



AMERICAN PROTECTION GROUP (APG)

National Corporate Headquarters
www.apg-svcs.com State License & Insured
(888) 519-2224 Toll Free Nationwide

APPLICATION - POSITION APPLYING FOR:

Unarmed Uniformed Security <input type="checkbox"/>	Personal Protection <input type="checkbox"/>	Supervisor/ Operations <input type="checkbox"/>
Armed Uniformed Security <input type="checkbox"/>	Private Investigator <input type="checkbox"/>	Office Staff / Management <input type="checkbox"/>
Loss Prevention Agent <input type="checkbox"/>	Dispatcher <input type="checkbox"/>	Alarm / CCTV Installer <input type="checkbox"/>
Sales Rep. <input type="checkbox"/>	Patrol Officer <input type="checkbox"/>	Other: <input type="checkbox"/>

Full Time Part Time On-Call Rover Temporary _____

Compensation for the position you are applying for: \$ _____ (Compensation)

PERSONAL INFORMATION: Email: _____

Full legal name: _____ Today Date: _____

Are you know by any other names (AKA): _____

Address: _____ Apt: _____ City: _____

Zip: _____ Home Ph #: _____ Cell Ph #: _____

ID / Driver Lic. #: _____ State Issued By: _____ Exp.: _____

Social Security #: _____ Alien Document: _____ Exp.: _____

EMERGENCY CONTACTS:

1#

Name: _____ Relationship: _____ Ph # () _____

Address: _____ City: _____ Zip: _____

2#

Name: _____ Relationship: _____ Ph # () _____

Address: _____ City: _____ Zip: _____

3#

Name: _____ Relationship: _____ Ph # () _____

Address: _____ City: _____ Zip: _____

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EDUCATION:

	Year completed	Average Grade (GPA)	School Name / City / Phone number
High School:			
College:			
Trade School:			

TRANSPORTATION:

Please provide us with your type of transportation: Make: _____ Model: _____

Year: _____ Secondary Vehicle: Make: _____ Model: _____ Year: _____

FORMER EMPLOYERS: (Place state most recent employer information).

Name of Company	Date Started	Date Ended	Reason for Leaving	Hourly Rate of Pay
Name: Ph:				
Name: Ph:				
Name: Ph:				

PERSONAL REFERENCES**1#**

Name: _____ Relationship: _____ Ph # () _____

Address: _____ City: _____ Zip: _____

2#

Name: _____ Relationship: _____ Ph # () _____

Address: _____ City: _____ Zip: _____

3#

Name: _____ Relationship: _____ Ph # () _____

Address: _____ City: _____ Zip: _____

NATIONAL CORPORATE HEADQUARTERS 8309 Laurel Canyon Blvd. #143 Sun Valley, CA 91352

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CERTIFICATIONS / DEGREES

Type of Certification	Location Name	Type of Certificate	Year Completed
Type of Degree	Location Name	Type of Degree	Year Completed

WEAPONS PERMITS / CERTIFICATION: Guard Card #: _____ Exp: _____

Firearm(s) Yes No Firearm Permit #: _____ Exp.: _____ St: _____

Calibers .357/.38 9mm 40mm 45mm Shotgun

CCW Permit(s) Yes No CCW Permit #: _____ Exp.: _____ St: _____
 CCW Permit(s) Yes No CCW Permit #: _____ Exp.: _____ St: _____
 CCW Permit(s) Yes No CCW Permit #: _____ Exp.: _____ St: _____
 CCW Permit(s) Yes No CCW Permit #: _____ Exp.: _____ St: _____

If you have more than is listed here, please state the states: _____

Mace Permit: Yes No Permit #: _____ Exp.: _____ St: _____

Pepper Spray Permit Yes No Permit #: _____ Exp.: _____ St: _____

Straight Baton / PR-24 Baton: Yes No Permit #: _____ Exp.: _____ St: _____

Taser Gun: Yes No Permit #: _____ Exp.: _____ St: _____

Other: _____ Yes No Permit #: _____ Exp.: _____ St: _____

Other: _____ Yes No Permit #: _____ Exp.: _____ St: _____

Other: _____ Yes No Permit #: _____ Exp.: _____ St: _____



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LAW ENFORCEMENT TRAINING: (If you have any training by any law enforcement agency).

Agency Name	Type of Training	From: m/yr	To: m/yr

Are you currently a with a law enforcement agency?: Yes No

In what capacity are you with the law enforcement agency?:

Active Retire Reserves Aux Other _____

Name of law enforcement agency: _____ Ph: _____

Supervisor Name: _____ Year graduated from basic training: _____

Are you currently with the department on probation?: Yes No

Does your agency currently permit you to work security?: Yes No

Does your agency permit you to carry concealed with your law enforcement ID?: Yes No

Do you have 24 hour peace officer status with your department?: Yes No

How long have you been on the department?: _____

MILITARY TRAINING:

Branch: _____ Date entered: _____ Date Discharged: _____

Did you have a Honorable Discharge?: Yes No Rank: _____

Any special training?: _____



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AVAILABILITY: (Please state your complete availability)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:

Are you available for: Day Swing Graveyards Other: _____

Are you willing to travel?: Yes No How far?: _____

Are you willing to relocate?: Yes No How far?: _____

BACKGROUND INFORMATION:

Have you filed bankruptcy: Yes No If yes, when: _____

What year did you filed?: _____ Has it been discharged?: Yes No

When will it be discharge or provide us with the date it was discharged: _____

Do you have Child Support: Yes No What county: _____

Provide us with your case #: _____ Monthly Amounts: _____

Are you current or behind: _____ If behind, by how much: _____

Have you filed or have had any civil suits within the last 7 years?

Yes No Did you filed or someone else filed against you?: _____

Month / Year: _____ When was it completed Month / Year: _____

HEALTH QUESTIONAIR:

Are you able to pick up at least 50 lbs? _____ If not explain: _____

Are you in good health? _____ If not explain: _____



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BACKGROUND INFORMATION: (CONTINUED)

Have you ever been arrested: Yes No Have you been arrested for DUI?: Yes No

Have you been ever convicted of a Misdemeanor: Yes No Felony: Yes No

If yes state the offence #1: _____ Name the Court _____ Yr _____

If yes state the offence #2: _____ Name the Court _____ Yr _____

If yes state the offence #3: _____ Name the Court _____ Yr _____

Do you have auto insurance for your vehicle: Yes No

Insurance Carrier name: _____ Phone #: _____

Do you have moving any violations do you have within the last 5 years?: Yes No

If yes, how many: _____ Type of moving violation(s): _____

Do you have any accidents within the last 5 years?: Yes No If yes, how many: _____

STATEMENT OF FACTS

BEFORE SIGNING, PLEASE READ CAREFULLY

I _____ understand & agreed, that the following application has been completely fill out by myself & I hereby certified everything I have written onto this application for employment is completely factual. I understand, should I have mislead, placed in incorrect information, or deceive in any way to obtain employment with AMERICAN PROTECTION GROUP (APG) I understand that it will be grounds for suspension & or termination if hired.

It is further more understood & agreed, that I authorized APG to conduct a full and comprehensive background checks notwithstanding Credit, Criminal, Employment & any other additional checks to verify the validity of all information that has been entered by me onto this application for employment. I understand & authorize APG to use in-house staffing or subcontracted agencies (third party) to conduct the full investigation of my application. I understand that Disclosure and Release granting American Protection Group (APG) to request my previous employment history records is hereby authorized.

I understand & agreed should I be hired with APG on a full, part or on-call I will consent to a random drug testing anytime I am asked to. Should I fail to provide the right to conduct a random drug test I understand I can be suspension & or Terminated from employment.

