

# APPLICATION FOR EMPLOYMENT



## EAST COAST PROTECTIVE SERVICES, INC. SOUTHEAST PROTECTION SERVICES, INC.

POST OFFICE BOX 784401  
WINTER GARDEN, FLORIDA 34778

PERSONNEL OFFICE USE ONLY	
Pending	_____
Denled	_____
Accepted	_____
Starting Rate \$	_____
By	_____
Control #	_____
Post	_____
PROPERTY LOCALE	
_____	
Training Schedule	
Date	_____
Day	_____

**Email:** [ecse@ecseprotect.com](mailto:ecse@ecseprotect.com)  
**Facsimile:** (407) 315-0026

Date: \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

SSN: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_ RACE \_\_\_\_\_

ALIAS(ES) \_\_\_\_\_ AKA \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### PREVIOUS ADDRESS (IF LESS THAN 10 YEARS)

STREET ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ If less than one year, list your prior address in the comments section of this application.

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Mobile Telephone \_\_\_\_\_

Driver's License # \_\_\_\_\_ (STATE) \_\_\_\_\_

**How did you hear about East Protective Services, Inc. or Southeast Protection Services, Inc.**

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**SECURITY GUARD JOB REQUIREMENTS**

- 1- **EAST COAST PROTECTIVE SERVICES, INC., AND SOUTHEAST PROTECTION SERVICES, INC.,** has mostly nighttime schedules, which include working weekends and Holidays. Is the acceptable to you?  
 If so, what hours do you prefer? \_\_\_\_\_AM \_\_\_\_\_PM \_\_\_\_\_12 HOUR \_\_\_\_\_ FLEX \_\_\_\_\_PT \_\_\_\_\_FT \_\_\_\_\_ANY
- 2- Security Guard duties require walking for long periods of time. Will this be a problem for you? YES \_\_\_OR \_\_\_NO
- 3- Do you understand that a Security Guard even if armed is NOT a Police Officer? \_\_\_\_\_
- 4- I have reliable transportation to my work assignment. YES\_\_\_\_\_ OR \_\_\_\_\_NO
- 5- It will be your responsibility to get to your scheduled assignment on your own and it is not the responsibility of **EAST COAST PROTECTIVE SERVICES, INC., AND SOUTHEAST PROTECTION SERVICES, INC.** Do you understand and accept this? \_\_\_\_\_YES OR \_\_\_\_\_NO

**All applicants will receive consideration for employment without regard to race, creed, color, national origin or any other non-merit factor.**

**Note: EAST COAST PROTECTIVE SERVICES, INC., and SOUTHEAST PROTECTION SERVICES, INC., requires that all employees submit and pass our drug screening and or testing before they will be approved for employment. Background checks are conducted for all applicants.**

**EAST COAST PROTECTIVE SERVICES, INC., and SOUTHEAST PROTECTION SERVICES, INC., requires that every applicant list all present and past employment, beginning with your most recent. If you need additional space us the comment section.**

<b>Last or Present Employer</b>		<b>Employer # 2</b>	
Name:	Starting hourly wage:	Name:	Starting hourly wage:
Address	Last hourly wage:	Address	Last hourly wage:
City	Zip	City	Zip
Type of Business:	Reason for leaving: _____ Resigned _____ Fired	Type of Business:	Reason for leaving: _____ resigned _____ Fired
Supervisor:	_____ Layed off	Supervisor:	_____ Layed off
Telephone:	Comments:	Telephone:	Comments:
Reason for leaving:		Reason for leaving:	
Start date: End date:		Start date: End date:	
<b>Employer # 3</b>		<b>Employer #4</b>	
Name:	Starting hourly wage:	Name:	Starting hourly wage:
Address	Last hourly wage:	Address	Last hourly wage:
City	Zip	City	Zip
	Reason for leaving:		Reason for leaving:

Type of Business:	Resigned _____ Fired _____	Type of Business:	Resigned _____ Fired _____
Supervisor:	Layed off _____	Supervisor:	Layed off _____
Telephone:	Comments:	Telephone:	Comments:
Reason for leaving:		Reason for leaving:	
Start date: _____ End date: _____		Start date: _____ End date: _____	

**MILITARY SERVICE RECORD**

Were you in the U.S. Armed Forces? _____ Yes _____ No		If yes what branch?
Date started:	Date Ended	Total time in service:
Highest rank achieved:		Type of discharge: _____ Honorable _____ Dishonorable _____ Other
Are you in the military reserves? ___ No ___ Yes, what branch?		
How often do you have to report for duty? _____ Weekly _____ Monthly _____ Other, explain:		

**CRIMINAL BACKGROUND INVESTIGATION AUTHORIZATION**

I do hereby certify that I have never been convicted of any criminal offense anywhere in the United States, except for the following:

Charge	City, State	Date	Disposition

**Signature:** \_\_\_\_\_

**EDUCATION RECORD**

Name and Address of School	Course of study	Last year completed	Diploma or Degree
High School:		9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup> Graduated Year:	
College:		1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> Graduated Year:	
Trade or Professional School		1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> Graduated Year	

**Personal References**

*Do not use relatives or previous employers*

Providing this information means that you are giving [NAME] permission to contact all the references.

NAME	Address	Telephone
1		
2		
3		

**PLEASE READ AND SIGN BELOW**

**This application shall be considered active for no more than 45 days after the date submitted.  
After that time applicants will be required to resubmit a new application.**

I have read and understand all sections of this employment application. All statements written by me are true and complete. I also understand that any false statements on this application or any future document I will be required to fill out, including but not limited to any and all **East Coast Protective Services, Inc., AND Southeast Protection Services, Inc.**, forms I will be preparing in the course of my duties shall be considered sufficient cause for dismissal.

I further understand that if employed by **East Coast Protective Services, Inc.**, and **Southeast Protection Services, Inc.**, I will be required to abide by all company policies and procedures. Failure to do so could result in my termination of employment with **East Coast Protective Services, Inc., and Southeast Protection Services, Inc.**

I understand that neither this document nor any other offer of employment from **East Coast Protective Services, Inc.**, and **Southeast Protection Services, Inc.**, or its representatives constitutes an employment agreement.

I consent to the release of information about my ability and fitness for the position I have applied for by employers, schools, law enforcement agencies to investigate, personnel staffing specialists and other authorized employees of **East Coast Protective Services, Inc., and Southeast Protection Services, Inc.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE**  
**Personnel use only - Reference Verification**

**Previous Employment**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Military</b>		<b>School</b>	
		<b>High school</b>	<b>College/Trade</b>
<b>Criminal</b>		<b>Personnel</b>	
		<b>1</b>	
		<b>2</b>	
		<b>3</b>	

**STATE CERTIFICATION VERIFICATION**

**DATE VERIFIED:** \_\_\_\_\_ **VERIFIED BY:** \_\_\_\_\_ **AGENCY EMPLOYEE** \_\_\_\_\_

**COPY OF CERTIFICATION RECEIVED** \_\_\_\_\_

**STATE VERIFIED** \_\_\_ NC \_\_\_ SC \_\_\_ GA \_\_\_ FL \_\_\_ TX

**EMPLOYEE PRINTED NAME:** \_\_\_\_\_

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**COMMENTS**

Please use this space for any additional information
