



# Elite Protective Services

610 North Alma School Road  
Suite 10  
Chandler, Arizona 85224

Office: 480-792-1515  
Fax: 480-792-1516

Date Received by EPS \_\_\_\_\_  
Application remains active for a maximum of 6 month

## Application for Employment

All questions must be answered carefully and completely. If you have a resume, please attach it to this application. PLEASE TYPE OR PRINT.

Date \_\_\_\_\_ Location Desired \_\_\_\_\_  
Position Desired \_\_\_\_\_ Salary Desired \_\_\_\_\_  
Available to Work \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Date Available \_\_\_\_\_

### Personal Data

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
If you have ever worked under a different name, please provide this name(s) and dates employed under this name(s) \_\_\_\_\_  
If yes, explain \_\_\_\_\_  
Address: \_\_\_\_\_  
Number & Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_\_) \_\_\_\_\_  
Are you:  
 Yes  No legally eligible for employment in the United States?  
 Yes  No over the age of 21?  
 Yes  No high school graduate or equivalency?  
 Yes  No reliable means of communication (i.e. phone number where we are able to contact you)  
 Yes  No reliable means of transportation with current Arizona license plates and verifiable insurance coverage.  
 Yes  No ability to effectively speak, read and write English.  
 Yes  No valid Arizona driver license and be able to obtain certified driving record from state of Arizona  
 Yes  No able to stand, walk, sit, or ride a bicycle for at least 8 hours per shift  
 Yes  No able to deal with multiple situations and tasks at the same time  
 Yes\*  No current Arizona Security Guard Card  
\*If yes,  Armed Security Guard Card  Unarmed Security Guard Card State License Number \_\_\_\_\_ EXP Date \_\_\_\_\_  
 Yes\*  No have you ever been convicted of a crime?  
\*If yes, list offense, date and describe in detail : \_\_\_\_\_  
\_\_\_\_\_

### Post High School Education (amount of education considered necessary will vary according to job applied for)

Institution Name	Location	From	To	Degree	Major

Employees of Elite Protective Services (EPS) and applicants for employment shall be afforded equal opportunity in all aspects of employment Without regard to race, religion, national origin, sex, age, disability (in the case of a qualified individual with disability), veteran status or any other factor protected by applicable federal or state law.

**Work Experience** (Start with most recent position and list each employer for the past five (5) years. Use supplemental page if necessary).

Present/Last Employer			Type of Business
Address			Telephone Number
Start Date	Leave Date	Last Salary	Reason for Leaving
Job Title		Supervisor and Title	May we Contact? -Yes - No
Description of Duties			
Employer			Type of Business
Address			Telephone Number
Start Date	Leave Date	Last Salary	Reason for Leaving
Job Title		Supervisor and Title	May we Contact? -Yes - No
Description of Duties			
Last Employer			Type of Business
Address			Telephone Number
Start Date	Leave Date	Last Salary	Reason for Leaving
Job Title		Supervisor and Title	May we Contact? -Yes - No
Description of Duties			

**Additional Skills or Experience**

List special skills you possess (include any special skills from U.S. military service) and specialized training, licenses or certificates you have received.

\_\_\_\_\_

\_\_\_\_\_

U.S. Military:            Branch of Service \_\_\_\_\_            Dates of Service \_\_\_\_\_

**Agreement** (please read the following statements carefully.)

I hereby affirm that information provided on this application (and accompanying resume if any), is true and complete to the best of my knowledge. I also understand that falsified information or significant omission may disqualify me from further consideration for employment and, if employed, may result in termination of employment if discovered at a later date.

I understand that any employment with Elite Protective Services is for an indefinite term and can be terminated, with or without cause, at any time at the discretion of the company or myself. I understand that no management official other than the president or vice president of the company has any authority to enter into any agreement contrary to the foregoing or to make any assurance or promise (whether oral or written ) of continued employment . I understand that hours of work will be set and may be changed by the company. I understand that upon being hired, I will have to prove authorization to work in the United States.

I authorize Elite Protective Services to make all necessary and appropriate investigation to verify the information contained herein and I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any), to provide any job-related information that may be required by Elite Protective Services to arrive at an employment decision.

I understand that Elite Protective Services reserves the right to require its applicants to submit to drug tests. I understand that a positive test or refusal to submit to a drug test will preclude my application from further consideration.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