Applicant Name: _____ Signature: _____ Date: _____

Form APG-Revised 11-2016



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APPLICANT DRUG TESTING CONSENT AGREEMENT

As a prerequisite to employment, I hereby agree to allow the Company to collect urine samples from me to determine the presence of illegal drugs in my body. Further, I give my consent to release my test results to authorized Company Management for appropriate review, and authorize the Company to use the test results as a defense to any legal action to which I am party.

I understand that the results of the drug testing of my urine, if confirmed positive will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration of employment.

Further, I understand that if employed by the Company, I must abide by the terms of the Company’s drug-free work place policy and may be required to submit to testing for the presence of illegal drugs or alcohol. I understand that submission to such testing is a condition of employment with the Company, and disciplinary action, up to and including discharge, may result if (1) I refuse to consent to such testing; (2) I refuse to execute all forms of consent and releases of Liability as are usually and reasonably attendant to such examination; (3) I refuse to authorize release of the test results to the Company (if the tests establish a violation of the Company’s drug-free work place policy); or (4) I otherwise violate the policy.

ACCEPT

I hereby consent to the administration of the drug test and to the terms and conditions of the Consent Agreement.

Applicant’s Signature _____ Date _____

Social Security Number _____

Witness’ Signature _____ Date _____

REFUSE

I hereby refuse the drug detection urine test.

Applicant’s Signature _____ Date _____

Social Security Number _____

Witness’ Signature _____ Date _____

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URGENT FAX REQUEST - Fax Response to: () _____

To: Human Resources of _____

Fax: () _____

From: Human Resources of American Protection Group (APG)

Pages: _____

Re: _____

The individual below has signed a Disclosure and Release granting American Protection Group National Corporate Headquarter permission to conduct background verification. Your prompt response is deeply appreciated. Please fill out the information requested below, & print and sign on the bottom.

Provided Information:	Is this correct?	Corrected Info:
Applicant Last Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant First Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Middle Initial	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Name Suffix	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Names	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SSN	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Position/Title	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date From	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date To	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Salary/Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eligibility for Rehire? If no, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Special Comments:

Verified By: (Please Print) _____ Title _____

Signature: _____ Date: _____



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BACKGROUND CHECK RELEASE FORM

Applicant Name: _____ DOB: _____

SSN: _____ Today's Date: _____

Applicant Address: _____ City: _____

Zip: _____ Phone: _____ Current Age: _____ Other License(s) _____

Guard Card # _____ Weapon Permit # _____ CCW # _____

St. ID/Driver's License #: _____ State Issued: _____ Expiration Date: _____

I hereby agree that American Protection Group, Inc. (APG) has my full authorization to conduct a full background check and is not limited to my Employment, Financial, Credit, Criminal or Drivers Background Checks. I understand that should I have provided any false information on my application, background and or any other forms provide to APG. APG can and may terminate my employment without notice and furthermore may charge me for my full background check on my last payroll check in amount of \$75. I also understand that such background checks are done by 3rd party agencies; therefore I hereby provide any employee, agent, subcontractor, vendor and or officers of APG has my authorization to conduct my background check without delay. I hereby sign this document with knowledge, that the data supplied by me is factual to the best of my knowledge.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY DO NOT MARK HERE

ITEMS CHECK	COMMENTS	Initials	Items checked
Criminal			<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial			<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Report	3 Bureaus		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment History			<input type="checkbox"/> Yes <input type="checkbox"/> No
SSN Verification	E-verify (DHS)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Drivers Lic. History	DMV Record / 10 years		<input type="checkbox"/> Yes <input type="checkbox"/> No
DUI / DWI			<input type="checkbox"/> Yes <input type="checkbox"/> No
BSIS			<input type="checkbox"/> Yes <input type="checkbox"/> No
Guard Card			<input type="checkbox"/> Yes <input type="checkbox"/> No
Weapon(s) Card			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligibility for Rehire? If no, please explain.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Special Comments:

Verified By: (Please Print) _____ Title _____ Date: _____

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