



EMPLOYEE AND CONTRACTOR APPLICATION FORM

SALIENT CONSULTING GROUP, INC.
SALIENT OPERATIONS GROUP

Salient Consulting Group, Inc.
 PPO #119806 | PILB #2240B | Master Licence #410609249
 23823 Malibu Road, Suite 50-329, Malibu CA 90265
 6713 S Eastern Ave, Las Vegas NV 89119
 Suite 2003, 109 Pitt Street, Sydney NSW 2000



Employment and Contractor Application Form

Identification	Family name		Given names			
	Guard Card number		Expiration date		Additional notes (Armed, CCW etc.)	
	Current street address		City		State	Zip
	Social Security number		Home telephone number		Mobile phone number	
	Have you resided at your current address for the past five (5) years? If not, list your addresses for the past five (5) years.				Yes	No
	Previous home address (No., Street, Apt. No.)		City	State	Zip	From (MM-YY) / To (MM-YY)
	Previous home address (No., Street, Apt. No.)		City	State	Zip	From (MM-YY) / To (MM-YY)
	Previous home address (No., Street, Apt. No.)		City	State	Zip	From (MM-YY) / To (MM-YY)
	Previous home address (No., Street, Apt. No.)		City	State	Zip	From (MM-YY) / To (MM-YY)
	Previous home address (No., Street, Apt. No.)		City	State	Zip	From (MM-YY) / To (MM-YY)
	Previous home address (No., Street, Apt. No.)		City	State	Zip	From (MM-YY) / To (MM-YY)
	Emergency notification (name, phone number, relationship)					

Personal

Have you ever been known by any other name? Yes No

If yes, list name(s):

Have you ever been dismissed or asked to resign from any job? Yes No

If yes, give name of employer and explanation:

Have you ever worked as a peace officer? Yes No

If yes, where?

Have you ever been arrested and charged with a crime? Yes No

If yes, give date, type of crime, place and your age:

Are you current awaiting trial, sentencing, or have an arrest warrant pending? Yes No

If yes, give details:

Have you ever served in the armed forces? Yes No

If yes, complete the following:

Branch

Rank

Service from (MM-YY) / to (MM-YY)

Type of discharge

Personal

Have you ever applied for workman's compensation for any injury received while working (past, present, pending)?

Yes No

If yes, explain:

Do you have any medical and/or physical limitations which may impair your ability to safely perform your duties as a security officer?

Yes No

If yes, explain:

Have you ever been bonded?

Yes No

Was a bond ever refused?

Yes No

Do you speak any foreign languages? If so, state language, fluency, and reading/writing skills of each:

Education

Name and location of high school

Year graduated and qualification earned

Name and location of high college or university

Year graduated and qualification earned

P.O.S.T.

Year qualified

Other

Year graduated and qualification earned

Driving History

Drivers Licence number

State of issue

Expiration date

Are there any restrictions on your drivers licence?

Yes No

If yes, explain:

Have you ever received a citation for a driving offence?

Yes No

If yes, explain:

Have you ever paid a fine over \$499.00?

Yes No

If yes, explain:

Do you have drivers licenses from multiple states?

Yes No

If yes, please provide details such as state, licence number, and expiration:

Do you have any advanced drivers courses or qualifications?

Yes No

If yes, please provide details:

Cards, Licences and Permits

Please complete the following and fill out the relevant details as necessary:

Guard Card	State(s)	Expiration
Weapons Permit	State(s)	Expiration
CPR Card	State(s)	Expiration
First Aid Card	State(s)	Expiration
Pepper Spray	State(s)	Expiration
Baton Permit	State(s)	Expiration

If permitted to conceal carry a weapon, please complete the following:

Make	Model/Calibre	State(s)
Make	Model/Calibre	State(s)
Make	Model/Calibre	State(s)

Employment History

Please fill out your employment history (most recent first) for the last five years:

Have you ever worked for Salient Security Services or Salient Arms International? Yes No

If yes, when and in what capacity?

1.	Employer	Phone
	Address	Position held
	From/To	Reason for leaving?

Employment History

2.	Employer	Phone
	Address	Position held
	From/To	Reason for leaving?
3.	Employer	Phone
	Address	Position held
	From/To	Reason for leaving?
4.	Employer	Phone
	Address	Position held
	From/To	Reason for leaving?

References

Relatives are NOT applicable as personal references. State the name, addresses, and telephone numbers of three references below:

- 1.
 - 2.
 - 3.
-

Submission Please email a completed copy of this application, your resume, and a recent photo to:

enquire@salientoperationsgroup.com

Declaration I hereby affirm that all the aforementioned information is true without reservation. I further authorize Salient Operations Group and its officers and the officers of any company or person or firm by which I have been employed heretofore, to answer any and all inquiries as to my conduct and qualifications while in such services, and to state so far as they may know, the cause of my leaving the same and hereby release any and all such companies, firms and persons from any liability for damage of whatever nature, on account of furnishing information for use in determining my fitness for employment. I understand that I will be subject for dismissal if anything in this application is found to be untrue. I further understand that if I am employed, I am required to act honestly, legally and must abide by all rules and regulations of the company.

Should I be employed by Salient Operations Group, I hereby agree to the following conditions set forth by Salient Operations Group and its agents.

I further authorize that if I am employed by Salient Operations Group, and leave for any reason whatsoever, I will return any and all uniforms, equipment and manuals issued to me. If not, I authorize Salient Operations Group to deduct any and all amounts owed from my final pay check.

At no time will I consume any illegal drugs. At no time will I consume any alcohol or prescription which could impair my responses while on duty for a period of eight (8) hours prior to my assigned duties/shift. Should I be on prescribed drugs, I will provide to Salient Operations Group a letter from my physician stating I am on prescribed drugs and that I am able to perform my duties safely. I also agree that I will fully consent to a drug/alcohol test which may be required for pre-employment and/or which may be required to perform my duties on a special job site to which I may be assigned to work. Furthermore, should I be found on my job site unable to perform my duties due to possible use of drugs/alcohol, I also agree to any necessary tests required by Salient Operations Group or its clients. Any costs incurred for the tests will be paid by Salient Operations Group, or the agency requesting the tests.

FAILURE TO COMPLY WITH THE ABOVE CAN AND WILL RESULT IN YOUR NOT BEING HIRED, OR IF EMPLOYED BY SALIENT OPERATIONS GROUP, IMMEDIATE TERMINATION.

Please sign