

PLEASE PRINT IN
BLUE OR BLACK INK



TRI-STATE 1 PROTECTIVE SERVICES, LLC
APPLICATION FOR EMPLOYMENT

OFFICE USE ONLY

Date Received:
 Application Complete
 Resumé Attached
 DD-214 Attached N/A
 Received By: _____

General Information						
Name _____						Date _____
Last	First	Middle	Suffix	DOB	MM/DD/YYYY	
Current Address _____						
Street		City		State	Zip Code	Apt/Unit #
No. of years at Current Address? _____			Social Security No. _____ - _____ - _____			
Home Phone () - _____		Cell Phone () - _____		E-mail _____		
Are you currently authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> Note: Proof of eligibility will be required upon hiring.						
Desired Position _____		Desired Wage _____		Availability Date _____		
Desired Employment Type		F/T <input type="checkbox"/>	P/T <input type="checkbox"/>	F/T or P/T <input type="checkbox"/>		Preferred # of hours per week? _____
Days/hours of Availability		No Pref <input type="checkbox"/>	Wed <input type="checkbox"/>	Sat <input type="checkbox"/>		
(Check all that apply and indicate time of day: morning, day, evening)		Mon <input type="checkbox"/>	Thurs <input type="checkbox"/>	Sun <input type="checkbox"/>		
		Tues <input type="checkbox"/>	Fri <input type="checkbox"/>			
Do you have a valid Driver's License AND a reliable vehicle available to you? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If Yes, Driver's License No. _____		State of Issue _____		Expiration Date _____		
If No, what is your means of transportation to and from work? _____						

Background Information	
Have you ever been convicted of a felony or misdemeanor not related to minor traffic infractions? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please explain in detail: _____	
Have you ever served in the Military? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a DD-214.	
Specialty _____	Entry Date _____ Discharge Type/Date _____ / /
Are you a current member of the National Guard? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Education				
	Name	Location	# of Years	Major/Degree
High School				
College				
Bus./Trade				
Other				

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Work Experience

(In addition to providing your resumé with this application, please list your work experience for the past seven (7) years beginning with your current or most recent position held. Attach additional sheets if necessary.)

1			
Name & Location of Employer	Employment Dates	Position/Title	Supervisor Contact Information
Permission to contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	From:	Start:	Name:
	To:	Final:	Phone:
List your responsibilities, duties performed, skills acquired, and special accomplishments achieved while working:			
Specific reason for leaving:			

2			
Name & Location of Employer	Employment Dates	Position/Title	Supervisor Contact Information
Permission to contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	From:	Start:	Name:
	To:	Final:	Phone:
List your responsibilities, duties performed, skills acquired, and special accomplishments achieved while working:			
Specific reason for leaving:			

3			
Name & Location of Employer	Employment Dates	Position/Title	Supervisor Contact Information
Permission to contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	From:	Start:	Name:
	To:	Final:	Phone:
List your responsibilities, duties performed, skills acquired, and special accomplishments achieved while working:			
Specific reason for leaving:			

4			
Name & Location of Employer	Employment Dates	Position/Title	Supervisor Contact Information
Permission to contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	From:	Start:	Name:
	To:	Final:	Phone:
List your responsibilities, duties performed, skills acquired, and special accomplishments achieved while working:			
Specific reason for leaving:			

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REFERENCES

Please list 3 professional references (non-relatives)

Name:	Name:	Name:
Employer:	Employer:	Employer:
Phone:	Phone:	Phone:
Relationship:	Relationship:	Relationship:
Length of Relationship:	Length of Relationship:	Length of Relationship:

Please explain why you want to work for Tri-State 1 Protective Services, LLC and why you feel you would be a good fit for this company and the position you are requesting:

I understand that acceptance of this application does not constitute an offer of employment. _____ (Initial)

I understand that as a condition of consideration for this position and employment with Tri-State 1 Protective Services, LLC, I am subject to a drug screening and criminal background check. _____ (Initial)

I understand that if I am offered employment with Tri-State 1 Protective Services, LLC, my first ninety (90) days shall be a probationary period. As such, I understand that during this probationary period, my employment with Tri-State 1 Protective Services, LLC is terminable at will for any reason by either party at any time. More specifically, I understand that if at any time for the duration of my probationary period I am deemed unfit for this company, this position, or I violate the terms of my employment as outlined in the Employee Handbook, I am subject to immediate termination. _____ (Initial)

I, _____, hereby certify that all the information presented above is accurate and true to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of information called for is cause for immediate disqualification or dismissal at any time without prior notice. I hereby give Tri-State 1 Protective Services, LLC permission to contact schools, all previous employers (unless indicated otherwise), references, and others, releasing Tri-State 1 Protective Services, LLC of any and all liability as a result of such contact.

Applicant Name (Printed)

Applicant Signature

Date