

**Employment Application Instructions**

Welcome to The World Protection Group, Inc. (WPG). We appreciate the opportunity to review your qualifications for employment with our company. PLEASE COMPLETE EVERY ITEM. If an item does not apply to you, write N/A in that box. LEAVE NO ITEM BLANK UNLESS OTHERWISE INSTRUCTED. INCOMPLETE APPLICATIONS WILL BE RETURNED. Please list and explain any periods of unemployment. Please fully explain the reasons for leaving each company or entity by whom you were employed. This application will be valid 120 days from the date of application. If you wish to be considered for employment subsequent to that date, a new application must be completed.



The **WORLD PROTECTION GROUP, Inc.**

*An Executive Protection & Threat Management Company*

Name: _____
Position Applied for: _____
Date: _____

**PERSONAL INFORMATION (Please type or print clearly in black)**

NAME:	LAST	FIRST	MIDDLE
CURRENT ADDRESS:	STREET NUMBER/NAME		STATE ZIP CODE
HOME TELEPHONE:		BUSINESS TELEPHONE:	
ARE YOU IMMEDIATELY AUTHORIZED FOR UNRESTRICTED WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU OF LEGAL AGE TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE WHICH HAS NOT BEEN EXPUNGED OR SEALED BY A COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, SET FORTH THE NATURE AND DATES OF CONVICTION, AND DATE OF RELEASE:			

Factors such as age at time of the offense, seriousness and nature of the violation, and rehabilitation, will be taken into account.

**JOB INTEREST**

POSITION DESIRED:	ANNUAL SALARY OR HOURLY RATE DESIRED:
HOW WERE YOU REFERRED TO US?	
<input type="checkbox"/> Employment Advertisement (Please name publication): _____	
<input type="checkbox"/> Employment Agency (Please name agency): _____	
<input type="checkbox"/> Employee Referral (Please name employee): _____	
<input type="checkbox"/> Other (Please specify): _____	
DATE AVAILABLE:	HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH WPG? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, DATE?:
AVAILABLE TO WORK: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY	CAN YOU WORK NIGHTS, WEEKENDS, HOLIDAYS, ETC? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, ANY RESTRICTIONS?

**EDUCATION**

Name of School	City and State	Major Course of Study	Degree Received	Dates Attended (From/To)
HIGH SCHOOL:				
COLLEGE:				
OTHER:				
DESCRIBE OTHER JOB-RELATED TRAINING COMPLETED:				
ACTIVITIES, HONORS, AND OFFICES HELD THAT ARE JOB-RELATED:				
LIST ANY FOREIGN LANGUAGES YOU SPEAK AND AT WHAT LEVEL:				

**MILITARY EXPERIENCE**

Branch of Service:	Rank:	Supervisor:
Period of Active Duty: (Month/Year) From:                      To:	Describe your duties and any special training:	

**COMPLETE EMPLOYMENT HISTORY (Start with your most recent position/List last 10 years)**

Dates of Employment:		Position:	
From: Month/Year ____/____	To: Month/Year ____/____	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name, address, and telephone number of employer
Responsibilities:		Supervisor:	
Reason for Leaving:		Rate of Pay:	
<input type="checkbox"/> Not Employed	From: ____/____	To: ____/____	Reason:

Dates of Employment:		Position:	
From: Month/Year ____/____	To: Month/Year ____/____	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name, address, and telephone number of employer
Responsibilities:		Supervisor:	
Reason for Leaving:		Rate of Pay:	
<input type="checkbox"/> Not Employed	From: ____/____	To: ____/____	Reason:

Dates of Employment:		Position:	
From: Month/Year ____/____	To: Month/Year ____/____	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name, address, and telephone number of employer
Responsibilities:		Supervisor:	
Reason for Leaving:		Rate of Pay:	
<input type="checkbox"/> Not Employed	From: ____/____	To: ____/____	Reason:

Dates of Employment:		Position:	
From: Month/Year ____/____	To: Month/Year ____/____	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name, address, and telephone number of employer
Responsibilities:		Supervisor:	
Reason for Leaving:		Rate of Pay:	
<input type="checkbox"/> Not Employed	From: ____/____	To: ____/____	Reason:

