

Applicant Notice

Please read the following before starting with the Application



IF YOU HAVE BAD CREDIT OR A CRIMINAL RECORD. PLEASE DO NOT CONTINUE TO FILL OUT THIS APPLICATION. ARMORED KNIGHTS INC. IS A HIGH RISK SECURITY COMPANY REGULATED BY INSURANCE.

THANK YOU

AKI MANAGEMENT

**Armored Knights Inc.
Application for Employment**

Print:

NAME: _____ DATE: _____
 LAST FIRST MIDDLE

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ SOCIAL SECURITY #: _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS: YEARS _____ MONTH _____

HOME PHONE#: _____ CELL#: _____ EMERGENCY# _____

PREVIOUS ADDRESS: _____ CITY: _____ STATE _____ ZIP _____

ALSO EMERGENCY CONTACT: _____

HOW DID YOU LEARN ABOUT ARMORED KNIGHTS INC. _____

POSITION APPLIED FOR CIRCLE ONE: ARMORED CARRIER / ATM TECHNICAN / DRIVER/ GUARD

EDUCATIONAL LEVEL COMPLETED: HIGH SCHOOL : 9 10 11 12 OR GED _____

COLLEGE HOW MANY YEARS: 1 2 3 4 _____ MAJOR: _____

OTHER EDUCATION: _____

NAME OF HIGH SCHOOL THAT YOU ATTENDED: _____

NAME OF SCHOOL THAT YOU ARE CURRENTLY ATTENDING _____

MILITARY DATA: IF ELIGIBLE:

BRANCH: _____ DATE ENTERED: _____ DATE DISCHARGED: _____

HONORBLE DISCAHRGED: CIRCLE ONE: YES / NO. FINAL RANK _____

I _____ STATE THAT ALL THE ABOVE INFORMATION'S ARE TRUE AND
CORRECT TO BEST OF MY KNOWLEDGE.

SIGNATURE: _____

EMPLOYMENT HISTORY

LIST ALL JOBS INCLUDING MILITARY SERVICE, PART TIME EMPLOYMENT, SELF EMPLOYMENT, AND PERIODS OF UNEMPLOYMENT FOR THE PAST FIVE YEARS.

BEGIN WITH YOUR MOST RECENT OR CURRENT EMPLOYER. DO NOT REFER TO RESUME.

EMPLOYER _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ MAY WE CONTACT FOR REFERENCE? YES NO

NAME AND TITLE OF YOUR SUPERVISOR _____

YOUR TITLE AND DUTIES _____

EMPLOYED FROM/UNTIL _____ FINAL RATE OF PAY _____

REASON FOR LEAVING _____

EMPLOYER _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ MAY WE CONTACT FOR REFERENCE? YES NO

NAME AND TITLE OF YOUR SUPERVISOR _____

YOUR TITLE AND DUTIES _____

EMPLOYED FROM/UNTIL _____ FINAL RATE OF PAY _____

REASON FOR LEAVING _____

SUPPLEMENT DATA

DRIVER'S LICENSE INFORMATION!

STATE OF ISSUE _____ LICENSE# _____

EXPIRATION DATE: _____ LIMITATIONS _____

LICENSE HELD IN OTHER STATES _____

HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED: _____

LIST ANY MOVING VIOLATIONS OR ACCIDENTS IN THE PAST FIVE YEARS. _____

LIST ANY VIOLATIONS AND ARREST THAT HAPPENED TO YOU IN THE LAST FIVE YEARS _____

AUTHORIZATION FOR PRE-EMPLOYMENT INVESTIGATION

TO WHOM IT MAY CONCERN:

