



# PROFESSIONAL PROTECTION INCORPORATED

## APPLICATION FOR EMPLOYMENT

All information will be treated confidentially. Please answer all questions as completely as possible. The use of this does not necessarily indicate that positions are open; nor does it constitute an offer of employment or a contract of employment. Please type, print, or write legibly in "black" or "blue" ink.

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
DATE OF BIRTH	PLACE OF BIRTH		
STREET ADDRESS (P.O. BOX)		APARTMENT	
CITY		STATE	ZIP CODE
HOME TELEPHONE ( )		BUSINESS TELEPHONE ( )	
POSITION DESIRED		SALARY REQUIREMENT	DATE AVAILABLE
(1) Are you at least 18 years old?			<b>CHECK ONE</b>
			Yes      No
(2) Are you prevented from lawfully becoming employed in this country because of visa or immigration status? <b>(Proof will be required upon employment.)</b>			Yes      No
(3) Have you ever pled guilty to and/or been convicted of any crime? <b>(Felony or Misdemeanor.)</b>			Yes      No
(4) Have you ever served time? <b>(If so, give dates and state.)</b>			Yes      No
_____			
_____			
(5) Have you ever been registered and/or worked with any security company? <b>(If so, give position, dates, and name of company.)</b>			Yes      No
_____			
_____			
(6) Have you ever worked as a Professional Protection, Incorporated employee? <b>(If so, give dates and position.)</b>			Yes      No
_____			

Professional Protection, Incorporated Form 1-PPI (January 1997)

AN EQUAL OPPORTUNITY EMPLOYER

**EDUCATION AND TRAINING** (Use the following codes which best reflects your formal education training.)

GED-General Education Diploma

HS-High School

CO-College

PS-Post Graduate

VO-Vocational/Technical

GS-Graduate School

TYPE	NAME OF INSTITUTION	DEGREE	SPECIALTY OR MAJOR

Give name shown on diploma/certificate if different from above:

**EXPERIENCE**

Beginning with your present or most recent job, list your last three employers, including military service. You may also include volunteer experience relevant to the position for which you are applying. These employers may be contacted for reference purposes.

1. NAME OF COMPANY		COMPANY ADDRESS		BUSINESS TELEPHONE NO. (    )	
TITLE			SUPERVISOR'S NAME		
DATE OF EMPLOYMENT		STARTING	FINAL		
FROM	TO	SALARY	SALARY		
REASON FOR LEAVING			IF STILL EMPLOYED, MAY WE CONTACT?		
			YES	NO	
2. NAME OF COMPANY		COMPANY ADDRESS		BUSINESS TELEPHONE NO. (    )	
TITLE			SUPERVISOR'S NAME		
DATE OF EMPLOYMENT		STARTING	FINAL		
FROM	TO	SALARY	SALARY		
REASON FOR LEAVING			IF STILL EMPLOYED, MAY WE CONTACT?		
			YES	NO	
3. NAME OF COMPANY		COMPANY ADDRESS		BUSINESS TELEPHONE NO. (    )	
TITLE			SUPERVISOR'S NAME		
DATE OF EMPLOYMENT		STARTING	FINAL		
FROM	TO	SALARY	SALARY		
REASON FOR LEAVING			IF STILL EMPLOYED, MAY WE CONTACT?		
			YES	NO	

RESIDENT ADDRESS FOR PAST FOUR YEARS							
Beginning with your current residential address list all of your residence addresses for the past four years.							
MO/YR	TO	PRESENT	STREET	CITY	COUNTY	STATE	ZIP CODE
MO/YR	TO	MO/YR	STREET	CITY	COUNTY	STATE	ZIP CODE
MO/YR	TO	MO/YR	STREET	CITY	COUNTY	STATE	ZIP CODE
MO/YR	TO	MO/YR	STREET	CITY	COUNTY	STATE	ZIP CODE

CITIZENSHIP AND DRIVER'S LICENSE INFORMATION	
U. S. CITIZEN (check the appropriate response)	RESIDENT ALIEN (indicate citizenship held)
YES                      NO	
OPERATOR'S (DRIVER'S) LICENSE NUMBER	STATE WHERE DRIVER'S LICENSE WAS ISSUED

PHYSICAL INFORMATION					
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	RACE	SEX

PERSONAL REFERENCES		
List two persons who know your qualifications and/or background experience. Do not list relatives or supervisors mentioned under "Experience" section. These references may be checked.		
1. LAST NAME	FIRST	MI
BUSINESS OR HOME ADDRESS		OCCUPATION
		(AREA CODE) TELEPHONE NO.
2. LAST NAME	FIRST	MI
BUSINESS OR HOME ADDRESS		OCCUPATION
		(AREA CODE) TELEPHONE NO.
To aid in our verification, please list any other names(s) by which you have been known.		
_____		

I authorize investigation and verification of all statements contained in this application for employment. It is understood that any misrepresentation or omission of facts, regardless of date of discovery, may be considered cause for termination or the withdrawal of an offer of employment.

I certify that the information given herein is true and correct to the best of my knowledge and belief.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_



## PROFESSIONAL PROTECTION INCORPORATED ALCOHOL AND DRUG POLICY

It will be a violation of Professional Protection Incorporated (PPI) Alcohol and Drug Policy if employees purchase, possess, or consume alcohol or non-prescription drugs while working. This policy will also apply to employees who have been released from their duties during the course of an event, whether in uniform or not. If an employee purchases a ticket for an event that they are not scheduled to work, this policy “only” applies to the use of non-prescription drugs. However, an employee should never attend any event off duty while in uniform or wearing their PPI photo identification badge. Violation of this policy will result in immediate termination.

I, \_\_\_\_\_, have read and understand the policy concerning alcohol and non-prescription drug consumption by PPI employees, and agree to abide by this established policy. I further understand and agree that my employment will be terminated immediately if I violate the established Professional Protection Incorporated Alcohol and Drug Policy in part or in whole.

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Signature of applicant

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Date



# PROFESSIONAL PROTECTION INCORPORATED

## APPLICANT DATA RECORD

The executive staff of Professional Protection Incorporated (PPI), in recognition of its responsibility to its employees, and the clients it serves, reaffirms its policy to assure fair and equal treatment in all of its employment practices, for all persons. We will not discriminate on the basis of race, color, religion, sex, age, or national origin, nor against any qualified handicapped individual, disabled veteran, or veteran, or veteran of the Vietnam era.

Solely to help us comply with government record keeping and reporting, please provide the information about yourself requested on this Applicant Data Record.

The data will be kept in a confidential file separate from your Application for Employment. It will not accompany your application to the prospective supervisors.

### PLEASE PRINT OR TYPE

DATE \_\_\_\_\_  POSITION APPLIED FOR \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

CHECK ONE \_\_\_\_\_ Male \_\_\_\_\_ Female

CHECK ONE \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic

\_\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_\_ Asian/Pacific Islander

### CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE

\_\_\_\_\_ Vietnam Veteran \_\_\_\_\_ Veteran (other than Vietnam)

\_\_\_\_\_ Handicapped Individual \_\_\_\_\_ Disabled Veteran

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_