



## CASCADE SECURITY INC

## EMPLOYMENT APPLICATION

**READ THIS NOTICE BEFORE COMPLETING THIS APPLICATION.** All questions in this application shall be completed truthfully or an N/A placed in the space if not applicable or this application may be rejected. If a question is determined to be answered untruthfully after hiring, you may be terminated for falsifying this document. If you need assistance or accommodation in completing this application, please tell us.

To be a certified security officer in Oregon, a criminal history background check will be conducted by the Oregon State Police. There are crimes that may prohibit you from becoming a certified security officer in Oregon. Disqualifying crimes are listed on the Oregon DPSST web site.

Your Full Name:		Today's Date:		Earliest Possible Start Date:	
Your Home Phone Number:		Your Mobile Phone Number:			
Your Home Address:		Apt. #:		Your Email Address:	
City:	ST:	Zip:	How long have you been at your current residence?		
Position Applying For: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Event Security <input type="checkbox"/> Office Staff					
Are you currently certified in Oregon as: <input type="checkbox"/> Unarmed <input type="checkbox"/> Armed <input type="checkbox"/> N/A			What is your DPSST #?:		
Have you been a certified security officer in another state? <input type="checkbox"/> No <input type="checkbox"/> Yes			Which State(s)?		
Has your security certification ever been revoked or denied? <input type="checkbox"/> No <input type="checkbox"/> Yes			Do you meet all legal requirements to work in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Are you a registered sex offender? <input type="checkbox"/> No <input type="checkbox"/> Yes			Do you have reliable transportation for work? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you possess a current/valid Driver's License? <input type="checkbox"/> No <input type="checkbox"/> Yes			Which State?		License Number:
Within the last 7 years, have you had any traffic violations? <input type="checkbox"/> No <input type="checkbox"/> Yes			Which State?		What Violation?
Within the last 7 years, have you had any vehicle accidents? <input type="checkbox"/> No <input type="checkbox"/> Yes			Which State?		What Accident?
Driver's license denied, suspended or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes			Which Dates?		



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**You are applying for a physical security position.** To be qualified for this position, you must be able to perform essential functions and activities of the job with or without reasonable accommodations.

**With or without a reasonable accommodation, can you:**

Work year around with exposure to weather, in industrial environments with high levels of noise, dust, dirt, moving equipment?

☐ No ☐ Yes

Perform shift work including day, swing, night, weekends and holidays year around?

☐ No ☐ Yes

Comfortably navigate a security route of 1/8th mile to 1+ mile per hour?

☐ No ☐ Yes

Perform 15 to 60 minutes per hour of physical patrol time around properties?

☐ No ☐ Yes

Lift, carry or push weight in the range of 5 to 25 pounds?

☐ No ☐ Yes

Continuously stand at an assigned post for up to 10 hours with breaks?

☐ No ☐ Yes

Operate a manual transmission vehicle?

☐ No ☐ Yes

Get in/out of a vehicle as many as 15 or more times per hour?

☐ No ☐ Yes

Sit in a vehicle for up to an entire shift?

☐ No ☐ Yes

Maneuver safely up and down flights of stairs and navigate uneven surfaces multiple times per shift

☐ No ☐ Yes

**We utilize online software for scheduling and report writing and other electronic equipment. With or without reasonable accommodation, can you effectively do the following:**

Communicate via mobile telephone?

☐ No ☐ Yes

Communicate via two way radio?

☐ No ☐ Yes

Use Internet/web programs?

☐ No ☐ Yes

Communicate via Email?

☐ No ☐ Yes

Access electronic calendars and work schedules?

☐ No ☐ Yes

Type reports using a laptop computer or mobile devices?

☐ No ☐ Yes

Generate handwritten notices, citations and reports?

☐ No ☐ Yes



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**EMPLOYMENT HISTORY:** List all employment, including military experience for the past 10 years. Start with your current employer and work backwards. If there are periods of unemployment, list the dates to complete any gaps in employment. *Periods of unemployment will not disqualify you from potential employment consideration.*

Company Name:			Start Date:	End Date:
Company Address:		Suite. #:	Your Job Title:	
City:	ST:	Zip:	Reason for Leaving:	
Phone Number:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name:			Start Date:	End Date:
Company Address:		Suite. #:	Your Job Title:	
City:	ST:	Zip:	Reason for Leaving:	
Phone Number:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name:			Start Date:	End Date:
Company Address:		Suite. #:	Your Job Title:	
City:	ST:	Zip:	Reason for Leaving:	
Phone Number:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name:			Start Date:	End Date:
Company Address:		Suite. #:	Your Job Title:	
City:	ST:	Zip:	Reason for Leaving:	
Phone Number:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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**PREVIOUS ADDRESSES:** List all physical addresses where you have lived for the past 10 years. If you were in the military, list the military branch and dates of service.

Resident Address: <i>(no P.O. Boxes)</i>		Apt. #:	Start Date:	End Date:
City:	ST:	Zip:	Reason for Moving:	

Resident Address: <i>(no P.O. Boxes)</i>		Apt. #:	Start Date:	End Date:
City:	ST:	Zip:	Reason for Moving:	

Resident Address: <i>(no P.O. Boxes)</i>		Apt. #:	Start Date:	End Date:
City:	ST:	Zip:	Reason for Moving:	

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City:	ST:	Zip:	Reason for Moving:	

Resident Address: <i>(no P.O. Boxes)</i>		Apt. #:	Start Date:	End Date:
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**REFERENCES:** Please list three (3) personal references that are NOT related to you. List complete addresses and phone numbers.

Reference Name:			Phone Number:
Home Address:		Apt. #:	Relationship:
City:	ST:	Zip:	Years Known:

Reference Name:			Phone Number:
Home Address:		Apt. #:	Relationship:
City:	ST:	Zip:	Years Known:

Reference Name:			Phone Number:
Home Address:		Apt. #:	Relationship:
City:	ST:	Zip:	Years Known:

**EDUCATION:** Please provide the following information:

Do you have a High School diploma or GED?	<input type="checkbox"/> No <input type="checkbox"/> Yes	School Name?	City?
Do you have a college degree?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, What College?	Highest Grade Level of Education?

List any specialty coursework that you have completed:



**ADDITIONAL INFORMATION:** Please list any additional information that would help us determine your qualifications. Attach a current resume if you have one available.

**NOTICE:** Cascade Security & Investigations is a drug free workplace. If selected for employment, you will be required to complete a pre-employment drug screening. Random and for-cause drug screening may be required during your employment as a condition of your further employment.

**PLEASE READ AND CHECK EACH OF THE BELOW STATEMENTS BEFORE SIGNING:**

- ☐ I agree to pre-employment, random and for-cause drug screening in accordance with company policies if you are offered employment.
- ☐ I give you permission to contact my previous employers and references.
- ☐ I answered all questions and statements on this application truthfully. By completing this application, I understand that there is no guarantee of an interview or employment. I have read and understand all questions and statements on this application.

Applicant Signature (Type in your name):	Today's Date: