



# **Employment Application**

*"Enhancing Public Safety"*

# APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR \_\_\_\_\_

REFERRAL SOURCE \_\_\_\_\_

\_\_\_\_\_  
 LAST NAME FIRST MIDDLE S.S. #

\_\_\_\_\_  
 PRESENT ADDRESS CITY COUNTY STATE ZIP HOW LONG AT THIS ADDRESS?

\_\_\_\_\_  
 PREVIOUS ADDRESS CITY COUNTY STATE ZIP

\_\_\_\_\_  
 PRIMARY NUMBER SECONDARY NUMBER HOW SOON CAN YOU START?

\_\_\_\_\_  
 NOTIFY IN CASE OF EMERGENCY NAME ADDRESS TELEPHONE RELATIONSHIP

\_\_\_\_\_  
 DRIVER'S LICENSE NO. STATE CLASS EXPIRES

\_\_\_\_\_  
 FIREARMS PERMIT NO.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	ARE YOU A U.S. CITIZEN? IF YOU ARE NOT A U.S. CITIZEN, WHAT IS YOUR ALIEN REGISTRATION NUMBER?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, EXPLAIN:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? IF YES, EXPLAIN:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	HAVE YOU EVER WORKED FOR <b>MIDWEST PROTECTION, INC.</b> ? WHEN? REASON FOR LEAVING?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	HAVE YOU EVER APPLIED FOR WORK AT <b>MIDWEST PROTECTION, INC.</b> BEFORE? WHEN?

## EDUCATION

NAME	ADDRESS	GRADE COMPLETED	DEGREE
GRADE SCHOOL			
HIGH SCHOOL			
COLLEGE			
OTHER TRAINING			

  

BRANCH OF SERVICE	DATE ENTERED	ACTIVE RESERVE	DISABLED VETERAN	DATE DISCHARGED	TYPE OF DISCHARGE
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		

# EMPLOYMENT HISTORY

(BEGIN WITH MOST RECENT POSITION)

DATE		EMPLOYER		DESCRIBE MAIN DUTIES		WAGES	
FROM	TO	NAME	STREET	TITLE	DUTIES	STARTING \$	PER
		CITY	STATE	SUPERVISOR	PHONE #	FINAL \$	PER
REASON FOR LEAVING							
FROM	TO	NAME	STREET	TITLE	DUTIES	STARTING \$	PER
		CITY	STATE	SUPERVISOR	PHONE #	FINAL \$	PER
REASON FOR LEAVING							
FROM	TO	NAME	STREET	TITLE	DUTIES	STARTING \$	PER
		CITY	STATE	SUPERVISOR	PHONE #	FINAL \$	PER
REASON FOR LEAVING							

## REFERENCES

Give names of three persons to whom you are not related and by whom you have not been employed.				
Name	Address (Be Specific)	Telephone	Occupation	Years Known
01.				
02.				
03.				

# CONDITIONS FOR EMPLOYMENT

Please read the following statements carefully as they constitute conditions for employment with **Midwest Protection, Inc.**,

01. The information that I have provided on this application is accurate and true to the best of my knowledge.
02. I understand that any misrepresentation or omission of a fact on my application or during the interview process may result in the refusal of employment, or if employed, immediate termination from **Midwest Protection, Inc.**
03. The persons, schools, current and prior employers, and other organizations or employers named in this application are authorized by me to verify the information I have provided and to provide **Midwest Protection, Inc.** with information that may be requested by **Midwest Protection, Inc.** to arrive at an employment decision. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current an prior employers and other organizations from any liability arising from reliance on the disclosure of any of the above information whether in writing or orally and further waive release **Midwest Protection, Inc.** from any liability arising from reliance on the aforementioned information or the use, publication or retention of such information within the context of its applicant review procedures.
04. I agree to protect **Midwest Protection, Inc.** confidential information, trade secrets, and names or addresses of Clients, and I will not disclose any confidential information of others.
05. Although **Midwest Protection, Inc.** makes every effort to accommodate individual preferences, business needs may make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work schedule that includes Saturday, Sunday and Holidays. I understand and accept these as conditions of my employment.
06. In the event I am employed, I agree to conform to **Midwest Protection, Inc.** rules and regulations. I understand that my employment is at will, that the terms and conditions of my employment can be changed at the option of **Midwest Protection, Inc.**, and that my employment can be terminated with or without good cause at any time, for reason, at the option of the Company or myself.
07. I understand that **Midwest Protection, Inc.** will not employ persons who use illegal drugs and/or abuse alcohol or legal drugs, and that the Company retains the right to screen from employment such individuals.
08. I will be able, if hired to certify that I am authorized to work in the United States of America, and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.
09. **I understand that I must have and maintain a working telephone and reliable means of transportation during the course of employment with Midwest Protection, Inc.**
10. I also understand that I may be requested to take a polygraph, drug, alcohol, medical and or psychological test at anytime during the course of my employment with **Midwest Protection, Inc.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HIRE INFORMATION

INTERVIEWED BY: \_\_\_\_\_

PART TIME     HOURLY

FULL TIME     SALARY

HIRED BY \_\_\_\_\_ POSITION TITLE \_\_\_\_\_

HIRED DATE \_\_\_\_\_

START DATE \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER