



SVT GRUPPE INC

APPLICATION FOR EMPLOYMENT

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 For Employee 1099 Contractor Date of Application

Last Name First Name Middle Name

Address City State Zip Code

Phone Number(s) Email

How Did You Learn About SVT?

Advertisement Website Agency Other _____
 Friend Relative Referred By _____

Are you 18 years of 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 employed? Yes No

If Yes, may we contact your current employer? Yes No

Employer Name

Address City State Zip Code

Contact Name Phone Fax Email

Are you currently on "Lay Off" Status and/or Subject to Recall? Yes No

If Yes, estimated recall date _____



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AVAILABILITY

Date available to start ____ / ____ / ____

Full Time _____ Day _____ Swing _____ Grave _____

Part Time _____ Day _____ Swing _____ Grave _____

Temporary _____ Day _____ Swing _____ Grave _____

EDUCATION

**ELEMENTARY
& MIDDLE
SCHOOL**

School Name(s) & Address _____

Course Work

Years Completed

Degree/Diploma

**HIGH
SCHOOL**

School Name(s) & Address _____

Course Work

Years Completed

Degree/Diploma

**COLLEGE/
UNIVERSITY**

School Name(s) & Address _____

Course Work

Years Completed

Degree/Diploma

**GRADUATE
SCHOOL**

School Name(s) & Address _____

Course Work

Years Completed

Degree/Diploma

**OTHER
(SPECIFY)**

School Name(s) & Address _____

Course Work

Years Completed

Degree/Diploma

DESCRIBE ANY SPECIALIZED SKILLS, TRAINING, APPRENTICESHIPS AND/OR EXTRA-CURRICULAR ACTIVITIES



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MILITARY SERVICE

Did you serve in the Military Yes No

Branch	Dates	Rank at Discharge	Discharge Status
<u>DESCRIBE YOUR DUTIES AND ANY TRAINING RECEIVED WHILE SERVING IN THE MILITARY</u>			

LICENSES AND PERMITS

Do you have a current Driver's License? Yes No # _____

DESCRIBE YOUR DIVING RECORD AND ANY AT FAULT ACCIDENTS/TICKETS ON YOUR RECORD

Do you have a current CCW Permit? Yes No # _____

Do you have a current Security Officer License? Yes 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



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EMPLOYMENT EXPERIENCE

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

EMPLOYER 1

Name _____ Address _____

Phone Number(s) _____ Fax _____ Email _____

Dates To/From _____ Duties _____

EMPLOYER 2

Name _____ Address _____

Phone Number(s) _____ Fax _____ Email _____

Dates To/From _____ Duties _____

EMPLOYER 3

Name _____ Address _____

Phone Number(s) _____ Fax _____ Email _____

Dates To/From _____ Duties _____

EMPLOYER 4

Name _____ Address _____

Phone Number(s) _____ Fax _____ Email _____

Dates To/From _____ Duties _____

EMPLOYER 5

Name _____ Address _____

Phone Number(s) _____ Fax _____ Email _____

Dates To/From _____ Duties _____

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER



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REFERENCES

REFERENCE 1

Name Address

Phone Number(s) Fax Email

REFERENCE 2

Name Address

Phone Number(s) Fax Email

REFERENCE 3

Name Address

Phone Number(s) Fax Email

REFERENCE 4

Name Address

Phone Number(s) Fax Email

REFERENCE 5

Name Address

Phone Number(s) Fax Email

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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 disqualification 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



SVT GRUPPE INC

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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.

I _____, have been fully informed of the reasons for these drug/alcohol test(s), I understand what I am being tested for, the procedures involved and do hereby freely give my consent for this testing. In addition, I understand that the results of these test(s) will be forwarded to SVT and will become part of my permanent record.

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** _____

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