

Protocol Security Agency

8633 Cherry Lane, Suite #1D, Laurel, Maryland 20707
202-628-6666

Employment Application

Date of Application: _____

PLEASE SELECT ONE OR MORE POSITIONS AND/OR LICENSES FOR WHICH THE APPLICATION IS INTENDED TO SERVE.

- Full-time Employment Part-time Employment
 Unarmed Security Guard Armed Security Guard Special Police Commission Patrol Services
 Private Detective Security System Technician Wear and Carry Training Handgun Permit (HQL)
 Armored Car Driver/Guard Plain Clothes Security Guard

Applicant's Name: Last, First Middle _____				Gender: <input type="radio"/> Male <input type="radio"/> Female	
Date of Birth: _____					
Street Address: _____					
City: _____		County: _____		State: _____	Zip Code: _____
Phone Numbers:	<u>Home</u>	<u>Cell</u>	<u>Work</u>	<u>Other</u>	
Email Address: _____					
SSN: _____		Driver's License Number: _____			State: _____
Height: _____	Weight: _____	Eye Color: _____	Hair Color: _____	Race: _____	
Place of Birth: (City/State) _____				Country: _____	
Are you a United States Citizen?	<input type="radio"/> Yes (NOTE: If Naturalized, attach a copy of your Naturalization paper) <input type="radio"/> No (YOU MUST attach a copy of your Employment Authorization Card with application)				
Have you ever been CONVICTED of a violation of any criminal law?	<input type="radio"/> Yes <input type="radio"/> No	If "Yes", please provide a detailed answer.			
EDUCATION					
<u>School</u>	<u>School Name, Location (City and State)</u>			<u>Years Attended</u>	
<u>School</u>	<u>School Name, Location (City and State)</u>			<u>Years Attended</u>	
<u>School</u>	<u>School Name, Location (City and State)</u>			<u>Years Attended</u>	

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PLEASE LIST ANY CERTIFIED LICENSES HELD OR CURRENTLY PENDING			
<u>Security Positions</u>	<u>License Number</u>	<u>Expires Date</u>	<u>Certification Applied Date</u>
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MILITARY AND/OR LAW ENFORCEMENT EXPERIENCE			
Have you ever been a member of the United Armed Forces?	<input type="radio"/> Yes <input type="radio"/> No	If "Yes", please be prepared to provide a copy of your DD-214/ Discharge papers	
Have you ever been a member of a Police Department?	<input type="radio"/> Yes <input type="radio"/> No	If "Yes", please be prepared to provide a copy of your Retirement/Separation papers	
Have you ever received any accredited Law Enforcement training?	<input type="radio"/> Yes <input type="radio"/> No	If "Yes", please be prepared to provide a Certificate of training	
Have you received any on-line/college training in Criminal Justice?	<input type="radio"/> Yes <input type="radio"/> No	If "Yes", please be prepared to provide a Certificate of training or Course Transcripts	
Home Residence for last five (5) years			
Street Address:			<u>Years Resided</u>
City:	County:	State:	Zip Code:
Street Address:			<u>Years Resided</u>
City:	County:	State:	Zip Code:
Street Address:			<u>Years Resided</u>
City:	County:	State:	Zip Code:
Street Address:			<u>Years Resided</u>
City:	County:	State:	Zip Code:

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Employment for last five (5) years			
Company:		Position Held:	
Street Address:			<u>Years Employed</u>
City:	State:	Zip Code:	<u>Telephone Number</u>
Company:		Position Held:	
Street Address:			<u>Years Employed</u>
City:	State:	Zip Code:	<u>Telephone Number</u>
Company:		Position Held:	
Street Address:			<u>Years Employed</u>
City:	State:	Zip Code:	<u>Telephone Number</u>
Company:		Position Held:	
Street Address:			<u>Years Employed</u>
City:	State:	Zip Code:	<u>Telephone Number</u>
Company:		Position Held:	
Street Address:			<u>Years Employed</u>
City:	State:	Zip Code:	<u>Telephone Number</u>

I do hereby declare and affirm that the contents of this application are true and correct to the best of my knowledge, information and belief; and, I so indicate by signing below in the designated space. I agree to supply any additional information upon request for the completion of the Employment Application. False information will be sufficient grounds for denial of the Employment Application for Protocol Security Agency.

Applicant Signature: _____ Date: _____