

First Protection Services, Inc.

APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

(Print or Type)

NAME: Last		First	Middle Int.	TELEPHONE Home () Cell () Other ()	SOCIAL SECURITY NUMBER
ADDRESS: Street		City		State	Zip Code
PERMANENT ADDRESS (if different from above)					
ADDRESS: Street		City		State	Zip Code
DATE OF BIRTH			Are you legally authorized to work in the US? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN EMPLOYED BY FIRST PROTECTION SERVICES, INC.? <input type="checkbox"/> Yes, when _____ Under what name? _____ <input type="checkbox"/> No			WHAT PROMPTED YOU TO APPLY HERE FOR EMPLOYMENT? FPS Employee <input type="checkbox"/> (Name: _____) Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/> Job Fair <input type="checkbox"/> Radio <input type="checkbox"/> Internet <input type="checkbox"/> specific _____ Other (Specify) _____		
WHAT IS YOUR CURRENT MEANS OF TRANSPORTATION? _____					
DO YOU HAVE ANY MILITARY OR LAW ENFORCEMENT EXPERIENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
POSITION DESIRED	<input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME <input type="checkbox"/> PER DIEM		DATE AVAILABLE	HAVE YOU APPLIED HERE WITHIN THE LAST YEAR? <input type="checkbox"/> YES If yes, approximate date _____ <input type="checkbox"/> NO	
ARE YOU WILLING TO WORK: WEEKENDS <input type="checkbox"/> YES <input type="checkbox"/> NO HOLIDAYS <input type="checkbox"/> YES <input type="checkbox"/> NO ROTATING SHIFTS <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF HOURS WILLING TO WORK? _____ PER WEEK	SHIFT PREFERENCE <input type="checkbox"/> FIRST (DAYS) <input type="checkbox"/> SECOND (EVENINGS) <input type="checkbox"/> THIRD (NIGHTS) <input type="checkbox"/> ROTATING		
SALARY DESIRED \$ _____		Do you have any immediate relatives employed by First Protection Services, Inc.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name _____		Relationship _____			
FOR HUMAN RECOURSES USE ONLY: Application Reviewed: _____ (Date / Int.)					
Initial Interview _____		Notes: _____			
Representative _____		_____			
DISPOSITION		_____			
<input type="checkbox"/> Hired – Position _____ Start Date _____ Salary _____		<input type="checkbox"/> Not Hired		Letter _____ Phoned _____	

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EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY / DATES ATTENDED	CIRCLE LAST YEAR COMPLETED				DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH								
		FROM: TO:						
COLLEGE								
		FROM: TO:						
COLLEGE								
		FROM: TO:						
OTHER Business College, Other Special Courses (include Special Military Training, Post Graduate)								

LICENSURE PROFESSIONAL LICENSES AND / OR CERTIFICATIONS

DO YOU CURRENTLY HOLD A CONCEALED WEAPONS PERMIT? YES NO DATE OF EXPIRATION _____

LIST BELOW ANY OTHER LICENSE OR CERTIFICATIONS:

TYPE	STATE ISSUED	EXPIRATION DATE	NO.

Has your license ever been suspended or revoked? YES NO If yes, describe

Have you ever been convicted of, or are you presently charged with a felony? YES NO If yes, describe

Have you ever been convicted of, or are you presently charged with, any crime involving a sex offense, an assault, or the use of force or a weapon? YES NO If yes, describe

Have you ever been convicted of, or are you presently charged with, any reckless driving, operating a motor vehicle while under the influence, or driving to endanger? YES NO If yes, describe

WORK HISTORY

LIST NAME, ADDRESS AND PHONE NUMBER OF YOUR LAST 4 EMPLOYERS WITH THE MOST RECENT EMPLOYER FIRST	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY Hourly, Monthly or Yearly
JOB TITLE: _____ EMPLOYER NAME: _____ PHONE: _____ ADDRESS: _____ DUTIES: _____ REASON FOR LEAVING: _____				
JOB TITLE: _____ EMPLOYER NAME: _____ PHONE: _____ ADDRESS: _____ DUTIES: _____ REASON FOR LEAVING: _____				
JOB TITLE: _____ EMPLOYER NAME: _____ PHONE: _____ ADDRESS: _____ DUTIES: _____ REASON FOR LEAVING: _____				
JOB TITLE: _____ EMPLOYER NAME: _____ PHONE: _____ ADDRESS: _____ DUTIES: _____ REASON FOR LEAVING: _____				

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE?

EMPLOYER #1 YES NO EMPLOYER #2 YES NO EMPLOYER #3 YES NO EMPLOYER #4 YES NO

PROFESSIONAL REFERENCES – Not Related (Students please include academic references)

NAME	ADDRESS	OCCUPATION	TELEPHONE
NAME	ADDRESS	OCCUPATION	TELEPHONE
NAME	ADDRESS	OCCUPATION	TELEPHONE

Please use this space to summarize any additional information which you feel would be helpful in assessing your full qualifications.

