

H & P Protective Services, Inc.

CONTRACTOR APPLICATION

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A. YOU MUST HAVE A CAR TO WORK FOR H&P.

Name and Address							
Name (First, MI, Last)***				***Social Security Number			
Mailing Address***							
City, State, and Zip Code***						***Date of Birth Mon ___ Day ___ Year ___	
***Telephone				***Alternate Phone			
***Email Address				***Guard License Type: CPL_____ CCW_____ Chauffeurs License: Yes ___ No ___ Lic#_____			
Job							
Check the Days/hours you are available to work							
I have no preference	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
I am seeking a:		Full-time job		Part-time job		Full or Part-time	
How many hours can you work weekly?				Can you work nights?		Date available to begin	
Additional Information							
Have you ever been employed by this organization in the past?						Yes	No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						Yes	No
***Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?						Yes	No
***Have you any mental illnesses?						Yes	No
If Yes, please explain:							
Do you have any relatives that work for our company? Who? What position?							
***Do you have a driver's license? Yes ___ No ___				Driver's license number		Issued in what state?	
***Do you have a car? Yes ___ No ___							
Have you had any accidents during the past three years?						How many?	
Have you had any moving violations during the past three years?						How many?	

Education

School	Location (mailing address)	Years Completed	Major	Degree or Diploma
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High School

College or Business/Trade School

Military

Have you even been in the Armed Forces?	Yes	No	Date entered
Are you now a member of the National Guard?	Yes	No	Discharge date

Specialty

Work Experience

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? Yes No		
Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? Yes No		

Work Experience

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? Yes No		

Reference

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former

1.
2.
3.

You are being hired as a contractor for H & P Protective Services, Inc. You may be terminated with or without cause for any reason. Your signature certifies that all answers and statements on this application are true and complete to the best of your knowledge. It is understood that if this application contains any false or misleading information, this application may be rejected, or your employment with this company terminated.

Signature	Date
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ATTENTION: After completing your application, save all 4 pages, attach it to your email and email to: information@hproserv.com.