

NAME : _____
(Last, First, MI)

PROTECTIVE OPTIONS, INC.

Employment Application



“MISSION READY FOR TODAY AND TOMORROW”

WWW.PROTECTIVEOPTIONS.COM

PPO License 17340

PROTECTIVE OPTIONS, INC.
An Equal Opportunity Employer

TYPE/PRINT IN INK Protective Options, Inc. pledges equal access to employment, facilities and programs, regardless of race, color, sexual orientation, age, disability, national origin, veteran or marital status.

SOCIAL SECURITY NUMBER: _____ - ____ - _____	OFFICE USE ONLY-DATE RECEIVED		
JOB APPLIED FOR			
APPLICATION DATE:	RECEIVED DATE:	DRIVER'S LICENSE NUMBER:	STATE OF ISSUE:

NAME AND ADDRESS			
NAME (LAST, FIRST, M.I.):		HOME TELEPHONE:	
MAILING ADDRESS:		WORK TELEPHONE:	
CITY, STATE AND ZIP CODE:		MESSAGE (IF DIFFERENT):	

VETERANS' PREFERENCE - To Receive Credit Attach a Copy of Your DD214/DD215				
POINTS: (CIRCLE) 5 10	DATE OF ENTRY (M-D-Y)	DATE OF DISCHARGE (M-D-Y)	BRANCH OF SERVICE:	AREA OF ARMED CONFLICT

WORK SCHEDULE					
CIRCLE ONE: PERMANENT (P) ON-CALL (OC) SPECIAL EVENTS (SE) EITHER (E)		CIRCLE ONE: FULL TIME (F) FULL OR PART TIME (E) PART TIME (P) INTERMITTENT (I) ANY (B) TEMPORARY (T)			DATE YOU CAN REPORT FOR WORK:

Check boxes below. If "yes" then enter the permit number and expiration date. List others not listed in the spaces provided and include permit/license number and expiration date.						
State Guard Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Permit Number	Expiration Date
State Firearm Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Permit Number	Expiration Date
State Baton Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Permit Number	Expiration Date
State Tear Gas Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Permit Number	Expiration Date
OTHER PERMITS						
						Expiration Date
						Expiration Date

The Immigration Reform and Control Act of 1986 requires that all employees verify proof of legal right to work in the U.S. A U.S. Passport, or combinations of government-issued picture identification and a birth certificate, social security card or Alien Registration card are examples of proof. If hired, can you provide as required? Yes No

OFFICE USE ONLY			
Notes:		<input type="checkbox"/> Accepted (Instructions Enclosed)	
		<input type="checkbox"/> NOT ACCEPTED _____ (Reason) Reviewer's Initials / Date	
INTERVIEW DATE:	TEST DATE: (If applicable)	FILE DATE:	

EDUCATION / TRAINING HISTORY

Do you have a high school diploma or a GED certificate? (CIRCLE ONE) YES NO

List colleges, military, trade, business or other schools attended.

A	Name and Location of School	Course of Study (List Major)	Credits Earned			Graduate (Yes / No)	Type of Degree or Certificate Received
			Clock hours	Qtr. hours	Sem. hours		
A							
B							
C							

ADDITIONAL LICENSE / REGISTRATION / CERTIFICATE

List any other licenses or certificates that are applicable to the position applied for.

Description	State	Number	Expiration

SPECIALIZED SKILLS AND KNOWLEDGE

List any skills or knowledge that show your ability to perform the job for which you are applying,
(such as typing speed, computer skills, foreign languages, tactical training, investigative training, etc.)

Within the past (3) years, do you have any moving violations on your driving record? Yes No How many? _____

Has your drivers' license ever been suspended? Yes No If yes, please attach a separate piece of paper and explain in detail.

Have you ever been convicted of a crime? Yes No If yes, please attach a separate piece of paper and explain in detail.

Do you have a reliable means of transportation? Yes No

Personal Reference: (name, address and phone number)

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WORK HISTORY ♦♦♦ A RESUME WILL NOT SUBSTITUTE BUT MAY BE INCLUDED

What you write in this section will be used to decide if you meet the qualifications of the job you are applying for. Clearly describe all of your duties, starting with your most recent job.

