**GLOBAL ASSETS PROTECTION SERVICES**

7800 W.AIRPORT BLVD. #116, HOUSTON, TX, 77071

 Office/ Fax #832-582-6445

**EMPLOYMENT APPLICATION**

*AN EQUAL OPPORTUNITY EMPLOYER*

*www.gapssecurity.com*

**PERSONAL INFORMATION**

NAME First Middle Last

DATE

ADDRESS

Street City State Zip Code

SOCIAL SECURITY NUMBER Are you 18 years or older? [ ] YES [ ] NO

PHONE # CELL PHONE # PAGER # WORK #

Are you legally able to work in the U.S.A.? [ ] YES [ ] NO

Salary Requirements $ If the job needs one, I have a current VALID driver’s license? [ ]YES [ ] NO

Have you ever been convicted of a misdemeanor or felony? [ ] YES [ ] NO. Convictions may not stop you from being eligible for hire. Please describe any convictions:

Have you signed a non-compete agreement or employment contract in the past year or so? [ ]YES [ ] NO. If yes, describe:

**EMPLOYMENT DESIRED**

POSITION DATE YOU CAN START I desire to work: [ ] FULL-TIME [ ] PART-TIME [ ] TEMPORARY

I PREFER to work what shift(s)? [ ] DAY SHIFT [ ] EVENING SHIFT [ ] NIGHT SHIFT [ ] ANY SHIFT

What hours can you work? MONDAY TUESDAY WEDNESDAY From - To From - To From - To

THURSDAY FRIDAY SATURDAY SUNDAY From - To From - To From - To From - To

Are you employed now? [ ]YES [ ] NO. If yes, may we inquire of your current employer? [ ]YES [ ] NO

Do you plan to work another job? If yes, what hours?

**TRANSPORTATION**

I have reliable transportation to: (check all that apply) [ ] It matters based on the shift I work

[ ] Just those close to a bus stop / other public transportation [ ] I do not have reliable transportation - I walk to work

[ ] Just those close to my residence [ ] I don’t know

[ ] Just those where a friend or family could drop me off

**JOB REQUIREMENTS**

Have you ever worked for a company in our industry before? [ ] YES [ ] NO. If yes, when? What Company? What State?

Why do you want to work for our company?

What behaviors are needed to be successful in this job?

**EDUCATION NAME OF SCHOOL LOCATION # YEARS GRAD? DEGREE NAME**

GRAMMAR SCHOOL

HIGH SCHOOL

COLLEGE Trade, business or other school

**MILITARY SERVICE**

U.S. Military [ ]YES [ ] NO National Guard [ ] YES [ ] NO. Branch Rank Active Now? [ ]YES [ ] NO Position Title or Summary

**EMPLOYMENT HISTORY**

List your last five (5) employers, assignments or volunteer activities, starting with the most recent, including military experience.

**Explain any gaps in employment in the comments section below.**

EMPLOYER DATES EMPLOYED Summarize the job performed

ADDRESS JOB TITLE

SUPERVISOR NAME PHONE #

REASON FOR LEAVING $ Per

From To

Hourly Rate/Salary

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Comments, including explanation of gaps of employment

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company’s rules, regulations and Supervisor’s directions. I agree that my employment is at-will, and that my employment and compensation can be terminated, with or without cause, and with or without notice, at either my or the company’s option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than the President, and then only in writing, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the forgoing. **I further authorize all work related verifications of employment, education, training or other work related information, as well as credit or criminal records checking. I authorize all of this information to be provided to the company or their agent and release them from any liability which might be claimed. If required, I agree to fully participate and complete the required pre-employment drug screening.**

Applicant’s Signature DATE

***AUTHORIZATION FOR RELEASE OF INFORMATION***

I hereby authorize Global Assets Protection Services and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report/investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal, state county jurisdictions, motor vehicle records to include traffic citations and registration and any other public records.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. This authorization and consent shall be valid in original, fax, or copy form.

I hereby release Global Assets Protection Services, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me because of compliance with this authorization. Information on this application and results of the background investigation will be maintained in confidence in accordance with company hiring practices.

PLEASE PRINT:

(First Name) (Middle Initial) (Maiden/Former Name) (Last Name) (Current address, city, state, & zip)

(Social Security Number) (Date of Birth)\* (Driver License Number) (State of Issue)

(Signature) (Date)

I understand that the company will provide me with a copy of any such report as pursuant to the federal Fair Credit Reporting Act or I may request a copy of any report that is prepared, along with the name and address of the reporting agency that produced the report regarding me and “*A Summary of Your Rights under the Fair Credit Reporting Act.”*

\*I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions.