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.**

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| **Name and Address** | | | | | | | |
| Name (First, MI, Last)**\*\*\*** | | | | **\*\*\***Social Security Number | | | |
| Mailing Address**\*\*\*** | | | | | | | |
| City, State, and Zip Code**\*\*\*** | | | | | | | |
| **\*\*\***Telephone | | | | **\*\*\***Alternate Phone | | | |
| **\*\*\***Email Address | | | | \*\*\*Guard License Type: CPL\_\_\_\_\_\_ CCW\_\_\_\_\_\_\_\_\_  Chauffeurs License: Yes\_\_\_No\_\_\_Lic#\_\_\_\_\_\_\_\_\_ | | | |
| **Job Type\_\_** | | | | | | | |
| **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?  **\*\*\***Have you any mental illnesses? | | | | | | Yes  Yes | No  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\_\_\_\_  **\*\*\***Do you have a car? Yes \_\_\_ No \_\_\_ | | | | Driver’s license number | | Issued in what state? | |
| 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? | |

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| **Education** | | | | | |
| School | Location (mailing address) | | Years  Completed | Major | Degree or  Diploma |
| **High School** | | | | | |
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| **College or Business/Trade School** | | | | | |
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| **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 | | | | | |

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| **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 | | | |

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| **Work Experience (continued)** | | | |
| 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 | | | |
| **References** | | | |
| *Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.* | | | |
| 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 | |

**ATTENTION: After completing the application email it to:** [**information@hpproserv.com**](mailto:information@hpproserv.com)**. In the email subject type: Job Application.**

Revised August 2021

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