



EMPLOYMENT APPLICATION FOR

Active Protection Services

10393 San Diego Mission Rd, Ste. 211
San Diego, CA 92108
CA State Lic. PPO 15351

PERSONAL INFORMATION

NAME:		DATE: _____ / _____ / _____	
SOCIAL SECURITY#: _____ - _____ - _____		ALIEN REGISTRATION #:	
HOME ADDRESS:		ALIEN REGISTRATION EXP. _____ / _____ / _____	
CITY, STATE, ZIP CODE:			
HOME PHONE # _____ - _____ - _____		PAGER & CELL #: _____ - _____ - _____	
US CITIZEN: YES _____ NO _____		IF NO, GIVE NO. & EXPIRATION:	

POSITION APPLYING FOR

TITLE:	SALARY DESIRED:
REFERRED BY:	DATE AVAILABLE:

EMPLOYMENT HISTORY

COMPANY (NAME & ADDRESS):			
POSITION STARTED:		POSITION ENDED:	
SUPERVISOR NAME:		SUPERVISOR PHONE:	
PAY RATE:	START DATE:	END DATE:	REASON FOR LEAVING:
COMPANY (NAME & ADDRESS):			
POSITION STARTED:		POSITION ENDED:	
SUPERVISOR NAME:		SUPERVISOR PHONE:	
PAY RATE:	START DATE:	END DATE:	REASON FOR LEAVING:
COMPANY (NAME & ADDRESS):			
POSITION STARTED:		POSITION ENDED:	
SUPERVISOR NAME:		SUPERVISOR PHONE:	
PAY RATE:	START DATE:	END DATE:	REASON FOR LEAVING:
COMPANY (NAME & ADDRESS):			
POSITION STARTED:		POSITION ENDED:	
SUPERVISOR NAME:		SUPERVISOR PHONE:	
PAY RATE:	START DATE:	END DATE:	REASON FOR LEAVING:

EMERGENCY CONTACTS & TELEPHONE NUMBERS

NAME:	PHONE: () -	RELATIONSHIP:
NAME:	PHONE: () -	RELATIONSHIP:
NAME:	PHONE: () -	RELATIONSHIP:

AVAILABILITY

DAY SHIFT:	SWING SHIFT:	GRAVEYARD SHIFT:
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HAVE YOU WORKED FOR APS?

Have you worked for APS before?	If Yes, then give the dates:
Why did you leave APS?	

For Office Use Only

First Date Worked: _____	Last Date Worked: _____
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EDUCATION INFORMATION FOR HIGH SCHOOL & COLLEGE

SCHOOL NAME:	ADDRESS:
CITY, STATE, COUNTRY:	GRADUATION DATE:
COLLEGE/BUSINESS / TECHNICAL SCHOOL NAME:	ADDRESS:
DATES ATTENDED:	DEGREE / MAJOR:
UNDER/GRADUATE COLLEGE NAME:	ADDRESS:
DATES ATTENDED:	DEGREE / MAJOR:

Please supply the names and phone numbers of three character references of people that have known you at least one or more years. (Priest, Lawyer, Doctor, Teacher, Social Friend, Mechanic, Co-worker). Do not include Relatives or Former Employer. Please enter the name, telephone number and the length of time you have known the person.

Name: _____	Tel. _____	-	-	Period: _____	yr/mo
Name: _____	Tel. _____	-	-	Period: _____	yr/mo
Name: _____	Tel. _____	-	-	Period: _____	yr/mo

Have you ever been arrested and convicted of any crime, or entered a plea of nolo contendere: Yes () No ()
 This item includes misdemeanors and felonies regardless of the length of time that has lapsed since their occurrence. Minor traffic violations resulting in a fine of \$499.00 or less do not need to be disclosed. Conviction dismissed under Section 1203.4. MUST be disclosed. Please explain the nature and conviction of crime and conviction in detail.

Active Protection Services does not present its employees to use illegal-non-prescription drugs. Here at **Active Protection Services**, we maintain a drug free workplace at all companies and customer work sites. **Active Protection Services** Reserves the right to randomly test every employee for illegal drugs and alcohol use at any time. Employees(s) who use illegal drugs or abuse alcohol in connection with their work performance for **Active Protection Services** are subject to disciplinary action, up to and including immediate termination.

I certify that the facts contained in this application are true and correct to the best of my knowledge and 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 employers listed above to give you any and all information concerning my previous employment, and release the company from all liability for any damage that may result from utilization of such information. Also, I have read and agree with **Active Protection Services** Alcohol and Drug Policy.

SIGNATURE	/ / DATE
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