I HAVE APPLIED FOR EMPLOYMENT AT ARMORED KNIGHTS INC. (THE COMPANY). IN CONNECTION WITH THIS APPLICATION FOR EMPLOYMENT, I DO HEREBY AUTHORIZE ANY PERSON, FIRM, OR CORPORATION, UPON REQUEST BY THE COMPANY OR IT'S DULY AUTHORIZED REPRESENTATIVE, TO GIVE ANY INFORMATION IN CONNECTION WITH MY ABILITY, HABITS, CHARACTER SKILLS, EDUCATION, AND ANY OTHER BACKGROUND INFORMATION ABOUT ME WHICH MAY BE REQUESTED. I DO FURTHER RELEASE AND DISCHARGE ANY PARTY DELIVERING INFORMATION TO THE COMPANY OR ITS DULY AUTHORIZED REPRESENTATIVE PURSUANT TO THIS AUTHORIZATION FROM ANY LIABILITY, CLAIMS, CHARGES, OR CAUSES OF ACTION WHICH I MIGHT HAVE AS A RESULT OF THE DELIVERY OR DISCLOSURE OF ANY SUCH INFORMATION REQUESTED AS AFORESAID.

I UNDERSTAND THAT THE INFORMATION IN THIS APPLICATION WILL BE USED AND THAT PRIOR EMPLOYERS WILL BE CONTACTED FOR PURPOSES OF INVESTIGATION AS REQUIRED BY SECTION 391 .23 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

FURTHERMORE, IN TAKING THIS APPLICATION FOR EMPLOYMENT, I UNDERSTAND THAT AN INVESTIGATION MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH THIRD PARTIES, SUCH AS LAW ENFORCEMENT AGENCIES, FAMILY MEMBERS, BUSINESS ASSOCIATES, FINANCIAL SOURCES, FRIENDS, NEIGHBORS INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, MODE OF LIVING, WHICHEVER MAY BE APPLICABLE.

I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME FOR A COMPLETE AND ACCURATE DISCLOSURE OF ADDITIONAL INFORMATION CONCERNING THE NATURE AND SCOPE OF THE INVESTIGATION IN COMPLIANCE WITH SECTION 606(A) (1) OF THE FAIR CREDIT REPORTING ACT.

SIGNATURE _____ DATE _____

PRINT NAME _____

WITNESS, ARMORED KNIGHTS INC. _____ DATE _____

TO WHOM IT MAY CONCERN:

THE FOLLOWING INDIVIDUAL HAS APPLIED FOR A POSITION WITH OUR COMPANY.
DUE TO THE NATURE OF OUR BUSINESS, WE REQUEST A CRIMINAL RECORD CHECK TO BE
RETURNED TO ADDRESS: ARMORED KNIGHTS INC.

2330 PAUL STREET
OMAHA NE, 68102

IN ACCORDANCE WITH THE PROVISIONS OF SECTION 604 AND SECTION 607 OF THE FAIR CREDIT
REPORTING ACT, PUBLIC LAW No. 91-508, I HEREBY CERTIFY THAT THE INFORMATION REQUESTED
WILL BE USED FOR "PERMISSIBLE PURPOSES" AS DEFINED IN THE ACT, AND THAT THE
INFORMATION RECEIVED WILL BE USED FOR NO OTHER PURPOSE. I FURTHER CERTIFY THAT IF
THE APPLICANT IS DENIED EMPLOYMENT BASED ON THE INFORMATION RECEIVED, I WILL
IDENTIFY THE SOURCE OF THE REPORT IN ACCORDANCE WITH SECTION 615 (a) OF THE FAIR
CREDIT REPORTING ACT.

NAME OF APPLICANT _____

ADDRESS _____

PREVIOUS ADDRESS _____

RACE _____ SEX _____ DATE OF BIRTH _____

DRIVERS LICENSE # _____ STATE OF ISSUE _____

SINCERELY YOURS,

ARMORED KNIGHTS INC. _____ DATE _____

REPLY

NO CONVICTION RECORD FOUND

CONVICTION RECORD AS FOLLOWS:

