



INTEGRATED PROTECTION SERVICES

APPLICATION FOR EMPLOYMENT

Integrated Protection Services, Inc. (IPS) is an equal Employment Opportunity Employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or handicap, or any other legally protected status. All qualified applicants will be given equal opportunity and selection decisions are based solely on job-related factors.

PERSONAL INFORMATION

Name (Full – Last, First, MI)		What date are you available to start work?	
Street Address:		City	State Zip
Home Phone	Business Phone	Have you ever filed an application with us before? Yes No If YES, give date _____	
Have you previously been employed by our company? Yes No When? _____		Do you have any friends or relatives working here Yes No If so, please list _____	
Are you legally authorized to work in the United States? Yes No Can you provide proof of eligibility to work in the US? Yes No (Proof of eligibility will be required before you can be employed)		Are you at least 18 years of age? Yes No Can you furnish a work permit? Yes No Not Applicable	
Position applied for:	Desired Wages/Salary:	Are you willing to work: Full Time Part Time Temporary 2 nd Shift Weekends Overtime	

EDUCATION

Elementary School	Circle grade completed 1 2 3 4 5 6 7 8		
City/State			
High School	Circle grade completed 1 2 3 4	Did you graduate? Yes No	
City/State			
College	Degree Received Or Expected	Average Grade	Course major/Field
City/State			
College	Degree Received Or Expected	Average Grade	Course Major/Field
City/State			

Other job-related, educational institutions, licenses, certifications, any specialized training, apprenticeship, skills or any additional information you feel may be helpful to us in considering your application.

Do you have a reliable means of transportation to and from work? _____

EMPLOYMENT HISTORY (List below last employers, starting with the most recent one first)

Present or Last Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address:		City	State Zip
Duties:		Reason for Leaving:	
Starting Annual Salary	Final Annual Salary	Bonus	Commission
Name of Supervisor	Title and Department of Supervisor	Phone Number of Employer or Supervisor	

If currently employed, may we contact your present employer/supervisor? Yes No

Next Previous Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address:		City	State Zip
Duties:		Reason for Leaving:	
Starting Annual Salary	Final Annual Salary	Bonus	Commission
Name of Supervisor	Title and Department of Supervisor	Phone Number of Supervisor	

Next Previous Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address:		City	State Zip
Duties:		Reason for Leaving:	
Starting Annual Salary	Final Annual Salary	Bonus	Commission
Name of Supervisor	Title and Department of Supervisor	Phone Number of Supervisor	

Next Previous Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address:		City	State Zip
Duties:		Reason for Leaving:	
Starting Annual Salary	Final Annual Salary	Bonus	Commission
Name of Supervisor	Title and Department of Supervisor	Phone Number of Supervisor	

REFERENCES

List at least three responsible adults who have knowledge of your work ethic, experience, and ability. Do not include relatives.

Name	Address	Telephone No.	Occupation

BACKGROUND INFORMATION

Are you currently on lay-off and subject to recall? Yes No

Have you ever been bonded? Yes No If so, has bond ever been refused or cancelled? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No If so, please explain below giving date, charge, state, county and all other detail matter pending and current status:

(Conviction will not necessarily disqualify an applicant from employment)

Are you bound by any non-compete agreements with your current or former employer(s) Yes No If yes, attach a copy of agreement.

Do you have any commitments or other agreements with another employer that might affect your employment with IPS? Yes No

If yes, please explain: _____

If applying for a position that requires driving, do you have a valid driver's license? Yes No

Please list date and description of all chargeable accidents:

Driver's license # _____ State _____ Class _____ (CDL) Yes No

Please describe any experience or special training received in the military or in government service related to the position for which you are applying:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

- In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without reason, and with or without notice at any time.
- I understand that this application will be kept on file for one year from the date completed, after which time I would have to reapply in accordance with established company procedures.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information or significant omissions on either this application or during the pre-employment process will result in my application being rejected, or, may be cause for subsequent dismissal if I am hired.
- I also understand that any offer of employment is conditioned on pre-employment procedures, which includes a background check, tests and documentation. I will, upon request, sign all necessary consent and authorization and release forms. I voluntarily and knowingly authorize the company and/or its agents, to verify any aspect of the information contained in my employment application or through public and private sources. I authorize any third party organization to perform a consumer report and background investigation. I also authorize and consent any companies, schools or persons listed on this application (or accompanying resume) to give any information regarding my employment, qualifications and character to Integrated Protection Services, Inc. I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.
- I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.
- I understand that I may be required to take a drug test as a part of the application process, as a condition of employment or at any time during employment.
- **I agree that any claim or lawsuit relating to my service with Integrated Protection Services, Inc. must be filed no more than twelve (12) months after the date of the action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.**
- **I have read and understand the contents of this employment application and am fully able and competent to complete it.**

Date	Signature
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WE ARE AN EQUAL OPPORTUNITY EMPLOYER M/F/DISABLED/VETS