

Frontline Executive Protection

CA PPO #13559
5132 N. Palm #120 Fresno, CA 93704
Office: (559)430-4448 Fax: (888)430-5469

Application for Employment

Date: _____ Date of Birth: _____

Name: _____ Telephone: () _____

Address: _____ City _____ State _____ Zip Code _____

Driver's License Number: _____ State Issued _____ Exp. Date _____

Emergency Contact Information: _____

Position(s) applying for: _____

Date you can start: (MM/DD/YY) _____ Desired Wage: _____

Type of Employment requested: Full Time Part Time On-Call

Have you ever worked for **Frontline Executive Protection**? _____

Education

Type of School	Name of School	Location	Years of Study	Degree
High School				
College/University				
Other Education				

Languages other than English: _____

Computer Skills: _____

Guard Card Lic #: _____ Date Issued: _____ Exp. Date : _____

Baton Permit #: _____ Date Issued: _____

Firearm Permit #: _____ Date Issued: _____ Calibers: _____

Other Permits: _____

Work History

Please list your last 4 employers starting with the most recent.

Company Name:	Address	Phone Number	
Supervisor's Name:	Position:	Start Date:	End Date:
Describe Duties:			Reason for Leaving:

Company Name:	Address	Phone Number	
Supervisor's Name:	Position:	Start Date:	End Date:
Describe Duties:			Reason for Leaving:

Company Name:	Address	Phone Number	
Supervisor's Name:	Position:	Start Date:	End Date:
Describe Duties:			Reason for Leaving:

Company Name:	Address	Phone Number	
Supervisor's Name:	Position:	Start Date:	End Date:
Describe Duties:			Reason for Leaving:

NOTICE

False information given or implied on an application form is grounds for immediate dismissal without further notice. **Frontline Executive Protection** is an At-Will employer.

I hereby state that all info information provided to **Frontline Executive Protection** is accurate and may be verified. I agree that I may be discharged if at any time **Frontline Executive Protection** learns of falsification or material omission in the information provided on this application form and related documents. **Frontline Executive Protection** may contact my former employer in connection with the consideration of my employment with them. All references are hereby authorized to release all information which they may have relevant to my employment with them. I hereby release, its affiliates, successors and assigns, and all reference from any liability that might be claimed because of the information proved by such references.

I agree that I will follow all company policies, rules, procedures and all other directions pertaining to my employment. I understand that reserves the right to add, and/or delete any policies, procedures, work rules and/or benefits at any time change **Frontline Executive Protection**.

Applicant Signature

Date

NO CONSIDERATION OF EMPLOYMENT WILL BE GIVEN TO ANY APPLICANT WHO DOES NOT SIGN THE ABOVE STATEMENT.

Note: Additional personal information will be required to complete benefit forms after being hired.

Thank you for showing interest in pursuing a career with **Frontline Executive Protection**.