



# APPLE VALLEY COMMUNICATIONS, INC.

21845 HWY. 18, P.O. BOX 787 APPLE VALLEY, CALIFORNIA 92307

PHONE (760) 247-2668 – FAX (760) 247-0087 CA. CONTRACTORS #542642 C7/10 – ALARM LIC. #ACO 3056

## APPLE VALLEY COMMUNICATIONS

### Employment Application

#### APPLICANT INFORMATION

Last Name		First		M.I.		D.O.B		
Street Address						Apartment/Unit #		
City				State			ZIP	
Phone				E-mail Address				
Date Available			Social Security No.			Drivers Lic. #		
Position Applied for						State Issued		
Date you can Start?						Drivers Lic. Exp. Date:		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					

#### EDUCATION

High School				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	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							



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## 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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

## OTHER INFORMATION

*Subjects of Special Study or Research Work:*

*Special training:*

*Activities: (Civic Athletic, Hobbies, etc)*



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## MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date



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## ***EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE- ACTION POLICY***

*IT IS THE POLICY OF APPLE VALLEY COMMUNICATIONS, INC. NOT TO ENGAGE IN DISCRIMINATION AGAINST OR HARASSMENT OF ANY PERSON, AT ANY LEVEL, EMPLOYED OR SEEKING EMPLOYMENT WITH OUR COMPANY; REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, ANCESTRY, RELIGIOUS BELIEFS, GENDER IDENTITY, SEXUAL PREFERENCE, MARITAL STATUS, CITIZENSHIP, AGE, MEDICAL CONDITIONS; (CANCER RELATED OR GENETIC CHARACTERISTICS), MENTAL OR PHYSICAL DISABILITIES, PREGNANCY, OR STATUS AS A COVERED VETERAN.*

*WE WILL ENSURE THAT EMPLOYMENT PRACTICES AND PERSONNEL ACTIONS. INCLUDING HIRING, PROMOTION, DEMOTION, TRANSFER, RECRUITMENT, LAYOFF, RETURN FROM LAYOFF TERMINATION, COMPENSATION, TRAINING, WORKING CONDITIONS, SOCIAL AND RECREATIONAL PROGRAMS AND ANY OTHER CONDITIONS AND BENEFITS OF EMPLOYMENT WILL BE MAINTAINED WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, ANCESTRY, RELIGIOUS BELIEFS, GENDER IDENTITY, MARITAL STATUS, CITIZENSHIP, AGE, SEXUAL ORIENTATION, MEDICAL CONIDITIONS, (CANCER-RELATED OR GENETIC CHARACTERISTICS), MENTAL OR PHYSICAL DISABILITIES, PREGNANCY, OR STATUS AS A COVERED VETERAN.*

*REASONABLE ACCOMMODATION WILL BE PROVIDED WHENEVER POSSIBLE IN AN EFFORT TO ADVANCE EMPLOYMENT OPPORTUNITIES FOR INDIVIDUALS WITH HANDICAPS AND DISABLED VETERANS.*

*IN ADDITION, IT IS THE POLICY OF THE COMPANY TO UNDERTAKE AFFIRMATIVE ACTION FOR MINORITIES AND WOMEN. FOR PERSONS WITH DISABILITIES, AND FOR COVERED VETERANS (SPECIAL DISABLED VETERAN, VIETNAM-ERA VETERAN, OR ANY OTHER VETERANS WHO SERVED ON ACTIVE DUTY DURING A WAR OR IN A CAMPAIGN OR EXPEDITION FOR WHICH A CAMPAIGN BADGE HAS BEEN AUTHORIZED, AND RECENTLY SEPARATED VETERANS).*

*SHOULD YOU WISH TO BE CONSIDERED UNDER OUR AFFIRMATIVE ACTION PROGRAM FOR INDIVIDUALS WITH HANDICAPS AND/OR VIETNAM ERA AND SPECIAL DISABLED VETERANS, YOU MAY PROVIDE YOUR PROTECTED CLASS STATUS WHEN APPLYING OR ANYTIME DURING THE COURSE OF YOUR EMPLOYMENT. THE INFORMATION IS VOLUNTARY AND WILL NOT BE USED AS A BASIS FOR EMPLOYMENT DECISIONS.*

*IT IS APPLE VALLEY COMMUNICATIONS POLICY TO ABIDE BY ALL PUBLIC LAWS REGARDING SMALL BUSINESS, SMALL DISADVANTAGED BUSINESSES, INCLUDING HISTORICALLY BLACK COLLEGES AND UNIVERSITIES, MINORITY INSTITUTIONS AND WOMEN-OWNED SMALL BUSINESSES.*

PLEASE INITIAL \_\_\_\_\_

Gabe Lovato President



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## EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER QUESTIONNAIRE

The information requested below is used to assist us in our compliance with Federal/State Equal Employment Opportunity record keeping and reporting. This information's will be kept separate from your application, in a limited access file, and will be used for statistical compilation and analysis only. Your response is voluntary and will not be used as a basis for employment decisions.

