

Seven

Executive Protection Services Inc.

PPO. 15884

APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

Name: Last	First	Middle	Date
Street Address	· · · · · · · · · · · · · · · · · · ·		
City	State	Zip	
Telephone ()	Social Securi	ty #	_
Position applied for			
How did you hear of this	opening		
When can you start		Desired Wage \$	
Are you a U.S. citizen or	otherwise authorized to	work in the U.S. on an un	restricted basis?
[] Yes [] No			
Are you looking for full tir	ne employment? [] Yes	s [] No	
If no, what days and hou	rs are you available?		
Are you willing to work s	wing shift? [] Yes [] No		
Are you willing to work g	raveyard? [] Yes [] No		

Have you ever been convicted of a fe	elony? [] Yes [] No	
If yes, please fully describe the circur	mstances:	
Education: School Name and Location	on Year Major Degree	
High School		
College		
College		
Other		
In addition to your work history, are the consider:	nere are other skills, qualification	ons, or experience we should
Employment History: (Start with most Company name		
Address		
		
Date Started Starting Wage		
Date Ended Ending Wage		
Name of Supervisor		
Responsibilities		
Reason for leaving		

Use space below for additional information if necessary.					

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the President and or the CEO has the authority to alter the foregoing.

Signature ______ Date _____

Signature	Date	
Interviewer use only		
NOTES:		
TOTES.		