



EMPLOYMENT APPLICATION

PROTECH SECURITY GROUP, INC. IS AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL BE CONSIDERED WITHOUT REGARD TO AGE, RACE, COLOR, SEX, RELIGION, NATION OF ORIGIN, MARITAL STATUS, ANCESTRY, VETERAN STATUS, SEXUAL PREFERENCE OR CITIZENSHIP (AS LONG AS PERMITTED TO WORK IN THE US).

PLEASE SUBMIT FORMS WITH "CLEAR" COPIES OF DRIVERS LIC. SOCIAL SECURITY CARD AND PERC CARD.

Email: MelissaK@protechservices.com or Fax to: 630-243-7502

Protech Employee Information Profile

PRINT NEATLY

Date: _____

Name: _____

Home address: _____

City, State & Zip _____

Home Phone & Cell Phone: _____

Mailing address if different from above:

Address: _____

City State & Zip _____

Emergency Contact Info

Relationship:

Name: _____

Phone Number: _____

Address: _____

**DON'T WRITE
IN THIS AREA**

PERC # _____

FOID # _____

PROTECH SECURITY GROUP, INC.

EMPLOYMENT APPLICATION



APPLICANT INFORMATION							7/2013		
Last Name		First			M.I.	Date			
Street Address					Apt/Unit #				
City, State & ZIP				Bilingual? English &					
Home Phone		Cell Phone			Date of Birth				
Desired Hourly Rate:		Social Security No.			Date Available				
Position Applied for				E-mail:					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been <u>Convicted</u> of or <u>Pled Guilty</u> of a Felony or Misdemeanor?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
Do you have a PERC card?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Reg #					
Do you have a FOID card?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	ID #					
AVAILABLE HOURS							ANY HOURS/OPEN <input type="checkbox"/>		
Sun	to	Mon	to	Tues	to	Wed	to		
Thur	to	Fri	to					Sat	to
PREFERRED HOURS									
Sun	to	Mon	to	Tues	to	Wed	to	Thur	to
Fri	to							Sat	to
EDUCATION									
High School				Address					
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College				Address					
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other				Address					
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
REFERENCES									
<i>Please list two professional references.</i>									
Full Name					Relationship				
Company					Phone ()				
Address									
Full Name					Relationship				
Company					Phone ()				
Address									

PREVIOUS EMPLOYMENT					
<u>Company</u>			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
<u>Company</u>			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
MILITARY SERVICE					N/A <input type="checkbox"/>
Branch			From	To	
Rank at Discharge			Type of Discharge		
If other than honorable, explain					
DISCLAIMER AND SIGNATURE					
<p>The above information is true and correct. I understand that I shall be subject to dismissal if any information that I have given on any application or paperwork submission, is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery. I authorize Protech to inquire into my educational, professional and past employment history references as needed to research my qualifications for any position. I hereby give my consent to any former employer to provide employment-related information about me to Protech and will hold Protech and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made based on such information. <u>Confidentiality Clause:</u> The nature of services provided by Protech Security requires information to be handled in a private, confidential manner. Information about our business, our employees or clients will only be released to people or agencies outside the company with our written consent. Following legal or regulatory guidelines provide the only exceptions to this policy. All reports, memoranda, notes, or other documents will remain part of the company's confidential records. If Confidentiality is broken either disclosing Protech information to clients, client's information to anyone other than Protech employees or any outside competitor or posting any such information on any <i>social networking sites</i> will be grounds for dismissal and subject to any and all Legal ramification and Lawsuit. All court costs and plaintiff attorney's fees will be paid by Defendant in any lawsuit. <u>I agree to take any random test required, such as drug, psychological, or physical test during my employment, failure or refusal of such test may terminate my employment.</u> If employed, I will be required to provide original documents that verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.</p> <p style="text-align: center;"><i>I hereby acknowledge that I have read and agree to the above statements.</i></p>					
Signature				Date	
EMERGENCY CONTACT					
Name			Relationship		
Address			Phone#		

UNIFORM SHIRT/JACKET SIZE: S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____ 4XL _____

Vehicle Make _____ **Model** _____ **Lic Plate #** _____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

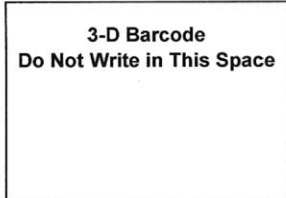
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page

