

VIP Protective Services Employment Application

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____

Telephone () _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work (What date can you start)? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No Yes

If yes, please explain. _____

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[Empty box for signature or stamp]

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DO YOU HAVE A CALIFORNIA OR ARIZONA GUARD CARD? Yes No Expired Suspended

DO YOU HAVE ADDITIONAL PERMITS/CERTS? Exposed Firearm CCW Baton OC Pepper Spray

DO YOU HAVE YOUR OWN EQUIPMENT? Firearm (Caliber? _____) Baton Duty Belt Vest

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

LIST OFFICE & COMPUTER SKILLS

Typing Yes No _____ WPM 10-key Yes No Windows Computers Yes I have experience Not much experience
Word Yes PowerPoint Yes Other _____
Excel Yes Outlook Yes Skills _____

Please list two references other than relatives or previous employers.

Name _____ Name _____
Position _____ Position _____
Company _____ Company _____
Address _____ Address _____
Telephone () _____ Telephone () _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

[Large empty box for additional qualifications]

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	MILITARY	
HAVE YOU EVER BEEN IN THE ARMED FORCES?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Specialty _____	Date Entered _____	Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with VIP Protective Services creates an actual or implied contract of employment. I understand that, if I accept employment with VIP Protective Services, it will be on an at-will basis. This means that either VIP Protective Services or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I understand that I may be asked to undergo drug and alcohol testing as a pre-employment requirement if a conditional offer of employment is extended by VIP Protective Services. I release VIP Protective Services, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize VIP Protective Services to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release VIP Protective Services and its employees from all liability arising from such investigation.

Signature of applicant _____ **Date:** _____

VIP Protective Services is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with VIP Protective Services depends solely on your qualifications.