RECORD'S CLERK SIGNATURE _____ DATE _____

SIGNATURE OF APPLICANT _____ DATE _____

APPLICATION/EMPLOYEE ACKNOWLEDGEMENT AGREEMENT

EMPLOYMENT AT ARMORED KNIGHTS INC. IS A TERMINATION AT WILLS RELATIONSHIP. YOU SHOULD UNDERSTAND THAT THE NATURE OF ARMORED KNIGHTS BUSINESS REQUIERS A THOROUGH HIRING PROCESS. YOU MUST PASS ALL SUCH QUALIFICATION STANDARDS AND TESTS TO BE CONSIDERED FOR EMPLOYMENT. IN SOME CASES, IT TAKES LONGER TO GET RESULTS THAN ARMORED KNIGHTS PREFERS. CONSEQUENTLY, ARMORED KNIGHTS MAY OFFER EMPLOYMENT AND HIRE AN INDIVIDUAL BEFORE ALL THE HIRING PROCEDURES HAVE BEEN COMPLETED.

YOU MUST BE AWARE AND YOU HEREBY ACKNOWLEDGE THAT IF YOU ARE HIRED BEFORE THE RESULTS OF ALL HIRING PROCEDURES ARE KNOWN, AND THE RESULTS OF THESE PROCEDURES ARE NOT SATISFACTORY TO ARMORED KNIGHTS WHEN THEY ARE COMPLETED, THAT THE OFFER FOR EMPLOYMENT IS REVOKED AND YOU WILL BE TERMINATED.

YOU MUST SIGN AND DATE THIS ACKNOWLEDGEMENT. YOUR SIGNATURE ATTESTS TO THE FACT THAT YOU HAVE READ AND UNDERSTAND THE MEANING OF THIS ACKNOWLEDGMENT.

SIGANATURE _____ PRINT NAME _____

DATE _____

AKI WITNESS _____

**SUPPLEMENT TO APPLICATION
CONDITION OF EMPLOYMENT**

STATEMENT OF DRIVER INSURABILITY AND DRUG FREE WORK PLACE

APPLICANT (PRINT NAME) _____

FILL IN THE BLANK:

I _____ UNDERSTAND THAT AS A CONDITION OF MY EMPLOYMENT, AND THROUGHOUT THE TERM OF MY EMPLOYMENT WITH ARMORED KNIGHTS INC. THAT MY CONTINUED EMPLOYMENT DEPENDS ON MY ABILITY TO MAINTAIN MY STATUS AS A LEGAL, INSURABLE DRIVER. I ALSO UNDERSTAND THAT IF I BECOME UNINSURABLE, DUE TO TRAFFIC VIOLATIONS RECEIVED ON OR OFF THE JOB DURING MY TERM OF EMPLOYMENT, REGARDLESS OF FAULT; I AM SUBJECT TO IMMEDIATE TERMINATION. SCREENING TEST FOR ALCOHOL AND ILLEGAL DRUG USE MAY BE REQUIRED BEFORE HIRING AND DURING YOUR EMPLOYMENT.

APPLICANT SIGNATURE _____

DATE _____

AKI WITNESS _____

EMPLOYEE'S CHOICE OR CHANGE OF DOCTOR FORM
NOTICE TO EMPLOYER: GIVE THIS FORM TO THE INJURED WORKER AS SOON AS POSSIBLE AFTER EACH INJURY.

RIGHTS OF THE EMPLOYEE:

UNDER THE NEBRASKA WORKERS' COMPENSATION LAWS, YOU MAY HAVE THE RIGHT TO CHOOSE A DOCTOR TO TREAT YOU FOR YOUR WORK RELATED INJURY. YOU MAY CHOOSE A DOCTOR WHO HAS TREATED YOU OR AN IMMEDIATE FAMILY MEMBER BEFORE THIS INJURY HAPPENED. IMMEDIATE FAMILY MEMBERS YOUR SPOUSE, CHILDREN, PARENTS, STEPCHILDREN AND STEPPARENTS. THE DOCTOR YOU CHOOSE MUST HAVE RECORDS TO SHOW THAT PAST TREATMENT WAS PROVIDED. YOUR EMPLOYER MAY ASK THE PERSON WHO WAS TREATED TO GIVE PERMISSION SO THE DOCTOR CAN VERIFY PAST TREATMENT.

