

### **GENERAL SECTION**

SVT GRUPPE INC CONSIDERS ALL APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL STATUS, VETERAN STATUS OR ANY OTHER LEGALLY PROTECTED STATUS

Position(s) Applied F	or 🛛	Employee	□ 1099 Contra	actor	Date of App	plication
Last Name	Fi	rst Name		Mi	ddle Name	
Address		City		State	Zip Co	de
Phone Number(s)		Email				
How Did You Learn	About SVT?					
Advertisement	□ Website	□ Age	ncy	Other		
Friend	□ Relative	□ Refe	erred By			
Are you 18 years of a	age or older?				□ Yes	□ No
Can you provide proof of your eligibility to work in the United States?					□ Yes	□ No
Have you filed an application with SVT before?					□ Yes	□ No
Have you been employed with SVT before?					□ Yes	□ No
If Yes, please give dates						
Do you have friends, relatives or a significant other working for SVT?					□ Yes	□ No
If Yes, please	give name(s)					
Are you currently em	ployed?				□ Yes	□ No
If Yes, may we conta	ct your current emp	oloyer?			□ Yes	□ No
Employer Name						
Address		City		State	Zip Co	de
Contact Name	Phone		Fax	Em	nail	
				CII		
Are you currently on "Lay Off" Status and/or Subject to Recall?				□ No		
If Yes, estima	ited recall date					



### **AVAILABILITY**

Date available	to start / /		Present or last salary s	\$
Full Time		□ Day	□ Swing	_ □ Grave
Part Time		□ Day	□ Swing	_ 🗆 Grave
Temporary		□ Day	□ Swing	_ 🗆 Grave
		EDUCA	TION	
& MIDDLE SCHOOL	School Name(s) & Addr	ess		
	Course Work		Years Completed	Degree/Diploma
HIGH				
SCHOOL	School Name(s) & Addr	ess		
	Course Work		Years Completed	Degree/Diploma
COLLEGE/				
UNIVERSITY	School Name(s) & Addr	ess		
	Course Work		Years Completed	Degree/Diploma
GRADUATE				
SCHOOL	School Name(s) & Addr	ess		
	Course Work		Years Completed	Degree/Diploma
OTHER				
(SPECIFY)	School Name(s) & Addr	ess		
	Course Work		Years Completed	Degree/Diploma
DESCRIBE A	NY SPECIALIZED SKILLS, TRA	INING, APPREN	ITICESHIPS AND/OR EXTRA-C	URRICULAR ACTIVITIES



### **MILITARY SERVICE**

Did you serve in the Military	s 🗆 No			
Branch Dates	Rank at Discharge Discharge Status			
DESCRIBE YOUR DUTIES AND ANY TRAINING R	ECEIVED WHILE SERVING IN THE MILITARY			
LICENSES AN	D PERMITS			
Do you have a current Driver's License?	□ Yes □ No #			
DESCRIBE YOUR DIVING RECORD AND ANY AT F	AULT ACCIDENTS/TICKETS ON YOUR RECORD			
Do you have a current CCW Permit?	 □ Ves □ No #			
Do you have a current Chemical Agents Permit?	□ Yes □ No #			
Do you have a current Stun Devices Permit?	□ Yes □ No #			
Do you have a current Impact Weapons Permit?	□ Yes □ No #			
Do you have a current Firearms Permit?	□ Yes □ No #			
Do you have a current Contractor's License?	□ Yes □ No #			
Trades				
DESCRIBE ANY OTHER LICENSES AND/OR PERMITS YOU MAY POSSESS				
Do you have a current Driver's License? DESCRIBE YOUR DIVING RECORD AND ANY AT FA Do you have a current CCW Permit? Do you have a current Security Officer License? Do you have a current Chemical Agents Permit? Do you have a current Stun Devices Permit? Do you have a current Impact Weapons Permit? Do you have a current Firearms Permit? Do you have a current Contractor's License? Trades	Yes No #			



### EMPLOYMENT EXPERIENCE

#### PLEASE START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB RELATED MILITARY ASSIGNMENTS AND ANY VOLUNTEER ACTIVITIES

EMPLOYER 1				
	Name	Address		
			<b>F</b> "	
	Phone Number(s)	Fax	Email	
	Dates To/From	Salary	Duties	
		Calary	Bulloo	
EMPLOYER 2	Name	Address		
	Phone Number(s)	Fax	Email	
	Dates To/From	Salary	Duties	
EMPLOYER 3	Name	Address		
	name	Address		
	Phone Number(s)	Fax	Email	
	Dates To/From	Salary	Duties	
EMPLOYER 4				
	Name	Address		
		_		
	Phone Number(s)	Fax	Email	
	Dates To/From	Salary	Duties	
		Salary	Dulles	
EMPLOYER 5	Name	Address		
	Phone Number(s)	Fax	Email	
	Dates To/From	Salary	Duties	
IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER				



### **CRIMINAL RECORD**

**Have you ever been convicted of a crime other than a traffic violation in the past 7 years?** (*Note: Please exclude: (1) misdemeanor convictions for marijuana-related offenses more than two years' old; (2) convictions that have been sealed, expunged or legally eradicated: (3) misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed. A conviction is not an automatic bar to employment. Each case will be considered on its own merits*).

If Yes, please give dates, details and final outcome\_\_\_\_\_

Are you currently out on bail, the subject of a current warrant for arrest or released on your own recognizance pending trial?

If Yes, please give details\_\_\_\_\_

REFERENCES				
REFERENCE -	1			
	Name	Address		
	Phone Number(s)	Fax	Email	
REFERENCE 2	2			
	Name	Address		
	Phone Number(s)	Fax	Email	
REFERENCE	3			
	Name	Address		
	Phone Number(s)	Fax	Email	
	4			
	Name	Address		
	Phone Number(s)	Fax	Email	
REFERENCE	5			
	Name	Address		
		_		
IF	· · ·	Fax CE, PLEASE CONTINUE ON A S	Email SEPARATE SHEET OF PAPER	



### APPLICANT STATEMENTS

I hereby certify that the answers given herein are true and complete. I authorize investigations of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision. This Application for Employment shall be considered active for a period of time not to exceed 30 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.

I understand that any false statements and/or deliberate misrepresentations, whether by omission or commission, will result in my application being automatically and irrevocably rejected from further consideration or if employed, result in immediate termination. I hereby exonerate, release and discharge, SVT Gruppe, Inc., a California Corporation d.b.a. SVT Protective Services, Secure VIP Transport, (hereinafter called "SVT"), its officers, directors, shareholders, employees, contactors, agents, or assigns, now and in the future, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for their refusal to make available any and all information contained in any pre-employment investigation, including but not limited to, the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied, even where such information has been the basis for my disgualification from further consideration.

I understand and acknowledge that any employment relationship with SVT is of an "AT WILL" nature, which means that I may resign at any time and that SVT may discharge me at any time with or without cause or advance notice. It is further understood that this "AT WILL" employment relationship MAY NOT be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President of SVT.

In the event of employment, I understand that false or misleading information given by an applicant on an application or during interview(s) may result in discharge.

In the event of employment, I understand that I am required to abide by all rules, regulations, policies and procedures of SVT.

APPLICANT SIGNATURE

DATE

APPLICANT PRINTED NAME

FAX, EMAIL OR MAIL COMPLETED APPLICATION TO

FAX 1.707.256.1815 or +1.707.255.6445

EMAIL jobs@svtgruppe.com

MAIL SVT GRUPPE INC PO BOX 270 NAPA, CA 94559-0270



### **CONSENT FOR DRUG/ALCOHOL SCREENING TESTS**

As a potential employee of SVT Gruppe, Inc. a California Corporation d.b.a. SVT Protective Services, Secure VIP Transport, (hereinafter called "SVT"), and in the interest of the safety and well-being of all concerned, you are required to be tested for drug and/or alcohol use. All testing procedures and results will be maintained in strict confidence by the company.

If any test(s) result in positive readings, I understand that I will be given an opportunity to explain the results of said positive test(s). I further acknowledge that any positive test(s) may result in withdrawal of any offer for employment by SVT and if currently employed by SVT, the termination of my employment with SVT.

I hereby consent to drug/alcohol testing and hereby authorize the results of the test(s) to be released to SVT.

APPLICANT SIGNATURE

DATE

APPLICANT PRINTED NAME

FAX, EMAIL OR MAIL COMPLETED APPLICATION TO

FAX 1.707.256.1815 or +1.707.255.6445

EMAIL jobs@svtgruppe.com

MAIL SVT GRUPPE INC PO BOX 270 NAPA, CA 94559-0270



### PERSONNEL DEPARTMENT USE ONLY

ARRANGE AN INTERVIEW	□ Yes	□ No		
Notes				
-				
-				
HIRE? 🛛 Yes 🗆 No		START	DATE_	
JOB TITLE				SALARY
INTERVIEWER				
SIGNATURE				DATE
INTERVIEWER				
PRINTED NAME				