



*OTPS PROTECTION SERVICES, CORP*  
*Application for Employment*

**MANDATORY INFORMATION:**

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The following copies are needed with the application:

- Driver's License
- Social Security
- Proof of Legal Status
- Security Guard's License

**EMPLOYMENT APPLICATION INSTRUCTIONS:**

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- Download application form
- Fill in all of the required fields.
- Save this document to your PC.

Note: Send us this document along with the mandatory information. Email: [otpsprotection@gmail.com](mailto:otpsprotection@gmail.com)



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*Application for Employment*

**NOTICE TO APPLICANT**

FEDERAL AND STATE LAW REQUIRES THAT ALL APPLICATIONS BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE OR NATIONAL ORIGIN. WE BELIEVE IN AND FULLY SUPPORT THE PRINCIPLE OF EQUAL EMPLOYMENT OPPORTUNITY AND WILL FULFILL OUR OBLIGATION TO THE FULLEST.

**PERSONAL DATA**

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ HOW LONG HAVE YOU LIVED AT PRESENT ADDRESS? \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_

POSITIONS APPLIED FOR: \_\_\_\_\_ WORK SCHEDULE DESIRED: FULL TIME PART TIME  
\_\_\_\_\_ IF PART TIME, SPECIFY HOURS DESIRED BY DAY: SUN \_\_\_\_\_  
\_\_\_\_\_ MON \_\_\_\_\_ TUES. \_\_\_\_\_ WED \_\_\_\_\_  
\_\_\_\_\_ THURS. \_\_\_\_\_ FRI \_\_\_\_\_ SUN \_\_\_\_\_

RATE OF PAY EXPECTED: START \_\_\_\_\_ 6 MO. \_\_\_\_\_ 1 YEAR \_\_\_\_\_

HOW DID YOU HEAR OF THIS OPENNING? \_\_\_\_\_

HAVE YOU WORKED WITH US BEFORE? NO YES WHEN/HOW LONG? \_\_\_\_\_

PREVIOUS JOB TITLE \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

LIST ANY FRIENDS/RELATIVES WORKING WITH US NOW \_\_\_\_\_

LIST ANY SPECIAL SKILLS YOU HAVE FOR POSITIONS APPLIED FOR ABOVE:  
\_\_\_\_\_



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**IMPORTANT**

DO NOT ANSWER QUESTIONS IN THIS AREA UNLESS BLOCK NEXT TO QUESTION HAS BEEN CHECKED BY EMPLOYER. A CHECK INDICATES THE INFORMATION IS NEEDED FOR BONA FIDE JOB QUALIFICATIONS OR OTHER LEGALLY PERMISSIBLE REASONS.

ARE YOU OVER 21?      YES      NO      (If No, hire is subject to minimum legal age verification.)

SEX:      MALE      FEMALE      HEIGHT: \_\_\_\_\_ Ft. \_\_\_\_\_ In.      WEIGHT: \_\_\_\_\_ LBS.

MARITAL STATUS:      SINGLE      MARRIED      SEPARATE      DIVORCED      WIDOWED

No. YEARS MARRIED \_\_\_\_\_      No. of Dependents (INCLUDE YOURSELF) \_\_\_\_\_

HAVE YOU EVER BEEN BONDED?      NO      YES—WHEN \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THE PAST 10 YEARS (Excluding Traffic Violations)?      No      Yes

IF YES, LIST CONVICTIONS: \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL HANDICAPS PREVENTING YOU FROM DOING CERTAIN TYPES OF WORK?      No      Yes

IF YES, DESCRIBE HANDICAP/LIMITATIONS \_\_\_\_\_

HAVE YOU HAD ANY SERIOUS ILLNESS IN THE PAST 5 YEARS?      NO      YES      IF YES, DESCRIBE:

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**EMPLOYMENT DATA**

LIST IN REVERSE ORDER BEGINNING WITH PRESENT EMPLOYER AND PRESENT/PREVIOUS EMPLOYER DATA:

COMPANY NAME \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_ JOB/TITLE \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: BEGINING \_\_\_\_\_ ENDING \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

REFERENCES: \_\_\_\_\_

MAY WE CONTACT THE EMPLOYER AT THE PHONE GIVEN: IF YES \_\_\_\_\_ LEAVE BLANK IF NO

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COMPANY NAME \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_ JOB/TITLE \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: BEGINING \_\_\_\_\_ ENDING \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

REFERENCES: \_\_\_\_\_

MAY WE CONTACT THE EMPLOYER AT THE PHONE GIVEN: IF YES \_\_\_\_\_ LEAVE BLANK IF NO

-|-

COMPANY NAME \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_ JOB/TITLE \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: BEGINING \_\_\_\_\_ ENDING \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

REFERENCES: \_\_\_\_\_

MAY WE CONTACT THE EMPLOYER AT THE PHONE GIVEN: IF YES \_\_\_\_\_ LEAVE BLANK IF NO

-|-

COMPANY NAME \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_ JOB/TITLE \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: BEGINING \_\_\_\_\_ ENDING \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

REFERENCES: \_\_\_\_\_

MAY WE CONTACT THE EMPLOYER AT THE PHONE GIVEN: IF YES \_\_\_\_\_ LEAVE BLANK IF NO



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**MILITARY**

BRANCH	RANK	DUTIES	SALARY		REASON FOR CHANGE IN RANK
			FROM	TO	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LIST ANY SPECIAL SCHOOL OR SKILLS ACQUIRED DURING YOUR MILITARY SERVICE:

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PERSONAL REFERENCES:

NAME	ADDRESS	RELATIONSHIP	PHONE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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**APPLICANT: READ AND SIGN BELOW**

The information provided by me in this application for employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal. You are hereby authorized to conduct any investigation of my personal history and/or credit and financial records employing investigative or credit agencies or bureaus of your choice subject to the provisions of the Fair Credit Reporting Act.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

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**APPLICANT—DO NOT WRITE IN THIS SECTION**

**INTERVIEW:**

INTERVIEWER	DATE	COMMENTS
_____	_____	_____
_____	_____	_____

**HIRED**

DEPARTMENT \_\_\_\_\_ POSITION \_\_\_\_\_ WILL REPORT \_\_\_\_\_

LOCATION \_\_\_\_\_ SALARY \_\_\_\_\_

APPROVED: PERSONNEL DEPARTMENT \_\_\_\_\_

DEPARTMENT MANAGER \_\_\_\_\_

GENERAL MANAGER \_\_\_\_\_



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**EMPLOYMENT WAIVER FORM**

I, \_\_\_\_\_, THOROUGHLY UNDERSTAND THAT I AM BEING CONSIDERED FOR EMPLOYMENT AS A SECURITY OFFICER, AND MUST SUCCESSFULLY COMPLETE A BACKGROUND INVESTIGATION, DRUG SCREENING TEST, PHYSICAL EXAMINATION, PSYCHOLOGICAL EXAMINATION, 7-YEAR PRIOR EMPLOYER CHECK, FBI FINGERPRINT CHECK, CREDIT CHECK, AND INTEGRITY TEST. I UNDERSTAND THAT SHOULD UNFAVORABLE INFORMATION BE DEVELOPED, I MAY BE DENIED EMPLOYMENT.

I AM SEEKING EMPLOYMENT ON THE BASIS THAT I KNOW, OF NO UNFAVORABLE INFORMATION WHICH MAY BE DEVELOPED BY OTPS PROTECTION SERVICES CORP., OR THE PERSONNEL OFFICER WITH THE EXCEPTION OF WHAT I HAVE INDICATED ON MY APPLICATION AND WHICH HAS BEEN EXPLAINED BY ME IN DETAIL DURING THE INTERVIEW PROCESS.

I UNDERSTAND THAT CERTAIN NON-EXEMPT PORTIONS OF THE BACKGROUND INVESTIGATION, DRUG TEST, PHYSICAL EXAMINATION, PSYCHOLOGICAL EXAMINATION, CRIMINAL RECORDS CHECK, DRIVER'S LICENSE CHECK, CREDIT CHECK, AND INTEGRITY TEST MAY BECOME AVAILABLE FOR INSPECTION BY THE PUBLIC PURSUANT TO THE PUBLIC RECORDS LAW. I UNDERSTAND AND AGREE TO THE CONTENTS OF THIS STATEMENT.

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

WITNESS: \_\_\_\_\_



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RESTRICTIVE COVENANT

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During the term of this Agreement and for the twelve month period immediately following the period for which a Contract Person last performed services for \_\_\_\_\_ through OTPS Protection Services, Corp. \_\_\_\_\_ shall not, directly or indirectly, solicit, participate in or promote the solicitation of such Contract Person, or hire or engage such Contract Person, unless written consent is previously obtained from OTPS Protection Services, Corp.

Current Affected Contract Person(s):

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

OTPS Protection Services, Corp \_\_\_\_\_ Date \_\_\_\_\_