \_\_\_\_\_

Please list all previous physical, psychosocial and medical conditions (please attach documentation verifying conditions from your health care provider):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all signs and symptoms related to condition/s:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_