



PLEASE RETURN THE COMPLETED FORM TO:

AMERICA PROTECTIVE SECURITY LLC
10304 NEW HAMPSHIRE AVE
SILVER SPRING MD, 20903

Tel:(301) 434-0005
Fax:(301) 434 0077



APPLICATION FORM

CONFIDENTIAL (WHEN COMPLETE)

FOR DATA PROTECTION PURPOSES, THIS APPLICATION FORM WILL BE SHREDDED AFTER ONE YEAR, IF YOUR APPLICATION WAS UNSUCCESSFUL

CONFIDENTIAL (WHEN COMPLETE)

NOTES:

1. PLEASE USE BLACK INK AND CAPITAL LETTERS
2. PLEASE ANSWER ALL QUESTIONS
(USE N/A, NO OR NONE IF A QUESTION DOES NOT APPLY)
3. PLEASE READ ALL SECTIONS CAREFULLY AND SIGN WHERE APPLICABLE

(Now Please Turn Over)

FOR OFFICE USE ONLY

NAME		ID
START DATE	SCREENING DATE	PROBATION DATE
SECURITY LICENCE NO.		SECURITY LICENSE EXPIRY DATE
LICENCE TYPE	TRAINING NOTES	

PHOTO

DOCUMENTS SEEN

IDs

LICENSES
PROOF OF ADDRESS

☐

PASSPORT/VISA TYPE EXP. (IF ANY)

SECURITY GUARD LICENCE

☐

SCREENING DOCS

☐

DRIVERS LICENCE/
STATE ISSUED ID

☐

US BIRTH CERTIFICATE

☐

ADDITIONAL SCREENING REQUIREMENTS

LETTER ISSUED

☐

TUPE INFO

DATE OF TRANSFER

PREVIOUS COMPANY

CONTINUOUS SERVICE

SITE NAME

PAPERWORK FORWARDED TO

INVITE SIGNATURE

ACCOUNTS

☐

SCREENING

☐

CONTROL

☐

DATE

LEAVERS INFO

UNIFORM
RETURNED
Y/N

REASON FOR LEAVING

DEPARTMENTS INFORMED

OPERATIONS

☐

ACCOUNTS

☐

PERSONNEL

☐

LEAVING DATE

RE EMPLOY Y/N

SIGNED

FIRST NAME		TITLE		HAVE YOU WORKED FOR APS SECURITY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES FROM _____ TO _____	
MIDDLE NAME(S)		MALE/FEMALE		HAVE YOU APPLIED TO APS SECURITY BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN: _____	
LAST NAME		DATE OF BIRTH		ARE YOU SEEKING SECURITY <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> RECEPTION OTHER <input type="checkbox"/>	
ADDRESS 				HOW DID YOU HEAR ABOUT THIS POSITION? IF THIS WAS A APS SECURITY EMPLOYEE PLEASE PROVIDE COMPLETE NAME _____ DATE ANY HOLIDAYS BOOKED	
ZIP CODE		NEAREST TRAIN STATION			
HOME TELEPHONE			NAME AND ADDRESS OF NEXT OF KIN (IN CASE OF EMERGENCY)		
MOBILE					
EMAIL					
DO YOU HAVE HEALTH INSURANCE?			HOW RELATED: _____		
IF SO, WHO ARE YOU INSURED WITH?			HOME TEL: _____ WORK TEL: _____		
NATIONALITY		VISA TYPE _____ EXPIRY _____			
PLACE OF BIRTH (TOWN AND COUNTRY)		IF A FOREIGNER, DATE OF ENTRY IN USA:		PASSPORT No.	
DO YOU HAVE A DRIVING LICENCE: <input type="checkbox"/> FULL <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHICH CLASS: CAR <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/>					
DRIVING LICENCE No: _____ DETAILS OF CURRENT ENDORSEMENTS: _____					
WE REQUIRE A CONTINUOUS RECORD OF YOUR PREVIOUS ADDRESS FOR THE LAST 5 YEARS					
PREVIOUS ADDRESS 1:			PREVIOUS ADDRESS 2:		
FROM _____ TO _____			FROM _____ TO _____		
LIST TYPES OF SECURITY GUARD LICENCE(s):					
LICENSE No. & STATE _____					
LICENSE TYPE _____ LICENCE EXPIRY DATE _____					
PLEASE READ THIS SECTION CAREFULLY AND SIGN					
HAS A COUNTY COURT JUDGEMENT EVER BEEN AWARDED AGAINST YOU? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, GIVE DETAILS: _____ DATE: _____					
HAVE YOU EVER APPEARED BEFORE A COURT, CHARGED WITH A CRIMINAL, CIVIL OR MILITARY OFFENCE AND BEEN CONVICTED, OR CAUTIONED BY THE POLICE, FOR ANY OFFENCE WHICH IS CONSIDERED AN UPSPENT CONVICT NO <input type="checkbox"/> INITIAL: _____ IF YES GIVE DETAILS AND DATES: _____					
HAVE YOU ANY ALLEGED OFFENCES OUTSTANDING? YES <input type="checkbox"/> INITIAL: _____ NO <input type="checkbox"/> INITIAL: _____ IF YES GIVE DETAILS AND DATES: _____					

SERVICE RECORD

N/A <input type="checkbox"/>	ARMY <input type="checkbox"/>	NAVY <input type="checkbox"/>	AIR FORCE <input type="checkbox"/>	POLICE SERVICE <input type="checkbox"/>	FIRE SERVICE <input type="checkbox"/>	TERRITORIAL ARMY <input type="checkbox"/>
ARE YOU LIABLE FOR RECALL YES <input type="checkbox"/> NO <input type="checkbox"/>				ARE YOU A MEMBER OF ANY RESERVE INVOLVING TRAINING YES <input type="checkbox"/> NO <input type="checkbox"/>		

CHARACTER REFERENCES

PLEASE GIVE DETAILS OF 2 PEOPLE (OTHER THAN FAMILY AND NOT A FORMER EMPLOYER), WHO HAVE KNOWN YOU FOR A MINIMUM OF 3 YEARS. WE WILL APPROACH FOR REFERENCES AND IF NEED BE, TO ASSIST IN VERIFYING CERTAIN PERIODS OF YOUR EMPLOYMENT HISTORY.

NAME: _____ ADDRESS: _____ _____ TELEPHONE No. _____ OCCUPATION: _____ PERIOD KNOWN: _____	NAME: _____ ADDRESS: _____ _____ TELEPHONE NO. _____ OCCUPATION: _____ PERIOD KNOWN: _____
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EDUCATION AND QUALIFICATIONS (STATE NAME AND ADDRESS OF ALL SCHOOLS/COLLEGES ATTENDED WITHIN LAST 5 YEARS)

DATES FROM/TO	SECONDARY SCHOOL/COLLEGE/UNIVERSITY INCLUDING FULL ADDRESS AND TELEPHONE No.	CERTIFICATES/ DEGREE/DIPLOMA	OFFICE USE

EMPLOYMENT - FIVE YEARS HISTORY STARTING WITH TODAY'S DATE AND WORKING BACKWARDS

EMPLOYMENT DATES MONTH/YEAR	DETAILS OF EMPLOYMENT, SELF EMPLOYMENT, REGISTERED/UNREGISTERED/ UNREGISTERED UNEMPLOYMENT, MILITARY SERVICE, PART TIME WORK	OFFICE USE
FROM:	COMPANY NAME:	POSITION HELD
TO:	ADDRESS:	
TEL:		SUPERVISOR:
		LAST SALARY/WAGE:
FAX:		REASON FOR LEAVING:
	ZIP CODE:	
FROM:	COMPANY NAME:	
TO:	ADDRESS:	POSITION HELD
TEL:		
		SUPERVISOR:
FAX:		LAST SALARY/WAGE:
	ZIP CODE:	REASON FOR LEAVING:
FROM:	COMPANY NAME:	
TO:	ADDRESS:	POSITION HELD
TEL:		
		SUPERVISOR:
FAX:		LAST SALARY/WAGE:
	ZIP CODE:	REASON FOR LEAVING:

Bank Details

Name of Bank	
Bank Address	
Account Name	
Bank Routing Number	
Account Number	

EMPLOYMENT - FIVE YEAR HISTORY (CONTINUED)

EMPLOYMENT DATES MONTH/YEAR	DETAILS OF EMPLOYMENT, SELF EMPLOYMENT, REGISTERED/UNREGISTERED/ UNREGISTERED UNEMPLOYMENT, MILITARY SERVICE, PART TIME WORK, ETC.		OFFICE USE
FROM:			
TO:	ADDRESS:	POSITION HELD:	
TEL:		SUPERVISOR:	
FAX:		LAST SALARY/ WAGE:	
	ZIP CODE:	REASON FOR LEAVING:	

PLEASE READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE STATEMENTS

ARE YOU ABLE AND FIT TO WORK NIGHT SHIFTS	OFFICE USE ONLY
STATE: YES <input type="checkbox"/> INITIALS: _____	REFERENCE DECLARATION SIGNED <input type="checkbox"/>
NO <input type="checkbox"/> INITIALS: _____	DATA PROTECTION STATEMENT SIGNED <input type="checkbox"/>
	EQUAL OPPORTUNITIES FORM SIGNED <input type="checkbox"/>
	BANK DETAILS FORM FILLED <input type="checkbox"/>

STATEMENT TO BE SIGNED BY APPLICANT

- 1 IF OFFERED EMPLOYMENT, IT WILL INITIALLY BE FOR A PROBATIONARY PERIOD OF 12 WEEKS
 - 2 DURING THE PROPATIONARY PERIOD, YOUR CONTRACT OF EMPLOYMENT MAY BE TERMINATED BY YOU (EXCEPT IN CASE OF GROSS MISCONDUCT), BY NOT LESS THAN 2 WEEKS NOTICE.
 - 3 CONTINUED EMPLOYMENT IS CONDITIONAL UPON SATISFACTORY SCREENING, TRAINING AND A MEDICAL EXAMINATION (IF REQUIRED) AND ADHERENCE TO THE TERMS AND CONDITIONS OF EMPLOYMENT.
 - 4 I HAVE READ AND UNDERSTOOD THE COMPANY'S EQUAL OPPORTUNITY POLICY
 - 5 CUSTOMER TELEPHONES ARE FOR BUSINESS USE ONLY. CRIMINAL PROCEEDINGS WILL BE INSTIGATED AGAINST ANY MEMBER OF STAFF WHO IS REASONABLY SUSPECTED OF THIS OFFENCE AND YOU WILL BE LIABLE FOR ANY COST INCURRED BY YOU.
- PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE READ UNDERSTOOD THE ABOVE 5 POINTS IN THIS STATEMENT.

APPLICANTS SIGNATURE: _____

DATE _____

STATEMENT TO BE SIGNED BY APPLICANT

I, _____
(FULL NAME IN CAPITALS)

CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IS COMPLETE AND CORRECT AND I UNDERSTAND THAT PRESENTATION OF ANY FALSE INFORMATION OR DOCUMENTS IS GROUNDS FOR IMMEDIATE DISMISSAL AND RENDERS ME LIABLE TO PROSECUTION.

IN ORDER TO COMPLETE THE EMPLOYEE SCREENING TO THE BS7858 STANDARD I AUTHORISE THAT ORGANISATION TO APPROACH THE CREDIT REFERENCE BUREAU, ANY AGENCIES, FORMER EMPLOYERS AND PERSONAL REFERENCES TO VERIFY THE INFORMATION GIVEN AND WILL SUPPLY A STATUTORY DECLARATION IF REQUIRED.

APPLICANTS SIGNATURE: _____

DATE _____

SENSE TEST**SMELL TEST:**BURNT COTTON USED: YES ☐ NO ☐BURNT PAPER USED: YES ☐ NO ☐**HEARING TEST:**LOUDER VOICE USED: YES ☐ NO ☐QUITER VOICE USED: YES ☐ NO ☐**VISION TEST:**SPECTACLE: YES ☐ NO ☐COLOUR BLINDNESS: YES ☐ NO ☐25 YARDS DISTANCE: YES ☐ NO ☐**COMMENTS:**

CHECKED BY (SIGNATURE): _____

DATE _____

EQUAL OPPORTUNITIES MONITORING FORM

America Protective Security is committed to achieving equality of opportunity. To help us achieve this aim please complete this form.

