



# EMPLOYMENT APPLICATION

Work Force Security Services

## PERSONAL INFORMATION

First Name:		Middle:		Last Name:	
Home Address:				Apartment#	Today's Date:
City:		State:		Zip Code	Social Security Number
Cell Phone:	Home Phone:	Job Title:		Birth Date:	
Email: _____					

### AVAILABILITY

Day	Mon	Tue	Wed	Thru	Fri	Sat	Sun
Start							
End							
Desire Shift Day Shift [ <input type="checkbox"/> ]    Swing Shift [ <input type="checkbox"/> ]    Graveyard Shift [ <input type="checkbox"/> ]							

### Current Address

Apt/Unit	Street Address	City	State	Zip Code

### EMERGENCY CONTACT

#1 Name: _____	Phone: (____) _____	Relationship: _____
#2 Name: _____	Phone: (____) _____	Relationship: _____

## EMPLOYMENT ACTIVITIES

Month/Year	Month/Year	Company Name:		Your Position/Title	
Company Street Address		City	State	Zip Code	Telephone Number
Job Location Street Address		City	State	Zip Code	Telephone Number
Supervisor's Name (Verify self-employed)		Telephone Number	Hourly Rate:		
Reason for Leaving					

## QUALIFICATIONS

License/Cert.	YES/NO	License Permit #	Issued Date	Expiration Date
Driver's License				
Guard Registration				
Firearm Permit				
first Aid				
CPR				
Mace/Tear Gas				

In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of Work Force Security Services. I understand that I do not have a contract of employment with Work Force Security Services. that my employment will be at-will and is not for a definite duration and that my employment can be terminated with or without cause or notice, at any time, at the option of either the Company or myself. I certify that the information contained in this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentation or omission of fact in this application will be cause for refusal of employment or, if employed, termination from Work Force Security Services.

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

Comments:

Hire Date: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_



## **Paid, Working Meal Period Agreement**

Work Force hiring policy provides that employees that work a shift of at least five hours are entitled to take an unpaid meal break for at least 30 minutes. Provided, however, an "on duty" meal period is permitted under the Company's policy when the nature of the work prevents an employee from being relieved of all duty but when the employee and Company agree in writing to an on-the-job, paid meal period.

Depending upon available staffing, the nature of your position may require you to be responsible for security services during a time when the meal break should be taken. When this occurs, you may be without back-up and unable to be relieved of all responsibility for security services during your meal. In that event, your meal period will be "on duty" and will be paid at your regular rate. This on-duty meal period will count as time worked for purposes of determining overtime premium eligibility.

### **Employee's Consent:**

I agree that, when I am solely responsible for security services during a meal period, the nature of this work prevents me from being relieved of all duty during the meal period. I agree that in these circumstances, my meal period will be paid for and will be considered to be working time. I will clearly indicate on my timecard those instances when I have taken an "on-duty" meal break. I understand that I may, in writing, revoke this consent at any time.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Dated: \_\_\_\_\_



## Declination of Medical Coverage Form

I understand that I have been offered coverage through my employer. I voluntarily chose not to enroll through Work Force Security Services. I understand my next opportunity to enroll myself or my eligible dependents will be during my employer's open enrollment period, which may be up to 12 months from the date I signed this form. I have comparable coverage under the following plan:

Group Name \_\_\_\_\_ Group #

Employee Full Name: \_\_\_\_\_

I am declining coverage for the reason checked below:

- For Myself
- I am covered as a dependent through another employer's health plan
- I am covered under COBRA continuation coverage, Access for Infants and Mothers (AIM) Health Families, or Medi-Cal.
- Other \_\_\_\_\_
- For My Spouse/Domestic Partner Only
- For Children Only
- For My Spouse/Domestic Partner and Children
- Each dependent not enrolled is covered as an employee or dependent under another Employer's health benefit plan.
- Each dependent not enrolled is covered under COBRA continuation coverage, Access for Infants and Mothers (AIM) Health Families, or Medi-Cal.
- Other

Employee: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: / /



**Work Force Security Services.**  
Security Guard Uniform & Equipment deposit agreement

The following items have been issued to Security Officer, \_\_\_\_\_.  
He/She agrees that at the end of employment all uniforms and equipment must be returned dry-cleaned to the company.

ITEMS NAME	QUANTITY	PRICE OF EACH ITEM	SIZE OF EACH ITEM	DATE OF SUBMISSION	COMMENTS
T-SHIRTS					
PANTS					
JACKET					
RAINCOAT					
HAT					
BEANIE					
BODY ARMOR					
SECURITY DUTY BELT					
METAL BADGE					
FLASHLIGHT					
RADIO					
CELLPHONE					
<b>UNIFORM AND EQUIPMENT TOTAL COST</b>					<b>\$</b>

Hereby I, \_\_\_\_\_, acknowledged and agreed that the total cost of uniforms and equipment that I have received will be deducted from my paychecks and I know that this deposit will not be completely refunded unless I return these items in a proper condition which will be usable.

