



## EQUAL EMPLOYMENT OPPORTUNITY SURVEY

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

It is the policy of this employer and all of its subsidiaries to provide equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or veteran status.

This employer is required by federal law to track the sex and race of applicants for employment. The information requested below is solely for the purpose of complying with these recordkeeping requirements. Submission of this form is voluntary. This information will be kept confidential and will be maintained separately from your employment application. Your responses below will have no effect on our company's decision concerning your application for employment.

Name (Last, First, Mi) \_\_\_\_\_

Sex:

- Female
- Male

Race:

- Caucasian
- African-American
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native

# SANTA FE PROTECTIVE SERVICES, INC.

P.O. Box 574  
Albuquerque, NM 87103

## APPLICATION FOR EMPLOYMENT

**Notice:**

*Santa Fe Protective Services, Inc. considers all applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, Santa Fe Protective Services, Inc. complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. Santa Fe Protective Services, Inc. also provides reasonable accommodations to qualified individuals with disabilities in accordance with applicable laws.*

*To receive proper consideration of this application, ALL questions on this application must be answered.*

**PLEASE PRINT**

|   |   |                             |
|---|---|-----------------------------|
| Position Applied For:   | Resume Attached<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Date:                       |
| Name<br>Last: _____ First: _____ Middle: _____                          |   | Telephone<br>Number: _____  |
| Current Address<br>Street: _____<br>City: _____ State: _____ Zip: _____ |   | Social<br>Security #: _____ |

**EDUCATION**

|  |                 |                             |   |
|--|-----------------|-----------------------------|---|
| High School Name & Address                 | Course of Study | Number of Years<br>Attended | Highest Grade<br>Completed<br>(Please Circle)<br>9 10 11 12           |
| College Name & Address                     | Course of Study | Number of Years<br>Attended | Highest Grade<br>Completed<br>(Please Circle)<br>1 2 3 4              |
| Diploma or Degree Received                 |                 |                             |   |
| Other(Specify)Name & Address               | Course of Study | Number of Years<br>Attended | Completed<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Diploma or Degree Received in the name of: |                 |                             |   |

*Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, Santa Fe Protective Services, Inc. will verify the status of every individual offered employment with our company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization after an offer of employment is made.*

Are you currently authorized to work for all employers in the United States on a full time basis, or only for your current employer?

All employers                       Current Employer Only

**EMPLOYMENT HISTORY (Insert additional sheets, if necessary)**

|  |  |  |
|--|--|--|
| Current Employer Name & Address<br><br><br>May we contact this employer?    Yes <input type="checkbox"/> No <input type="checkbox"/>     | Telephone Number<br><br><br>Immediate Supervisor | Starting Wages:<br><br>Ending Wages:<br><br>Start Date/Ending Date |
| Describe in detail duties performed<br><br><br>May we contact this employer?    Yes <input type="checkbox"/> No <input type="checkbox"/> | Reason for Leaving                               |  |
| Employer Name & Address<br><br><br>May we contact this employer?    Yes <input type="checkbox"/> No <input type="checkbox"/>             | Telephone Number<br><br><br>Immediate Supervisor | Starting Wages:<br><br>Ending Wages:<br><br>Start Date/Ending Date |
| Describe in detail duties performed<br><br><br>May we contact this employer?    Yes <input type="checkbox"/> No <input type="checkbox"/> | Reason for Leaving                               |  |
| Employer Name & Address<br><br><br>May we contact this employer?    Yes <input type="checkbox"/> No <input type="checkbox"/>             | Telephone Number<br><br><br>Immediate Supervisor | Starting Wages:<br><br>Ending Wages:<br><br>Start Date/Ending Date |
| Describe in detail duties performed<br><br><br>May we contact this employer?    Yes <input type="checkbox"/> No <input type="checkbox"/> | Reason for Leaving                               |  |

1. Have you ever been dismissed or forced to resign from employment? Yes  No   
(If yes, please explain)

2. Excluding vacations and holidays, how many workdays were you absent during the past calendar year?  
 0-5 days     10-15 days     15-20 days     20+days

**PERSONAL REFERENCES (do not include former employers or relatives)**

|                     |  |                  |
|---------------------|--|------------------|
| Name<br><br>Address | How long have you known?<br><br>Occupation | Telephone Number |
| Name<br><br>Address | How long have you known?<br><br>Occupation | Telephone Number |
| Name<br><br>Address | How long have you known?<br><br>Occupation | Telephone Number |

**MILITARY SERVICE RECORD**

Were you in the US Armed Forces?  Yes  No

|                      |                   |
|----------------------|-------------------|
| If Yes, what branch? | Rank At Discharge |
|----------------------|-------------------|

**SPECIAL SKILLS**

Please list any special skills that you feel enhance your qualifications for this position.

Have you ever owned a firearm? If yes, please state make and model

**PERSONAL INFORMATION**

Do you have any relatives or personal friends in the employment of Santa Fe Protective Services, Inc.? Yes  No

If yes, please state:

|      |              |
|------|--------------|
| Name | Relationship |
| Name | Relationship |

**Please read and sign below**

*I understand and voluntarily agree that:*

- The facts set forth in my application for employment are true and complete. I understand that any misrepresentations, omissions or false statements on this application shall be considered sufficient cause for refusal of employment, or, if employed by Santa Fe Protective Services Inc. may subject me to termination.
- I understand that as a condition of employment I may have to take a physical examination which will include drug and alcohol tests, and if employed, I will be required to take such tests at various times without prior notice. A positive report from a drug or alcohol test will disqualify me from employment, and if I am employed, will result in my termination.
- You are hereby authorized to make any investigation or verify all the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to Santa Fe Protective Services, Inc., I will be informed of whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
- I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment records, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.
- I understand that in the event I am employed, my employment and compensation may be terminated with or without cause, with or without notice, at any time, at the option of either the company or me. I further understand that no representation of Santa Fe Protective Services, Inc. , other than the President, CEO or General Counsel has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement different from or contrary to any Company policy. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

| FOR OFFICE USE ONLY   |               |                     |
|-----------------------|---------------|---------------------|
| INTERVIEW DATE        | TIME          | POSSIBLE EMPLOYMENT |
| ORIGINAL DATE OF HIRE | STARTING DATE | LOCATION            |
| INTERVIEWED BY        | POSITION      | SUPERVISOR          |