

PROTECH SECURITY SERVICES, INC.
EMPLOYMENT APPLICATION



APPLICANT INFORMATION													
Last Name				First			M.I.	Date					
Street Address							Apt/Unit #						
City				State			ZIP						
Home Phone				Cell Phone									
Date Available			Social Security No.				Date of Birth						
Position Applied for					E-mail:								
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?									
Have you ever been convicted of a felony or Misdemeanor?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain									
Do you have a PERC card?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Reg #									
Do you have a FOID card?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	ID #									
AVAILABLE HOURS ANY HOURS/OPEN <input type="checkbox"/>													
Sun to		Mon to		Tues to		Wed to		Thur to		Fri to		Sat to	
PREFERRED HOURS													
Sun to		Mon to		Tues to		Wed to		Thur to		Fri to		Sat to	
EDUCATION													
High School					Address								
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College					Address								
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other					Address								
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES													
<i>Please list two professional references.</i>													
Full Name					Relationship								
Company					Phone ()								
Address													
Full Name					Relationship								
Company					Phone ()								
Address													

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE

Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

DISCLAIMER AND SIGNATURE

The above information is true and correct. . I understand that I shall be subject to dismissal if any information that I have given on any application or paperwork submission, is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery. I authorize Protech to inquire into my educational, professional and past employment history references as needed to research my qualifications for any position. I hereby give my consent to any former employer to provide employment-related information about me to Protech and will hold Protech and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. Confidentiality Clause: The nature of services provided by Protech Security requires information to be handled in a private, confidential manner. Information about our business or our employees or clients will only be released to people or agencies outside the company with our written consent. Following legal or regulatory guidelines provide the only exceptions to this policy. All reports, memoranda, notes, or other documents will remain part of the company's confidential records. If Confidentiality is broken either disclosing Protech information to clients, client's information to anyone other than Protech employees or any outside competitor will be grounds for dismissal and subject to any and all Legal ramification and Lawsuit. All court costs and plaintiff attorney's fees will be paid by Defendant in any lawsuit. I agree to take any random test required, such as drug, psychological, or physical test during my employment, failure or refusal of such test may terminate my employment. If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature	Date
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EMERGENCY CONTACT

Name	Relationship
Address	Phone#

SHIRT SIZE: S M L XL 2XL 3XL 4XL