



# ALLIANCE PROTECTIVE SERVICES LLC

## EMPLOYMENT APPLICATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MI)

ADDRESS: \_\_\_\_\_  
(STREET) (APT #)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ ALT PHONE NUMBER: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

EMAIL: \_\_\_\_\_

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### Position you are applying for:

- ☐ SECURITY OFFICER    ☐ SPECIAL POLICE OFFICER    ☐ CORPORATE OFFICE STAFF  
☐ SEFTY AMBASSADOR

### LICENSES:

Do you have a valid security license? ☐ Yes ☐ No

(If Yes Please Check Appropriate Box)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> DC Armed SPO        | <input type="checkbox"/> MD Armed Security Officer   | <input type="checkbox"/> VA Armed Security Officer   |
| <input type="checkbox"/> DC Unarmed SPO      | <input type="checkbox"/> MD Unarmed Security Officer | <input type="checkbox"/> VA Unarmed Security Officer |
| <input type="checkbox"/> DC Security Officer | <input type="checkbox"/> MD Private Detective        | <input type="checkbox"/> VA Private Detective        |

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Do you have a valid Driver License? ☐ Yes ☐ No    Do you have your own transportation? ☐ Yes ☐ No

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Please check the day(s) that you are available to work.

- ☐ ALL DAYS  
☐ SUNDAY    ☐ MONDAY    ☐ TUESDAY    ☐ WEDNESDAY    ☐ THURSDAY    ☐ FRIDAY    ☐ SATURDAY

Please check the shift(s) that you are available to work.

- ☐ ANY SHIFT    ☐ 7 AM to 3 PM    ☐ 3 PM to 11 PM    ☐ 11PM to 7AM

Can you work Weekends and Holidays? ☐ Yes ☐ No

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**EDUCATION HISTORY:**

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSSINESS OR CORRESPONDENCE SCHOOL				

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**EMPLOYMENT HISTORY:**

ARE YOU CURRENTLY EMPLOYED? ☐ YES ☐ NO

(A) COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ POSITION: \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_

DESCERPTION OF DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT EMPLOYER? ☐ Yes ☐ No

**(B) COMPANY:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ POSITION: \_\_\_\_\_

DATES: \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_

DESCERPTION OF DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT EMPLOYER? ☐ Yes ☐ No

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**(C) COMPANY:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ POSITION: \_\_\_\_\_

DATES: \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \_\_\_\_\_

DESCERPTION OF DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT EMPLOYER? ☐ Yes ☐ No

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**Have you ever been convicted of a felony?** ☐ Yes ☐ No (IF YES PLEASE DESCRIBE BELOW)

\_\_\_\_\_  
\_\_\_\_\_

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**Have you ever been convicted of a misdemeanor?** ☐ Yes ☐ No (IF YES PLEASE DESCRIBE BELOW)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

**GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

**AUTHORIZATION**

***"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.***

***I authorize investigation of all statements contained herein and the references and any employers listed above to give you all information concerning my previous employment and any damage that may result from utilization of such information.***

***I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.***

***This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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**Official Use Only:**

**Interviewed BY:** \_\_\_\_\_ **PSA ID #** \_\_\_\_\_ **Date:** \_\_\_\_\_