## JOB APPLICATION

## Proteus Protective Services 1570 Lane Ave S Security Ofc, Jacksonville, Florida 32210 904-299-3534 X703

Proteus Protective Services is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information				
Applicant Name:				
Address:				
City, State and Zip Code:				
Telephone Number:				
Email Address:				
Date of Application:				
Employment Position Position(s) applying for: Security Ops & Admin				
How did you hear about this position?				
What days are you available for work?				
What hours or shift are you available for work?				
If needed, are you available to work overtime?				
On what date can you start working if you are hired?				
Do you have reliable transportation to and from work?				
Personal Information				
Have you ever applied to or worked for Proteus Protective Services before?	Yes	No		
If yes, when?				
Do you have any friends, relatives, or acquaintances working for Proteus Protective Services If yes, state name & relationship:	Yes	No		
Are you 18 years of age or older?	Yes	No		
Are you a U.S. citizen or approved to work in the United States?	Yes	No		
What document can you provide as proof of citizenship or legal status?				
Will you consent to a mandatory controlled substance test?	Yes	No		
Do you have any condition which would require job accommodations?	Yes	No		
If yes, please describe accommodations required below.	100	140		
Have you ever been convicted of a criminal offense (felony or misdemeanor)?	Yes	Ma		
If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:	165	No		

Job Skills/Qualifications Please list below the skills and qualifications you possess for the position for which you are applying:				
necessary for eligible applicants/em	complies with the ADA and considers ployees to perform essential functions ation conducted by a medical profess	s. It is possible that a hire may		
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High School	1 (0)			
Name	Location (City, State)	Year Graduated	Degree Earned	
College/University				
Name	Location (City, State)	Year Graduated	Degree Earned	
Vocational School/Specialized Tra				
Name	Location (City, State)	Year Graduated	Degree Earned	
What branch of the military did you What was your military rank when o How many years did you serve in the What military skills do you possess	discharged?	on?		
Previous Employment Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed:				
Reason for leaving:				
Employer Name: Job Title:				
Supervisor Name:				
Employer Address:				
City, State and Zip Code:				
Employer Telephone:				
Dates Employed:				
Reason for leaving:				
Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code:				
Employer Telephone:	·			

Dates Employed: Reason for leaving:	
References Please provide 3 personal and professional refer	rence(s) below:
Reference	Contact Information
Additional Information:	
What is your Florida D Security License Numbe	er?
What is your Florida G Security License Number	er?
Do you have a TWIC?	
Driver's License Number	
AT-WILL EMPLOYMENT	
The relationship between you and the Proteus employment can be terminated at any time for Protective Services. No representative of Protective Services at will relationship. You written statements or representations regarding	s Protective Services is referred to as "employment at will." This means that your or any reason, with or without cause, with or without notice, by you or the Proteus teus Protective Services has authority to enter into any agreement contrary to the understand that your employment is "at will," and that you acknowledge that no oral or go your employment can alter your at-will employment status, except for a written or Vice-President/Chief Operations Officer or the Company's President.
Applicant Signature:	Dated: