

Employment Experience

Are you employed now? Yes ____ No ____

Available to work: Full Time ____ Part Time ____ Temporary ____ Shift Work ____

Starting with your present or last job, list your last three employers:

1. **Employer name:** _____

Address _____
Number Street/Road City State Zip

Telephone: _____ Dates Employed: _____
Area Code Number From To

Job Title & Description: _____

2. **Employer name:** _____

Address _____
Number Street/Road City State Zip

Telephone: _____ Dates Employed: _____
Area Code Number From To

Job Title & Description: _____

3. **Employer name:** _____

Address _____
Number Street/Road City State Zip

Telephone: _____ Dates Employed: _____
Area Code Number From To

Job Title & Description: _____

Applicant's Statement & Employment Application Disclaimer

I certify that all answers given herein are true and correct to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment.

I understand that if I am employed, my employment is for an indefinite period of time and that I may terminate or that Executive Protection Specialist Inc. may terminate my employment at any time, for any reason, or for no reason, I understand that any statements to the contrary, written, verbal or implied, are disavowed by EPS Inc. and can not be relied upon.

I further understand that in the event of employment, that false or misleading information given in this application or my interview(s) may result in discharge, and that I am required to abide by all rules and regulations of the employer.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

Signature of Applicant

Date

EXECUTIVE PROTECTION SPECIALIST INC
AUTHORIZATION AND CONSENT FORM
Statement of Authorization for Criminal Record Check

I _____, do hereby request and authorize **EPS INC** to conduct a thorough Criminal History Record Check and/or Background Investigation.

I further authorize **EPS INC** to disclose the results and findings of said Criminal History Record Check and/or Background Investigation to:

I do hereby agree to hold harmless **EPS INC** and all officials, representatives and employees of the foregoing from any and all claims, which may arise from the use of information obtained from the Criminal History/Background Investigation.

Consented to this _____ day of _____, 200____.

X_____.

Witnessed this _____ day of _____, 200____.

X_____.

Notary Public

PLEASE PRINT THE FOLLOWING INFORMATION

Full Name: _____

Address: _____

DOB: _____

SSAN: _____

Sex: _____

Race: _____

This form must be completed before any background check is released.

(Information will be destroyed if not picked up within 30 days.)