

AMERICAN PUBLIC DEFENSE INC.

IL Lic. No. 122.001420
www.apdsecurity.com



EMPLOYEE APPLICATION

GENERAL INFORMATION

NAME _____ EMAIL _____
Last First Middle

ADDRESS _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP CODE: _____

Social Security Number: _____ DOB: _____

CELL PHONE _____ HOME PHONE _____

HEIGHT _____ WEIGHT _____ SEX: M F

POSITION APPLIED FOR _____

Do you have a valid driver's license or state ID? YES NO

What is your Driver's License or state ID number? _____

Do you have a FOID card? YES NO

If yes, what is your FOID card number? _____

Do you have a concealed carry license in this state? YES NO

If yes, what is your conceal carry license number? _____

Do you have a valid PERC card? YES NO

If yes, what is your PERC card number? 129. _____

Do you currently possess a FCC card? YES NO

If yes, what is your FCC card number? 229. _____

Are you or have you ever served in the YES NO

United States Military?

If yes, what branch? _____ Rank _____

Are you a Certified Peace Officer? YES NO

If yes, what department? _____ Star No. _____

DATE (MM/DD/YY): _____

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Are you legally allowed to work in America? YES NO
Are you a Native Born U.S. Citizen? YES NO

If not, where were you born? _____

Can you take a Physical Ability Examination that may be required? YES NO

If not, explain. _____

Can you stand for up to 12 hours without any medical hindrance? YES NO

Can you lift over 40 pounds if needed? YES NO

Do you hold any other licenses with the State? YES NO

If so, what are they? _____

EMPLOYMENT HISTORY

Please list your past employers beginning with your most current employer.

EMPLOYER # 1: _____

CITY: _____ STATE: _____

FROM: _____ TO: _____ SALARY RATE: _____

Are you currently working for this employer? YES NO

May we contact this employer? YES NO

SUPERVISOR: _____ PHONE (____) _____

DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____

DATE (MM/DD/YY): _____

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EMPLOYER # 2: _____

CITY: _____ STATE: _____

FROM: _____ TO: _____ SALARY RATE: _____

Are you currently working for this employer? YES NO

May we contact this employer? YES NO

SUPERVISOR: _____ PHONE (_____) _____

DESCRIPTION OF DUTIES _____

REASON FOR LEAVING: _____

EMPLOYER # 3: _____

CITY: _____ STATE: _____

FROM: _____ TO: _____ SALARY RATE: _____

Are you currently working for this employer? YES NO

May we contact this employer? YES NO

SUPERVISOR: _____ PHONE (_____) _____

DESCRIPTION OF DUTIES _____

REASON FOR LEAVING: _____

DATE (MM/DD/YY): _____

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EDUCATION

(Please circle highest grade completed) 7 8 9 10 11 12 13 14 15 16+

NAME	CITY/STATE	GRADUATE?
HIGH SCHOOL _____		YES NO
COLLEGE _____		YES NO
OTHER _____		YES NO
MAJOR _____	MINOR _____	
CERTIFICATES/AWARDS _____		

AVAILABILITY

What date can you start? _____

What schedules can you work? (*check all that apply*)

FIRST SHIFT (6am-5pm) SECOND SHIFT (2pm-1am)
 THIRD SHIFT (7pm-6am) WEEKENDS HOLIDAYS

Specific days? _____

REFERENCES

(Please list three references that are not relatives or former employers)

NAME	ADDRESS/PHONE	RELATIONSHIP/YEARS KNOWN
1. _____		
2. _____		
3. _____		

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EMPLOYEE QUESTIONNAIRE

(Please answer all questions truthfully)

Have you ever worked for American Public Defense? _____

If yes, when and reason for leaving. _____

Have you ever been fired from a job? _____

If yes, explain _____

Have you ever used or have had possession of marijuana or drugs? _____

Are you willing to take a drug test if required? _____

Have you ever been convicted of any felony or misdemeanors? _____

If yes, what was the charge? _____

Have you ever been dishonorably discharged or anything other than a general discharge from the United States Armed Forces? _____

Do you have any security experience? _____

If so, where? _____

How did you learn about American Public Defense? _____

CERTIFICATION AND RELEASE

I certify that all answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in the disqualification of my application or termination of my employment at any time in its duration. I hereby authorize American Public Defense Inc. and/or its agents to verify any of this information.

APPLICANT SIGNATURE: _____

DATE _____

HUMAN RESOURCE SIGNATURE: _____

DATE _____

DATE (MM/DD/YY): _____

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EMERGENCY CONTACT INFORMATION

WHO DO WE CONTACT IN CASE OF AN EMERGENCY?

PRIMARY CONTACT NAME: _____

CONTACT PHONE: _____ EMAIL: _____

RELATIONSHIP TO APPLICANT: _____

SECONDARY CONTACT NAME: _____

CONTACT PHONE: _____ EMAIL: _____

RELATIONSHIP TO APPLICANT: _____

DATE (MM/DD/YY): _____

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Waiver and Release for Background Investigation

I, _____, am presently applying for employment with American Public Defense, Inc., which I acknowledge and understand must thoroughly investigate my employment background, criminal history, personal background, education and references in order to evaluate my qualifications for a position with American Public Defense, Inc.. I understand that it is in the public's interest that all relevant information in this regard, including my personal and employment history with my current and former employers, be disclosed to American Public Defense, Inc..

By this release, I hereby authorize any representative of all of my former employers, which have been fully disclosed and identified in my employment application, to divulge any information in its files pertaining to my employment records and history, and I further authorize the release of such information upon request to any representative of American Public Defense, Inc.. Also authorize all former employers identified in my employment application to permit a review and full disclosure of all records, or any part thereof, concerning myself and my employment with those former employers, by and to any duly authorized agent of American Public Defense, Inc., whether said records are of public, private or confidential nature.

The intent of this authorization is to permit all former employers identified in my employment application to provide, and for American Public Defense, Inc. to obtain, full and free access to the background and history of my personal life and my employment history and performance, for the specific purpose of permitting American Public Defense, Inc. to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by American Public Defense, Inc. in determining my suitability for employment. It is my specific intent to provide American Public Defense, Inc. with access to personnel information, however personal or confidential it may appear to be.

I authorize all former employers, which have been fully disclosed and identified in my employment application, to release any and all public and private information that it may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including my arrest record(s) and records compiled during or as the result of a criminal investigation(s) of me, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had, an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release all former employers identified in my employment application, and, if applicable, their elected and appointed officials, employees and agents and all others from liability of damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release all former employers identified in my employment application, and, if applicable, its 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, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct all former employers identified in my employment application to release such information upon request of the duly accredited representative of American Public Defense, Inc., regardless of any agreement, written or oral, I may have made with the former employer to the contrary.

I recognize and understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished by any former employer will be used by American Public Defense, Inc. in conjunction with employment procedures.

A photocopy or facsimile of this release form will be valid as an original thereof, even though the said photocopy or facsimile does not contain an original writing of my signature. This waiver is valid for a period of three years from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on my employment application.

I agree to indemnify and hold harmless the person to whom this request is presented, as well as his agents and employees, from and against all claims, damages, losses and expenses including reasonable attorney's fees, arising out of or by reason of complying with this request.

PRINTED NAME: _____ SOCIAL SECURITY #: _____

DRIVERS LICENSE #: _____ HOME ADDRESS: _____

SIGNATURE: _____ DATE: _____

DATE (MM/DD/YY): _____

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TAX PREFERENCE DOCUMENT

EVERY EMPLOYEE AND CONTRACTOR HAS THE OPPORTUNITY TO CHOOSE WHETHER THEY WANT TO BE W-2 EMPLOYEES OR 1099 CONTRACTORS.

- **W-2 EMPLOYEE-** W-2 employees are paid bi weekly and taxes are withheld from each individual paycheck. A return may or may not be given at the end of the year. W-2s normally have no freedom in a company.
- **1099 CONTRACTOR-** 1099 contractors can be paid weekly, bi-weekly, monthly, and sometimes even yearly depending on their contracts. They have **NO TAXES** withheld from their paychecks and usually don't receive a return at the end of the year. To prevent from owing the IRS money at the end of the year, 1099 contractors are encouraged to save and retain every receipt and payments made towards **anything** that pertains to their work as a tax deductible. Examples of what can be deducted are food, fuel, maintenance on vehicles, bus fare, phone bills, uniforms, equipment, and sometimes even rent payments may be used as tax deductibles. If the deductibles equals more than what the IRS asks for, the contractor will no longer owe the IRS. However, they will not get a return from the wages alone. 1099s usually have more freedom in a company.

American Public Defense, Inc. will give you the option to choose which tax type you'd like to be. Please note that if you choose to become a W-2 employee, your pay rate per hour will be lower than the 1099 contractors. Usually 1 to 3 dollars less per hour depending on the location you work.

I choose to be a:

W-2 Employee

1099 Contractor

NAME: _____

SIGNATURE: _____

DATE (MM/DD/YY): _____

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FINE AGREEMENT

VIOLATION	FINE (MIN-MAX)
Client complaint	\$25-\$50
Using client's "store credits" without permission of supervisor.	\$35-\$50 (+ amount owed to client)
Less than 4 day request off	\$10-\$25
Sleeping on Duty	\$50-\$100
No time tracking correspondence	\$10-\$20
Less than 4 hour advance notice	\$25-\$50
5 negative to/froms, 3 write ups	\$25-\$50
No 10 day notice	\$95
Post Abandonment	\$50-\$200
Muzzle Awareness Deficiency	\$100-\$150
Drinking on duty, Arriving to duty drunk	\$100-\$200
Drug Use, Arriving to duty under the influence	\$100-\$200
Items inspected not present	\$10-\$25
Insubordination	\$20-\$50
Removal from site	\$50-\$75
Government Citations	\$50-\$100 (+ citation amount)
Direct liability for Loss of Contract	\$500
Failure to notify supervisor	\$10-\$20
Failure to utilize chain of command without justification	\$5-\$15
Loss of Keys	\$25-\$100
Excessive smoking of tobacco on duty	\$50-\$100
Time falsification	\$50-\$150
APD Impersonation	\$150-\$200
Attempt to compete	\$300-\$500
Disciplinary Probation dishonored	\$150

I have seen and read the fines above and I understand the amounts listed for each violation. I understand that the purpose of the fine system set above is to **deter** employees from committing the specific violations listed. If I still choose to commit one of the above offenses, I understand that I will be required to pay the dollar amount listed in between the minimum and maximum fine attached to the violation. I understand that the maximum fine amount isn't always applied and the minimum is most likely to be applied. I understand that the fines generally will be deducted out of my most immediate paycheck if I commit the said violation. I understand that under hardship circumstances, or unless a supervisor decides to make the adjustment, the fine may be broken up into multiple deductions in multiple paychecks. I understand I have the right to appeal the decision as far as the chain of decision makers goes. I also understand that if fined **\$250.00 USD** or more, I have the right to request a Fine Appeal Board to contest the grounds of the fine. By signing this agreement, I understand and give American Public Defense, Inc. my express written consent to deduct the fine amount from my paycheck as appropriate and legally if I violate the above violations. I also agree that this agreement shall also stand as my consent given at the time of deduction.

Name: _____ Signature: _____ Date: _____

DATE (MM/DD/YY): _____