Uniform Issued by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Uniform Received by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Employee's Withholding Allowance Certificate

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

<b>Enter Personal Information</b>	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City <span style="float: right;">State ZIP Code</span>	<input type="checkbox"/> Single or Married (with two or more incomes) <input type="checkbox"/> Married (one income) <input type="checkbox"/> Head of Household

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
  - 1a. Number of Regular Withholding Allowances (**Worksheet A**) 0
  - 1b. Number of allowances from the Estimated Deductions (**Worksheet B**, if applicable.) 0
  - 1c. Total Number of Allowances you are claiming 0

2. Additional amount, if any, you want withheld each pay period (if employer agrees), (**Worksheet C**)  
 OR

**Exemption from Withholding**

3. I claim exemption from withholding for 2024, and I certify I meet both of the conditions for exemption. (Check box here)   
 OR
4. I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Employer's Section:</b> Employer's Name and Address	California Employer Payroll Tax Account Number

**Purpose:** The *Employee's Withholding Allowance Certificate* (DE 4) is for **California Personal Income Tax (PIT)** withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

Beginning January 1, 2020, *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) will be used for federal income tax withholding **only**. You must file the state form DE 4 to determine the appropriate California PIT withholding.

If you do not provide your employer with a DE 4, the employer must use Single with Zero withholding allowance.

**Check Your Withholding:** After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

**Exemption From Withholding:** If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

1. You did not owe any federal/state income tax last year, and
2. You do not expect to owe any federal/state income tax this year. The exemption is good for one year.

If you continue to qualify for the exempt filing status, a new DE 4 designating **exempt** must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

**Member Service Civil Relief Act:** Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

- (i) Your spouse is a member of the armed forces present in California in compliance with military orders;
- (ii) You are present in California solely to be with your spouse; and
- (iii) You maintain your domicile in another state.

If you claim exemption under **this** act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)				
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code			
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number				
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):								
	<input type="checkbox"/> 1. A citizen of the United States								
	<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)								
	<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)								
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3. above</b> ) authorized to work until (exp. date, if any) _____									
If you check <b>Item Number 4.</b> , enter one of these:									
USCIS A-Number		OR		Form I-94 Admission Number		OR		Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)				

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A **OR** a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

# Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
**Give Form W-4 to your employer.**  
**Your withholding is subject to review by the IRS.**

# 2024

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial _____	Last name _____	(b) Social security number _____
	Address _____		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . .

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 . . . . . \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	<b>Employee's signature</b> (This form is not valid unless you sign it.) _____	<b>Date</b> _____	

<b>Employers Only</b>	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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**SECURITY GUARD AGREEMENT REGARDING PHYSICAL ALTERCATIONS, PURSUITS, AND CHASES**

I, \_\_\_\_\_, employed by Work Force Security Services, hereby acknowledge, and agree to the following terms and conditions regarding physical alterations, pursuits, or chases while performing my duties as a security guard.

I understand and acknowledge that engaging in any form of physical fight, pursuit, or chase while on duty can result in severe injuries to myself and to others involved.

I acknowledge that Work Force Security Services will not be held responsible for any injuries, damages, or legal consequences that may arise due to my involvement in any altercation.

I am aware that the consequences of engaging in any form of physical force towards individuals, including me but not limited to clients, visitors, or any other parties, will result in both written and verbal warnings as per the policies.

I understand and agree that Work Force Security Services has a zero-tolerance policy regarding the use of force towards individuals. Any violation of this policy will result in disciplinary action, up to and including termination of employment.

By signing below, I confirm that I have read and understood the terms stated above and agree to abide by them during my employment with Work Force Security Services. I acknowledge that it is my responsibility to ensure the safety of individuals without resorting to physical force.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_



GENERAL ORIENTATION	JOB-SPECIFIC ORIENTATION
<ul style="list-style-type: none"> <li><input type="checkbox"/> Check the application (e.g., application, documents, expiry of guard card)</li> <li><input type="checkbox"/> Put in the system and generate Employee ID.</li> <li><input type="checkbox"/> Send the link for the Celayix Team Xpress App (e.g., create a password, and take screenshot)</li> <li><input type="checkbox"/> Notice of Declination of Enrollment (ask for medical insurance)</li> <li><input type="checkbox"/> Direct Deposit Form</li> <li><input type="checkbox"/> Explain the Address tree and Contact details.</li> <li><input type="checkbox"/> Biweekly Payroll Calendar (e.g., pay dates)</li> <li><input type="checkbox"/> Timesheets (e.g., how to fill timesheet, where to send, and how to send)</li> <li><input type="checkbox"/> Download the Celayix Team Xpress app (e.g., explain how the app works).</li> <li><input type="checkbox"/> Explain how to scan documents (e.g., iPhone Notes App, Android Genius Scan).</li> <li><input type="checkbox"/> Duties and Responsibilities of the Security Guard.</li> <li><input type="checkbox"/> De Escalation techniques.</li> <li><input type="checkbox"/> Take a picture and generate the ID.</li> <li><input type="checkbox"/> Uniform Size</li> </ul> <p>Jacket: _____ Shirt: _____ Pants: _____</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Never be on the phone or wearing headsets.</li> <li><input type="checkbox"/> Always be alert and visible.</li> <li><input type="checkbox"/> Never ask personal questions while on duty (e.g., where you live, contact number, comments, asking about social media, <i>considered as sexual harassment</i>).</li> <li><input type="checkbox"/> No religious and political conversation.</li> <li><input type="checkbox"/> Dress Properly and be on time.</li> <li><input type="checkbox"/> Always fill in a daily activity report, if required.</li> <li><input type="checkbox"/> Update supervisors or office about any accidents. (e.g., <i>new graffiti, broken windows or lock, any homeless people</i>)</li> <li><input type="checkbox"/> Starting Hourly Rate: _____</li> </ul> <p>Officer's Signature: _____</p>

## Employee Banking Information Form

### Personal Information

Employee Name: \_\_\_\_\_

Employee ID (if applicable): \_\_\_\_\_

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

### Bank Account Details

Bank Name: \_\_\_\_\_

Branch Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Account Type:

Checking

Savings

Other: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_