

Intelligence Protective Service, LLC

New Hire Packet



Intelligence Protective Service, LLC

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Intelligence Protective Services, LLC



For Office Use Only

References Verified / /

Passed Interview / /

MD Guard Card / /

MD Hand Gun Permit / /

Passed Drug Test / /

New Hire / /

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Previous Employment

Company: _____ 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 NO

Company: _____ 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 NO

Company: _____ 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 NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

Credentials/Training

Credentials/ Training

Maryland Handgun Permit: # _____ Exp. Date: ____/____/____

Maryland Guard Card Permit: # _____ Exp. Date: ____/____/____

Maryland Private Detective Permit: # _____ Exp. Date: ____/____/____

Other:

Application Questionnaire

Have you ever been served with an ex-parte or protection order for domestic violence? Yes No

Have you ever been ARRESTED for a violation of any criminal law? Yes No

Have you ever been CHARGED with a violation of any criminal law? Yes No

Have you ever been CONVICTED with a violation of any criminal law? Yes No

Have you ever been served with a criminal summons? Yes No

Are you currently on parole or probation or mandatory supervision? Yes No

Have you ever been confined or committed, including voluntary commitment, to a Mental institution or hospital for treatment of a mental disorder or disorders? Yes No

Are you addicted to or have you ever been addicted to controlled dangerous substances? Yes No

Have you ever been employed as a Police Officer? (Does not include being a Special Police Officer) Yes No

Has your handgun permit, license, certification, or registration in Maryland or any other state or jurisdiction ever been denied, suspended, revoked, or terminated? Yes No

Have you ever been a member of the United States Armed Forces? If so, attach a Copy of DD-214/ Discharge papers. Yes No

Are you an armored car guard? Yes No



"Systematic Investigations, Total Protection"

Eligibility To Work:

Are you legally authorized to work in the United States? Please check one **Yes** **No**
NOTE: Proof of identity and legal authority to work in the United States is a condition of employment.

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodations? **YES** **NO**

If No, Please Explain:

Are you/have you been a member of the US Military? (Please Select ALL that Apply)

Veteran **Active Reserves** **Air Force** **Army** **Navy** **Marines**



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Authorization to Obtain Employment Information and Criminal History

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application is complete, true and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment.

I hereby voluntarily consent to and authorize _____ bearing this release or copy thereof, to obtain a consumer report for employment purposes. I agree that this consumer report may include any of the following:

• Education Verification	• Personal Identity Verifications	• Motor Vehicle Records
• Employment Verification	• Civil Proceedings	• Credentials Verification
• Reference Checks	• Criminal Records	• Military Service Verification

I authorize all persons and organizations that may have information relevant to this research to disclose such information to _____ or its authorized agents.

I hereby release _____, its authorized database vendors/ agents and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I have read and agree to the Company's policies and employment process in regards to obtaining employment information and criminal history checks as stated above.

Signature

Name Printed

____/____/____
Date