



Special Services Tactical & Metropolitan Public Safety



Corporate Address:
3800 E. Anaheim Street, Long Beach, California 90804

Application for Employment

Long Beach San Diego San Bernardino Bakersfield Stockton San Jose San Francisco

This application will be used by a committee to select applicants for interviews and/or to continue in the hiring process.

Thank you for your interest in employment at Special Services Tactical and Metropolitan Public Safety (**SST/MPS**). Your application will be retained for one year from the date received. You may update your application during that time and you may be required to provide copies of certificates, transcripts, etc. Persons offered employment would need to document their eligibility to work in the United States. The application and supporting documents will become the property of SST/MPS. Special Services Tactical and Metropolitan Public Safety are equal opportunity employers and accept their responsibilities as Affirmative Action employers with respect to women, minority individuals, and individuals with disabilities, Vietnam era veterans and veterans with disabilities.

Fill out the application form completely. If questions are not applicable, enter "N/A." Do not leave questions blank. Resumes will be accepted for additional information they may contain, but not in place of a completed application.

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Email Address: _____

Physical Address: _____
Street City and State Zip Code

Mailing Address: _____
Street City and State Zip Code

Home Phone: _____ Message Phone: _____ Email: _____

Position for which you are applying for: **Public Safety Officer** **Dispatcher** **Security Guard**

Available for: Full-Time Part-Time Seasonal Temporary Date avail to begin: _____

Have you ever been employed by Special Services or Metropolitan Public Safety before: Yes No

If Yes, please list ID Number, and date(s) of employment: _____

Guard Card # _____ Firearms Card # _____ Baton Card # _____

Expiration: _____ Expiration: _____

Chemical Agent Card # _____

Check all that apply: CPR First Aid AED EMT-B EMT-P

WORK HISTORY

This section MUST be completed. A resume may NOT be submitted in lieu of an application.

Please list your work experience for the last ten (10) years. Also include any experience, which is related to this position. Include U.S. military experience. List your present or most recent position first. Include related volunteer or unpaid experience as well as any periods of unemployment.

1) Current/Last Employer: _____

Employers Address: _____
Street City and State Zip Code

Job Title: _____ Supervisors Name: _____

Date Employment Began: _____ Date Employment Ended: _____

Beginning Salary: \$ _____ Hour/Month/Year Ending Salary: \$ _____ Hour/Month/Year

Type of Employment: Full-Time Part-Time Seasonal Volunteer

If other than Full-Time, list the average number of hours worked per week: _____

Describe your job duties: _____

Did you supervise others: Yes No If yes, how many and what type of employees? _____

Reason for Leaving: _____

2) Current/Last Employer: _____

Employers Address: _____
Street City and State Zip Code

Job Title: _____ Supervisors Name: _____

Date Employment Began: _____ Date Employment Ended: _____

Beginning Salary: \$ _____ Hour/Month/Year Ending Salary: \$ _____ Hour/Month/Year

Type of Employment (circle one): Full-Time Part-Time Seasonal Volunteer

If other than Full-Time, list the average number of hours worked per week: _____

Describe your job duties: _____

Did you supervise others: Yes No If yes, how many and what type of employees? _____

Reason for Leaving: _____

3) Current/Last Employer: _____

Employers Address: _____
Street City and State Zip Code

Job Title: _____ Supervisors Name: _____

Date Employment Began: _____ Date Employment Ended: _____

Beginning Salary: \$ _____ Hour/Month/Year Ending Salary: \$ _____ Hour/Month/Year

Type of Employment (circle one): Full-Time Part-Time Seasonal Volunteer

If other than Full-Time, list the average number of hours worked per week: _____

Describe your job duties: _____

Did you supervise others: Yes No If yes, how many and what type of employees? _____

Reason for Leaving: _____

WORK HISTORY (Continued)

4) Current/Last Employer: _____

Employers Address: _____
Street City and State Zip Code

Job Title: _____ Supervisors Name: _____

Date Employment Began: _____ Date Employment Ended: _____

Beginning Salary: \$ _____ Hour/Month/Year Ending Salary: \$ _____ Hour/Month/Year

Type of Employment (circle one): Full-Time Part-Time Seasonal Volunteer
If other than Full-Time, list the average number of hours worked per week: _____

Describe your job duties: _____

Did you supervise others: Yes No If yes, how many and what type of employees? _____

Reason for Leaving: _____

5) Current/Last Employer: _____

Employers Address: _____
Street City and State Zip Code

Job Title: _____ Supervisors Name: _____

Date Employment Began: _____ Date Employment Ended: _____

Beginning Salary: \$ _____ Hour/Month/Year Ending Salary: \$ _____ Hour/Month/Year

Type of Employment (circle one): Full-Time Part-Time Seasonal Volunteer
If other than Full-Time, list the average number of hours worked per week: _____

Describe your job duties: _____

Did you supervise others: Yes No If yes, how many and what type of employees? _____

Reason for Leaving: _____

6) Current/Last Employer: _____

Employers Address: _____
Street City and State Zip Code

Job Title: _____ Supervisors Name: _____

Date Employment Began: _____ Date Employment Ended: _____

Beginning Salary: \$ _____ Hour/Month/Year Ending Salary: \$ _____ Hour/Month/Year

Type of Employment (circle one): Full-Time Part-Time Seasonal Volunteer
If other than Full-Time, list the average number of hours worked per week: _____

Describe your job duties: _____

Did you supervise others: Yes No If yes, how many and what type of employees? _____

Reason for Leaving: _____

EDUCATION

Please select the highest level of school completed:

Please select the highest level of college completed:

High School: _____ / _____ / _____ / Y N
Name of Last High School Attended City and State Date(s) of Attendance Graduate

College/Universities: _____ / _____ / _____ / _____
Name of Last School Attended City and State Date(s) of Attendance Major

Business or Vocational Schools: _____

Military/Law Enforcement Training: _____

If California P.O.S.T., please select one:

Are you related by blood or marriage to any member of the Board of Directors or employees of Special Services Tactical or Metropolitan Public Safety? Yes No

If Yes, list name, department, ID number and relationship: _____

PROFESSIONAL ACTIVITIES

List affiliations with professional or other resource organizations, honors received, publications, lectures, travel, work products, etc., as they relate to the position for which you are applying. Affiliations which identify your race, ethnicity, gender or religion may be omitted. (If more space is needed, use attachments, clearly labeled and in the same format.

REFERENCES

Please list the names, addresses (including zip codes, phone numbers, and relationship and years known of persons who are familiar with your previous educational, employment and character, which we may contact.

Name of Reference: _____ Relationship: _____

Mailing Address: _____

Street City and State Zip Code

Phone Number(s): () _____ () _____

Years Known: _____

Name of Reference: _____ Relationship: _____

Mailing Address: _____

Street City and State Zip Code

Phone Number(s): () _____ () _____

Years Known: _____

Name of Reference: _____ Relationship: _____

Mailing Address: _____

Street City and State Zip Code

Phone Number(s): () _____ () _____

Years Known: _____