

## 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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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  Yes I have experience  Not much experience  
Computers  
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.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  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? \_\_\_\_\_

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**AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)**

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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:** \_\_\_\_\_

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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.