

MAXIMUS PROTECTIVE SERVICES, INC.
EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER



APPLICANT NAME:

APPLICATION DATE:

MAXIMUS PROTECTIVE SERVICES, INC.

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT INFORMATION:

NAME LAST, FIRST, MIDDLE DATE: MONTH/DAY/YEAR
ADDRESS: CITY:
STATE: ZIP CODE: PHONE NUMBER: CELL #:

ARE YOU 18 YEARS OR OLDER? YES NO DOB: MONTH/DAY/YEAR
E-MAIL ADDRESS: REFERRED BY:

BRIEF DESCRIPTION: HAIR: EYES: HEIGHT: SHIRT SIZE:

If hired, will you be able to provide proof of citizenship or your legal right to work in the United States? YES NO

Do you have your own vehicle? YES NO

Do you have a VALID Driver's License? YES NO If yes, License #:

Number of miles you are willing to travel to work:

If hired, will you submit to and be able to pass a controlled substance test? YES NO

Have you ever been convicted of a felony or misdemeanor? YES NO

If yes, describe:

DESIRED EMPLOYMENT:

POSITION YOU ARE APPLYING FOR: SECURITY OFFICER/GUARD OFF-DUTY OTHER

IF OTHER, PLEASE SPECIFY:

SECURITY OFFICER GUARD

EITHER UN-ARMED ARMED FULL TIME PART-TIME WEEKENDS

DAYS & SHIFTS AVAILABLE TO WORK (IN A CONSISTENT BASIS)

SUN MON TUES WEDS THURS FRI SAT

ANY SHIFT DAY SHIFT EVENING SHIFT NIGHT SHIFT

ARE YOU CURRENTLY EMPLOYED? YES NO

CAN WE CONTACT YOUR PRESENT OR LAST EMPLOYER? YES NO

PLEASE PROVIDE CONTACT INFORMATION (NAME/TITLE/PHONE #)

HAVE YOU EVER WORKED FOR MAXIMUS (MPS) BEFORE? YES NO

IF YES, WHEN AND WHERE?

HAVE YOU WORKED FOR ANOTHER SECURITY COMPANY? YES NO

IF YES, WHEN AND WHERE?

IF HIRED, WHEN CAN YOU BEGIN WORK?

LAST SECURITY GUARD PAY EARNED: / PER HOUR

MINIMUM ACCEPTABLE STARTING PAY: / PER HOUR

(We may hire you ONLY if we can match your desired wages)

Other than ENGLISH, what other languages do you speak/read/write?

EDUCATION:

HIGHEST LEVEL OF EDUCATION:

NAME & LOCATION OF SCHOOL?

OF YEARS ATTENDED? GRADUATED? YES NO GRAD YEAR:

SECURITY TRAINING/EXPERIENCE:

WHICH OF THE FOLLOWING VALID STATE PERMITS DO YOU HAVE?

GUARD CARD CARD/PERMIT # EXP DATE:

FIRST AID CPR AED EXP DATE:

PEPPER SPRAY O/C BATON CARD/PERMIT #

FIREARM PERMIT # CALIBER: EXP DATE:

DO YOU OWN A FIREARM? YES NO

IF YES, MAKE MODEL SERIAL #

TRAINING FACILITY NAME

ADDRESS

PHONE NUMBER

MILITARY SERVICE:

BRANCH: RANK: YEARS OF SERVICE:

HONORABLY DISCHARGED? YES NO SEPARATION DATE:

SKILLS/DUTIES

PREVIOUS EMPLOYMENT:

(LIST THE LAST TWO EMPLOYERS BEGINNING WITH THE MOST RECENT ONE)

DATES WORKED: TO

NAME & ADDRESS OF EMPLOYER

SALARY: **POSITION:**

REASON FOR LEAVING

DATES WORKED: TO

NAME & ADDRESS OF EMPLOYER

SALARY: **POSITION:**

REASON FOR LEAVING

REFERENCES: (GIVE THE NAMES OF TWO PERSONS NOT RELATED TO YOU)

NAME **PHONE NUMBER**

ADDRESS

BUSINESS/OCCUPATION **YEARS KNOWN**

NAME **PHONE NUMBER**

ADDRESS

BUSINESS/OCCUPATION **YEARS KNOWN**

REFERENCES:

ARE YOU ABLE TO STAND, WALK, AND SIT FOR AN EXTENDED PERIOD OF TIME?

YES **NO**

IF NO, EXPLAIN:

ACKNOWLEDGEMENT (Please read carefully before submitting)

I hereby authorize MAXIMUS PROTECTIVE SERVICES, INC. to investigate my background, references, previous employment history and other matters related to my suitability for employment. I authorize my current employer and previous employment to release my information. I understand that the company reserves the right to require me to get a drug test before the hiring process is completed.

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification for employment consideration, or dismissal if I am hired.

Please check to agree:

SUBMIT

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