**If you need additional space, please print this page as many times as needed and include it with your application.**

<b>1. HAVE YOU EVER BEEN TERMINATED, SUSPENDED, OR ASKED TO RESIGN FROM ANY PREVIOUS EMPLOYMENT?</b> IF YES, PLEASE PROVIDE DETAILS ON A BLANK SHEET AND ATTACH IT TO THIS FORM.      YES <input type="checkbox"/> NO <input type="checkbox"/>				
<b>2. HAVE YOU EVER BEEN INVOLVED IN A LAWSUIT AS A PLAINTIFF, DEFENDANT, OR WITNESS?</b> IF YES, PLEASE PROVIDE DETAILS ON A BLANK SHEET AND ATTACH IT TO THIS FORM.      YES <input type="checkbox"/> NO <input type="checkbox"/>				
<b>3. LIST THE NAME AND PHONE NUMBER(S) OF ONE CO-WORKER FROM EACH OF YOUR LAST TWO JOBS:</b>				
	EMPLOYER	CO-WORKER	HOME PHONE	WORK PHONE
A.	_____			
B.	_____			

**REFERENCES**

Name	Street, City, State & Zip Code (Be Specific)	Telephone	Occupation	Years Known
1.				
2.				
3.				
4.				
5.				

**CONDITIONS OF EMPLOYMENT**

Please read the following statements carefully as they constitute conditions of employment with The World Protection Group, Inc (WPG):

1. The information that I have provided on this application is true and correct to the best of my knowledge.
2. I understand that any misrepresentation or omission of fact made on this application, on my resume, or during the interview or hiring process may result in the refusal of employment, or if employed, immediate termination from WPG.
3. The persons, schools, current and prior employment, and other organizations or employers named in this application and on the reference list provided by me, are authorized to verify the information I have provided, to provide any information they have regarding me, whether it is in their records, and to provide WPG with information that may be requested by WPG to arrive at an employment decision. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I agree that neither WPG, nor the providers of information will be violating my right to privacy in any manner. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures.
4. I agree to protect confidential information, trade secrets, and proprietary information of WPG, and of WPG's vendors, licensors, licensees, marketing partners, and clients, and that I will not disclose the confidential information of others to WPG.
5. Although WPG makes every effort to accommodate individual preferences, business needs may make the following conditions necessary: overtime, shift work, a rotating work schedule, a work schedule that includes Saturday and Sunday. I understand and accept these as conditions of my employment.
6. I will be able, if hired, to certify that I am immediately authorized to work in the United States of America for WPG and that in accordance with the Immigration Reform and Control Act, I will be able to provide timely documentation of identify and employment eligibility.
7. I understand that because WPG wishes to provide and maintain a safe environment in which to work, it will not employ persons who use illegal drugs and/or abuse alcohol, and that it retains the right to screen from employment such individuals. In fact, I agree and consent that I may be required to take a pre-employment drug test. Further, I agree to abide by WPG's Substance Abuse Policy, a copy of which will be provided if I am employed by WPG.
8. I agree that I will, if employed, immediately read WPG's Employee Manual and Security Officer's Manual (if applicable), and that I will conduct myself in accordance with the policies espoused in said manuals, and with all other policies, rules, or regulations of WPG throughout the period of my employment. I understand and agree that violation of any policy, rule, or regulation may result in my immediate termination.
9. I understand and agree that WPG may require that I take a physical fitness test.
10. I understand and agree that if I am employed by WPG, it will be on an at-will basis. As an at-will employee, I understand and agree that either WPG or I can terminate our employment relationship at any time for any reason, with or without advance notice and with or without cause. I understand and agree that, although over the course of my employment, other terms and conditions of my employment may change, the at-will nature of my employment will not. I understand that no one other than the President of WPG may enter into an agreement with me contrary to the foregoing and that any such contrary agreement must be in writing and signed by the President.
11. I agree that if any provision of this agreement is invalid or unenforceable, the balance of this agreement shall remain in effect.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_