*APPLICANT'S AGREEMENT
(PLEASE READ THE FOLLOWING INFORMATION CAREFULLY)*

**In the event I am employed by First Protection Services, I agree to comply with all its rules, regulations, and directives. I understand that my employment is for no stated term and is subject to termination at the will of the company in which I am employed.*

** I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that falsification, misrepresentation, or omission of facts called for in this application may result in denial of employment or immediate dismissal. I hereby acknowledge that I have read, understand, and I consent the above statements.*

** I also understand that if offered employment, I must prove my identity and my eligibility to work in the United States, prior to being employed.*

** I certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with First Protection Services, Inc., and for no other reason.*

** In compliance with Federal and State equal employment opportunity laws, all qualified candidates will be considered for employment without regard to their race, creed, color, national origin, ancestry, sex, age, marital status, veteran status, or the presence of non-job related medical conditions or disabilities.*

Signature of Applicant _____ *Date* _____

AUTHORIZATION FOR RELEASE OF INFORMATION

SOCIAL SECURITY VERIFICATION, EDUCATION VERIFICATION, CRIMINAL HISTORY REVIEW

I hereby authorize First Protection Services, Inc, its employees, agents, private investigators or any representative of the aforesaid company, to perform investigations into my background, past behavior, to my charter and general reputation. In addition, I further authorize investigations of the following:

Background: I authorize the check of all Criminal Records and Department of Motor Vehicles Records.

Education: I authorize schools, colleges and all scholastic intuitions to release any and all information requested. This includes transcripts, grades, attendance records, and any other information requested.

Employment: I authorize all former and current employers to release any and all information regarding my employment history. This includes all information contained in my personal file, salary history, condemnations and all other pertinent information.

Authorization to Release: I authorize custodians of the records of any agency, government agency, or company as described above to release such information upon request of any investigator, agent, or representative of the Company. I understand that any and all of these investigations or inquires can be performed prior to employment.

Re-disclosure: I understand that the information requested is for the use by the employer or individual requesting my information and may be re-disclosed only as authorized by law. I understand that I have a right to request a written disclosure of the nature and scope of the investigation being conducted.

Indemnification: I indemnify, release and hold harmless the Company, any agents of the Company, or others reporting to or for the Company, any investigators, all former employers, reporting agencies, and all those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of, or related to such investigations, disclosures, or admissions.

Signature: Copies and facsimile transmission of this authorization that show my signature are as valid as the original release signed by me.

TO BE COMPLETED BY THE APPLICANT												
The following information is for Identification and Investigative Purposes Only (Please use an ink pen and print clearly. Use UPPER case letters.)												
Last Name												
First Name												
Middle Name												
Social Security Number												
Date of Birth	MONTH			DAY			YEAR					
Other First / Last name(s) used												
Current and Past States and Countries I have lived in within the last seven years	STATE	COUNTY		FROM - YEAR	TO - YEAR							

I hereby certify that the facts set forth in the above Authorization for Release of Information are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this form shall be considered sufficient cause for dismissal.

Signature:	Date:
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STATEMENTS:

Have you been convicted of ANY crime in the past 10 (ten) years?

YES NO If yes, please explain:

Have you ever tried or abused illegal drugs?

YES NO If yes, please explain:

Does your future hold plans to make security or law enforcement a career?

YES NO If yes, please explain:

Have ever been in a position where you have had to assume an authoritative role?

YES NO If yes, please briefly explain the situation and how it was handled:

Have you ever been falsely accused of committing an act you did not do?

YES NO If yes, please briefly explain the situation and how it was handled:

How do you prepare and plan to perform your job duties?

- BY THE BOOK
- WITH MORALS AND ETHICS
- BOTH

Please explain:

Do you consider yourself:

- AGGRESSIVE
- FAIR/NEUTRAL
- PASSIVE
- ALL OF THE ABOVE

Please explain:

Have you ever done something that most people may consider heroic?

YES NO If yes, please explain:

Are you looking to gain something if you are hired by FPS?

YES NO If yes, please explain:

Do you consider yourself to be a professional individual?

YES NO If yes, please explain:

What do you have to offer FPS that may be considered an invaluable asset?

Please explain:

If you were performing your duties as an armed uniformed patrol officer operating a marked patrol vehicle, and you witnessed a subject committing robbery on a non-client's property, would you:

- PURSUE THE SUBJECT AND USE ANY FORCE TO DETAIN THE SUBJECT, IF NEEDED
- OBSERVE AND REPORT TO THE LOCAL AUTHORITIES IMMEDIATELY
- CALL FOR BACKUP AND WAIT UNTIL BOTH OFFICERS CAN PURSUE THE SUBJECT
- CONTINUE TO YOUR NEXT INSPECTION AS IF YOU NEVER SAW ANYTHING

Please explain:

Would you agree to take a drug test at the company's request?

YES NO If no, please explain:

I hereby certify that the facts set forth in the above statements are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this form shall be considered sufficient cause for dismissal

Signature of Applicant _____ Date _____