Personal Details

Title _____ Last Name _____ First Name(s) _____
 Post Applied for _____
 Gender Male ☐ Female ☐ Date of Birth _____ Marital / Partnership Status _____

Ethnic Background

a) White

☐ North America ☐ Middle East ☐ Europe ☐ Other White Background ☐
 Please Specify: _____

b) Asian

Pakistani ☐ Bangladeshi ☐ Indian ☐ Chinese ☐ Any other Asian background ☐
 Please Specify: _____

c) Black or African American

Caribbean ☐ African ☐ Any other Black background ☐
 Please Specify: _____

Disability

Do you have a physical and / or mental impairment within the criteria of the Disability Discrimination Act, which has a substantial long term adverse effect on your ability to carry out normal day to day activities?

Yes ☐ No ☐

If yes, please give details below along with any adaptations that you would require to

English Language

Please describe your English language abilities by ticking the relevant boxes below:

	Understand	Speak	Read	Write
None				
Basic				
Competent				
Good				
Fluent				



Medical Questionnaire

America Protective Security requires medical questionnaire to be filled by application for final decision for his/her appointment. This is a mandatory information if you wish to be considered for the position. Failure to submit to the examination or failure to make full and open disclosure of any current or past medical conditions, including incomplete, misleading or inaccurate information can lead to disqualification from Vigilant employment, or disciplinary or adverse action if employed.

Skin Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ear Trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eye Trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma or Hay Fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Recurrent Sore Throat or Sinusitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tuberculosis, Bronchitis or Pneumonia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shortness of Breath or Chest Trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart Disease or High Blood Pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Severe Headaches or Migraines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fits, Blackouts or Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gastric, Duodenal Ulcers or prolonged Indigestion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hepatitis or Jaundice	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Typhoid Fever, Gastroenteritis or Diarrhea	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Prolonged Back Pain or Disc Trouble	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Arthritis or Rheumatism	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Difficulties in Bending or Lifting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Kidney or Bladder Infection	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please comment on any other medical issue that you may want to include in this questionnaire apart from above listed:

Signature of Application

Date



AUTHORISATION AND COMPLIANCE

(Please read this carefully before signing this application form)

DECLARATIONS

I certify that to the best of my knowledge, the information that I have given in my application for employment is true and complete and understand that any false statement or omission to the Company or its representatives may render lead to termination of employment without notice. I understand and agree that if so required I will make a Statutory Declaration in confirmation of previous employment or unemployment. I authorize the Company or its agents to approach Government agencies, former employers, educational establishments, criminal justice agencies and personal referees for information relating to and verification of my employment/unemployment record. I consent to the Company's reasonable processing of any personal information obtained for the purposes of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by the Company. I consent to the results of such examinations to be given to the Company and if necessary, authorize the Company to make a consumer information search with a credit reference agency, which will keep a record of that search and may share that information with other credit reference agencies. I further declare that any documents that I provide as proof of my identity, proof of address, proof of right to work and any other documents that I provide are genuine and give my consent for these documents to be examined and verified. I acknowledge that any falsified documents may be reported to the appropriate authority.

DATA PROTECTION ACT

The Company will use the information you have given on your application form (together with any information which we obtain with your consent from third parties) for assessing your suitability for employment. It may be necessary to disclose your information to our agents and other service providers.

By returning this form to the Company you consent to our processing personal data about you where this is necessary, for example information about your credit status, ethnic origin or criminal offenses. You also consent to the transfer of your information to your current and future potential employers where this is necessary (this may be to companies operating abroad if you apply for work outside of the United States).

Your information will be held on our computer database and/or in our paper filing systems. By signing below you agree to this process and confirm that you do not have a criminal record. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

DISCLOSURE

You are applying for a position of trust and in the event of being offered employment by the Company we may apply for a Disclosure. However, having a criminal record does not necessarily bar you from employment. Disclosure information is treated in a sensitive way and is restricted to those who need to see it to make a recruitment decision. By signing this document you allow the Company to see a copy of the Disclosure. The Disclosure information is not retained. By signing below you agree to this process.

SCREENING

Any offer of employment is subject to satisfactory screening, that the applicant consents to being screened and will provide information as required. That the information provided is correct, and the applicant acknowledges that any false statements or omissions could lead to termination of employment.

Applicant name: _____

ID number: _____

Applicant signature: _____

Date _____