IF YOU WANT TO CHOOSE YOUR DOCTOR, YOU MUST TELL YOUR EMPLOYER THE NAME OF THE DOCTOR YOU CHOOSE. DO THIS AS SOON AS POSSIBLE AFTER YOUR EMPLOYER GIVES YOU THIS NOTICE AND BEFORE GETTING ANY TREATMENT UNLESS IT IS EMERGENCY MEDICAL TREATMENT. ONCE YOU TELL YOUR EMPLOYER THE NAME OF THE DOCTOR, YOU MAY NOT CHANGE YOUR CHOICE UNLESS YOU'RE EMPLOYER AGREES OR THE NEBRASKA WORKERS' COMPENSATION COURT ORDERS A CHANGE.

IF YOU DO NOT CHOOSE YOUR DOCTOR, YOUR EMPLOYER HAS THE RIGHT TO CHOOSE THE DOCTOR TO TREAT YOU. THE EMPLOYER MAY ALSO CHOOSE THE DOCTOR TO TREAT YOU IF YOU OR YOUR FAMILY MEMBER DOES NOT GIVE PERMISSION SO YOUR EMPLOYER CAN VERIFY PAST TREATMENT BY THE DOCTOR YOU CHOSE.

YOU MAY CHOOSE A DOCTOR IF YOUR CLAIM IS DENIED. YOU MAY ALSO CHOOSE THE DOCTOR TO DO MAJOR SURGERY OR FOR AN AMPUTATION.

YOU MAY USE PART B BELOW TO TELL YOUR EMPLOYER THE NAME OF THE DOCTOR YOU CHOOSE.

B: CHOICE OF DOCTOR

I CHOOSE THE FOLLOWING DOCTOR TO TREAT ME FOR THIS WORKRELATED INJURY. I CERTIFY THAT THIS DOCTOR HAS TREATED ME OR AN IMMEDIATE FAMILY MEMBER BEFORE THE WORK RELATED INJURY.

I DO NOT HAVE OR I DO NOT WISH TO CHOOSE A DOCTOR WHO HAS TREATED ME OR AN IMMEDIATE FAMILY MEMBER.

DOCTOR'S NAME

SIGNATURE OF EMPLOYEE

DOCTOR'S ADDRESS

DATE

C: USE TO CHANGE THE CHOICE MADE IN PART B, ABOVE

I WISH TO CHANGE MY CHOICE OF DOCTOR OR I WISH TO CHOOSE A DOCTOR TO TREAT ME FOR MY WORK RELATED INJURY. I CERTIFY THE DOCTOR NAMED BELOW HAS TREATED ME OR AN IMMEDIATE FAMILY MEMBER BEFORE THIS WORK RELATED INJURY. I UNDERSTAND THAT I CANNOT MAKE THIS CHANGE UNLESS MY EMPLOYER AGREES OR UNLESS THE NEBRASKA WORKERS' COMPENSATION COURT ORDERS A CHANGE.

DOCTOR'S NAME

SIGNATURE OF EMPLOYEE

DATE

90 Day Probationary Period

As a new hire, Armored Knights does have a 90 day probationary period. This period will be used to determine if you are able to work in this environment. Dependability, Promptness, Trustworthy, Neatness, Cooperative, Courteous, Responsible and Physically Fit are the qualities that you will be evaluated on after 90 days. After this time we will make the decision as to whether you will be made a permanent employee of Armored Knights, Inc.

Termination of Employment

Any Employee who voluntarily terminates his/her own employment with Armored Knights, Inc. without a proper written Two (2) week notice, will receive their last paycheck at the current minimum wage rate.

APPLICANT SIGNATURE _____

DATE _____

AKI WITNESS _____