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Name:	Phone:
Age:	Referred By:
Address:	City: Zip:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CHECK ONLY **ONE** IN THIS SECTION:

- HISPANIC OR LATINO  
(A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.)
- WHITE (NOT HISPANIC OR LATINO)  
(A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)
- BLACK OR AFRICAN AMERICAN (NOT HISPANIC OR LATINO)  
(A person having origins in any of the Black racial groups of Africa.)
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NOT HISPANIC OR LATINO)  
(A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.)
- ASIAN (NOT HISPANIC OR LATINO)  
(A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent including for example: Cambodia, China, India, Japan, Korea, Malaysia Pakistan the Philippine Island, Thailand and Vietnam.)
- AMERICAN INDIAN OR ALASKA NATIVE (NOT HISPANIC OR LATINO)  
(A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.)
- TWO OR MORE RACES (NOT HISPANIC OR LATINO)  
(All person who identify with one or more of the above five races.)



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PLEASE CHECK **ALL** WHICH APPLY IN THIS SECTION:

- VETERAN WITH A DISABILITY**  
(Any person entitled to disability compensation under laws administered by the Veterans Administration or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.)
  
- PERSON WITH A DISABILITY**  
(Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such an impairment.)
  
- VETERAN OF THE VIETNAM ERA**  
(Any person who served on active duty for more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, or a veteran meeting the above criteria who served in the Republic of Vietnam between February 28, 1961 and May 7, 1975, with a release or discharge other than dishonorable.)
  
- OTHER ELIGIBLE AND WAR VETERANS**

If Check, Please Describe: \_\_\_\_\_  
\_\_\_\_\_



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*IT IS IMPORTANT FOR YOU TO KNOW THAT "YOUR ABILITY TO DRIVE IS AN IMPORTANT PART OF YOUR EMPLOYMENT. IT IS IMPORTANT ALSO, FOR OUR COMPANY TO KNOW THAT YOU ARE A CONSCIENTIOUS AND SAFE DRIVER.*

*IT IS OUR POLCY TO REVIEW A COPY OF YOUR MOTOR VEHICLE REPORT BEFORE YOU ARE HIRED.*

*IT IS OUR POLCY TO REVIEW YOUR MOTOR VEHICLE RECORD PERIODICALLY DURING THE YEAR. ONCE A YEAR, WE ARE REQUIRED BY OUR INSURANCE COMPANY TO PROVIDE THEM WITH A LIST OF OUR DRIVERS. YOUR DRIVING RECORD WILL BE REVIEWED*

*BY SIGNING THIS CONSENT FORM, YOUR ARE ACKNOWLEDGING THE FACT THAT WE, AS YOUR FUTURE/CURRENT EMPLOYER, WILL OBTAIN A COPY OF YOUR MOTOR VEHICLE REPORT TO HELP DETERMINE YOUR EMPLOYMENT ELIGIBILITY AS A DRIVER FOR OUR COMPANY. THIS CONSENT FORM ALSO ACKNOWLEDGES THAT WE WILL Periodically OBTAIN A COPY OF YOUR MOTOR VEHICLE REPORT AS A REQUIREMENT OF YOUR EMPLOYMENT AND A REQUIREMENT OF OUR INSURANCE COMPANY. .*

\_\_\_\_\_  
NAME:

\_\_\_\_\_  
DATE:

**THIS IS IN COMPLIANCE WITH THE FAIR CREDIT REPORTING ACT AND  
FEDERAL DRIVER'S PRIVACY PROTECTION ACT:**

6/2012

\_\_\_\_\_  
DRIVERS LICENSE NUMBER

\_\_\_\_\_  
STATE



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000
www.bsis.ca.gov



APPLICATION FOR ALARM COMPANY AGENT

ALL FEES ARE NON-REFUNDABLE

IMPORTANT INSTRUCTIONS:

Read all instructions contained in this application including information on reverse side of this page.

TO EXPEDITE YOUR APPLICATION, FOLLOW THE STEPS BELOW.

- 1. Complete an Alarm Company Agent Live Scan form...
2. With three copies of the completed Alarm Company Agent Live Scan form...
3. Pay the Live Scan Operator: \$32.00 DOJ Fingerprint Processing Fee, \$24.00 FBI Fingerprint Processing Fee. TOTAL: \$56.00

In addition, you must pay the Live Scan Operator the Live Scan site processing fee. The fee is set by each Live Scan site and may vary. The Bureau does not set the fee.

- 4. Submit the following to the Bureau:
(a) The completed Alarm Company Agent application.
(b) The second copy of the Alarm Company Agent Live Scan form...
(c) A check or money order for: \$17.00 Initial Alarm Company Agent Application Fee. TOTAL: \$17.00

PLEASE PRINT OR TYPE

Form with fields for Name, Social Security Number, Date of Birth, Home Address, Home Telephone, Employer Work Telephone, Employer Name, Employer Work Address, and a declaration section.