- ♦ *Complete each box.* If you need additional space to list job duties, attach a separate sheet; clearly identify the job you're describing.
- ♦ **Attach additional pages if you need to list more jobs. (Be sure to identify additional jobs by numbering them 5, 6, 7 etc.)**

JOB NUMBER 1:

NAME OF EMPLOYER		EMPLOYER'S ADDRESS AND PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME AND PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK THE AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)		
HOURS WORKED PER WEEK (AVERAGE)	SALARY:	REASON FOR LEAVING:	

Description of Duties:

JOB NUMBER 2:

NAME OF EMPLOYER		EMPLOYER'S ADDRESS AND PHONE NUMBER
KIND OF BUSINESS		SUPERVISOR'S NAME AND PHONE NUMBER
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK THE AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	
HOURS WORKED PER WEEK	SALARY:	REASON FOR LEAVING:
Description of Duties:		

JOB NUMBER 3:

NAME OF EMPLOYER		EMPLOYER'S ADDRESS AND PHONE NUMBER
KIND OF BUSINESS		SUPERVISOR'S NAME AND PHONE NUMBER
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK THE AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	
HOURS WORKED PER WEEK	SALARY:	REASON FOR LEAVING:
Description of Duties:		

JOB NUMBER 4:

NAME OF EMPLOYER		EMPLOYER'S ADDRESS AND PHONE NUMBER
KIND OF BUSINESS		SUPERVISOR'S NAME AND PHONE NUMBER
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK THE AREAS YOU WERE RESPONSIBLE FOR: <input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	
HOURS WORKED PER WEEK:	SALARY:	REASON FOR LEAVING:
Description of Duties:		

HOW DID YOU LEARN ABOUT THIS POSITION?

 Employment Office Job Listing Newspaper (List Publication) referral Protective Options Website



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ALCOHOL/DRUG TEST CONSENT FORM

EMPLOYER:

If applicable, state objective facts giving rise to the belief to the belief that the employee is under the influence of alcohol or a controlled substance.

EMPLOYEE:

I, _____ pursuant to a request by my appointing authority, or as a condition of employment with Protective Options, Inc., and the testing employee or laboratory designated by Protective Options, Inc. to perform analytical tests deemed necessary to determine the absence or the presence of alcohol and/or drugs (**Employer: Check all that apply**) in my saliva urine blood, or breath as specified by statute and regulation.

I give my consent to release the results of the test(s) and other related medical information from the laboratory to individuals, agents, employees, of Protective Options, Inc., who, pursuant to statute or regulation, have a need to know of the alcohol and drug testing results and to the use of all such reports or other medical information by Protective Options, Inc. in its assessment of my employment application and/or employment status. I understand the results of the test may not be used in any criminal proceeding.

I understand that:

The appointing authority may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. if requested, I must provide such proof within 72 hours.

I have the right to request a re-test of the initial specimen at a licensed laboratory of my choice when I have a positive test for drugs. All requests for a re-test of the sample must be made within ten (10) working days of the receipt of the original positive test result. The results of the sample must be forwarded to me by the appointing authority of the agency.

A positive test for alcohol and/or drugs, or my refusal to authorize test(s) by signing this form, taking the specified test(s) or producing a specimen, may result in the following action:

Applicants – rejection of my employment application.

Employees – referral to an employee assistance program and/or disciplinary action up to and including termination in accordance with statute, regulation, and any applicable policy.

Applicant/Employee Signature

Date

Supervisor's Signature (if applicant/employee refuses to sign)

Date

Witness Signature (if applicant/employee refuses to sign)

Date



Peace of Mind delivered with every report!

AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

I, _____ hereby authorize _____ and it's designated agents and representatives to conduct a comprehensive review of my criminal background history. I willingly and without reservation also allow _____ to release my background to a third party vendor, _____ as verification that I have no criminal files to report and my background check is clear. I further understand that the following additional information regarding my background screen will be provided to _____ as a condition of my employment or contractual 1099 agreement.

Check all that apply:

- National Background Check
- County Criminal Search
- Drivers License Report/ MVR
- Drug Screening
- ID Badging

I hereby release and discharge Protection Plus Solutions and its affiliates, employees, officers, agents and entities from any and all claims rights of action and liability of any kind of nature in regards to the information obtained from all of the above reference sources used.

Name: _____

Social Security # _____

Signed: _____

Dated: _____