

Job History, Education and References

Date			
Position applying for?			
Last Name	First		Middle
Cell Phone ()	Home	Phone ()
Current Address			
City			
StateZip	County		
Permanent Address if different from above			
Social Security Number	Ar	e you at lea	ast 18 years of age? Yes No
Birth Date	Email Addres	S	
Are you eligible to work in the United Stat	es? YesNo		
Are you interested in (please circle) Full-1	time: Days Nights	s Either	
Part-time: Days Nights Weekends	All		
Hours available to work	Date available to start		
Who referred you to RSEP?			
Are you presently employed? Yes	No		
Name of Current Employer			
Have you ever applied with RSEP before?	Yes	No	
If yes, when?			
Have you been employed by RSEP before?	? Yes	No	
If yes, when?			
Do you have any relatives employed by RS	SEP? Yes	N	lo
If yes, state name and relationship.			

Please provide the following information about	it your most recent to past employment.		
Employer Name	Job Title		
Address (street, city, zip)			
Type of Business	Phone # ()		
Immediate Supervisor	Dates Employed: From	To	
Description of Duties			
Hourly or annual pay: Starting	Ending		
Reason for leaving?			
Rehirable Yes No If no, Why?			
Employer Name	Job Title		
Address (street, city, zip)			
Type of Business	Phone # ()		
Immediate Supervisor	Dates Employed: From	То	
Description of Duties			
Hourly or annual pay: Starting	Ending		
Reason for leaving?			
Rehirable Yes No If no, Why?			
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Address (street, city, zip)			
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Hourly or annual pay: Starting	Ending
Reason for leaving?	

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oma or GED? ended. (Most re	Yes	No Location Graduated?	 Yes	No
ended. (Most re	ecent first)	Location Graduated?	Yes	No
		Graduated?	Yes	No
		Graduated?	Yes	No
		Major		
		Location		
		Graduated?	Yes	No
		Major		
mpany	Relat	ionship	Pł	none
mpany	Relat	ionship	Pł	none
mpany	Relat	ionship	Pł	none
victed, or had	expunged any crit	minal offense?	Yes	No
automatically d	lisqualify except f	or certain offen	ses from en	nployment with
lanation to the	type of offense.			
	mpany mpany nvicted, or had automatically c	mpany Relat mpany Relat mpany Relat mpany Relat nvicted, or had expunged any crim automatically disqualify except f	mpany Relationship mpany Relationship mpany Relationship mpany Relationship wicted, or had expunged any criminal offense? automatically disqualify except for certain offen	mpany Relationship Ph mpany Relationship Ph

All information that I have given in this application is true and correct to the best of my knowledge. I understand that my employment is conditional upon verification of all information contained in the application. I also understand that any false information will be grounds for immediate dismissal from employment with RS Executive Protection, LLC.

I understand that nothing contained in this application, and no company policies, procedures or handbooks that I may receive are intended to create an employment contract between the company and myself. If I am employed, I understand that I have to right to terminate my employment at any time and that RS Executive Protection, LLC retains a similar right.

I authorize RS Executive Protection to conduct a B.C.A/ FBI background check per Minnesota State Statute 181.645. I understand that my employment will be contingent upon meeting the criteria as per Minnesota statute 326.336.1.

I understand that I will be charged the cost for the Pre – Assignment, Continuing Education and Initial/Continuing Armed – Intermediate Weapons courses while employed by RSEP. I will complete a paycheck deduction form for any and all training and uniforms that I acquire outside of my employer's responsibility.

Applicant Signature	Date
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{An employer or prospective employer may not require an employee or prospective employee to pay for the expenses of training or testing that is required by federal or state law or is required by the employer for the employee to maintain the employee's current position, unless the training or testing is required to obtain or maintain a license, registration, or certification for the employee or prospective employee.}

I ______, authorize RS Executive Protection to deduct

(Applicant signature) prorated training costs from my next paychecks.

CONDITIONS OF EMPLOYMENT

READ CAREFULLY BEFORE SIGNING

This application will not be considered complete until receipt of references and, other pertinent documents, and, if applicable, college credentials. It is the responsibility of the applicant to request and authorize release of references, or credentials unless otherwise instructed. **Please indicate if any references or credentials would be listed under another name.**

This application and all required documents will become the property of **RS Executive Protection, LLC** upon receipt by the Human Resources.

STATEMENT ON DRUG ABUSE: All employees of **RS Executive Protection, LLC** are expected to convey by their actions, deeds, and teachings that they do not in any way encourage or condone drug abuse. Any proven illegal action relating to drugs by any **RS Executive Protection, LLC** employee or intern continues to be grounds for immediate dismissal.

DRUG-FREE WORKPLACE PROVISION: I understand and acknowledge the **RS Executive Protection, LLC** has written policy providing for a drug-free workplace. I agree that, if I am employed, I will abide by the terms of the policy and all **RSEP** policies regarding drugs and their use. I further agree that I will notify the Human Resources of my criminal drug conviction or violation occurring in the workplace no later than five (5) days after such conviction.

Signature, Applicant	Date	/ /	
Signature, ripplicant	Dutt/	/	

RS EXECUTIVE PROTECTION, LLC IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST ANY EMPLOYEE OR APPLICANT FOR EMPLOYMENT BECAUSE OF RACE, SEX, COLOR, RELIGION, AGE, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS, OR MARITAL STATUS, IN ACCORDANCE WITH APPLICABLE LAWS. IF YOU BELIEVE THAT ANY OF THE FACTORS ABOVE HAVE ENTERED INTO THE CONSIDERATION OF YOUR APPLICATION FOR EMPLOYMENT, PLEASE CONTACT RSEP PERSONNEL OFFICE.

The information submitted on this application is accurate to the best of my knowledge. I concur with the above statement and requirements. I understand that falsification of any information submitted on this application shall be cause for dismissal from service. Human Resources have my permission to contact all past and present employers. I certify that I have read the above statements, understand their meanings and implications, and will comply if employed.

Signature, Applicant	 Date	/	/	
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Office use only