

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 #: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CITY OF BIRTH \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT THIS ADDRESS: YEARS \_\_\_\_\_ MONTH \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_ CELL#: \_\_\_\_\_ EMERGENCY# \_\_\_\_\_

EMERGENCY CONTACT AND RELATIONSHIP: \_\_\_\_\_ /  
\_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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.

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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 \_\_\_\_\_

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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 \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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YOUR TITLE AND DUTIES \_\_\_\_\_

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REASON FOR LEAVING \_\_\_\_\_

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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 \_\_\_\_\_

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## **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.

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**B: CHOICE OF DOCTOR**

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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

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

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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 \_\_\_\_\_