



1476 SE Village Green Dr.
Port St. Lucie, FL 34952
Ph: (772) 333-2244
Fax: (772) 212-7990

Email: info@TheUltimateGroup.net
Web: www.TheUltimateGroup.net

Employment Application

Date: _____

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

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

Do you have a FL Security Guard License? YES NO If yes, provide #: _____

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

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

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 for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Ultimate Security & Investigations Group

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I understand and agree to the following:

This applicant is not a contract of employment. Should the employer hire me and should any of the information I have given in this application be found false, misleading, or incomplete, I shall be subject to dismissal.

The employer follows an "at will" employment policy, meaning I or the employer may terminate employment at any time for any reason consistent with applicable law.

All hired persons must provide proof of identity and authorization to work in the US. Failure to produce such proof will result in denial of employment.

I authorize investigation of all statements given on this application. The employer may contact any educational institution, reference, or employer listed on this application, except my current employer if so noted, to verify the information I have given, I hereby release all involved parties from any liability arising from such an investigation.

I certify that all the information given in this application is complete and true.

Signature: _____ Date: _____

Employee Nondisclosure Agreement

FOR GOOD CONSIDERATION, and in consideration of being employed by Ultimate Security & Investigations Group, the undersigned employee hereby agrees and acknowledges:

1. That during the course of my employ there may be disclosed to me certain trade secrets of Ultimate Security & Investigations Group; said trade secrets consisting but not necessarily limited to:

a. Business information: Customer lists, pricing data, sources of supply, financial data and marketing, production, or merchandising systems or plans.

2. I agree that I shall not during, or at any time after the termination of my employment with Ultimate Security & Investigations Group, use for others, or myself or disclose or divulge to others including future employees, any trade secrets, confidential information, or any other proprietary data of Ultimate Security & Investigations Group in violation of this agreement.

3. That upon the termination of my employment from Ultimate Security & Investigations Group:

a. I shall return to Ultimate Security & Investigations Group, including but not necessarily limited to: reports, manuals, correspondence, customer lists, and all other materials and all copies thereof relating in any way to Ultimate Security & Investigations Group business, or in any way obtained by me during the course of employ. I further agree that I shall not retain copies of the foregoing.

b. Ultimate Security & Investigations Group may notify any future or prospective employer or third party of the existence of this agreement, and shall be entitled to full injunctive relief for any breach.

c. This agreement shall be binding upon me and my personal representatives and successors in interest, and shall inure to the benefit of Ultimate Security & Investigations Group, its successors and assigns.

Signed this ____ day of _____, 2016

Employee Signature _____

Consent for Drug/Alcohol Testing

CONSENT FOR PRE-EMPLOYMENT, RANDOM, OR REASONABLE SUSPICION DRUG TEST SCREEN AND RELEASE COVENANT NOT TO SUE AND IDEMITY AGREEMENT.

I hereby CONSENT to allow Ultimate Security & Investigations Services and a bonafide laboratory to take a specimen of my hair, urine, or blood and submit for a pre-employment, random or reasonable suspicion drug test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to the prospective or current employer, Ultimate Security & Investigations Group.

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing services, its officers, agents and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against Ultimate Security Group, the laboratory testing services, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMELESS Ultimate Security Group, the laboratory testing services, their respective officers, agents and employees from all damages, expenses, reasonable attorney's fees and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

(Print Name)

(Signature)

Social Security #: ____ - ____ - ____

Date: _____

Authorization for Release of Information

To Whom It May Concern:

I, _____, am having a confidential background investigation conducted on me by Ultimate Security; I hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself to any duly authorized agent of Ultimate Security. Whether the said records are public or private and including those which may be deemed to be of privileged or confidential nature. The intention of this authorization is to provide information, which will be utilized for evaluating my qualifications for a position with Ultimate Security. A photo static copy of this authorization will be considered as effective and valid as the original.

Social Security #: ____ - ____ - ____

Date of Birth: ____ / ____ / ____

Signature: _____ Date: _____

I _____, hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Ultimate Security & Investigations Group, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signature: _____ Date: _____