

APPLICATION FOR EMPLOYMENT



Pieschek Protective Services, Ltd.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

1960 August St. Green Bay, WI 54302
Phone (920) 468-0100 * Fax (920) 468-0212
www.pieschekprotective.com

PLEASE PRINT
FULL NAME

Last	First	Middle
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Is any additional information relative to a change of name, use of an assumed name or nickname, necessary to enable a check of your work records? Yes No If yes, please explain:

Social Security Number _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell or Emergency _____

Email address _____

Physical description: Height _____ Weight _____ Eye color _____ Hair color _____

Do you have any physical, mental, or medical impairment which would interfere with your ability to perform the job for which you have applied? Yes No If yes, please explain:

Position applied for _____

Date you can begin work _____ Salary desired _____

You are interested in working: Full-time Part-time Temporary Permanent
(Mark all that apply) Days Nights Second shift Weekends

Are you currently on "layoff" status from previous employment and subject to recall? Yes No

FOR OFFICE USE ONLY

Employee Number _____ Date of Hire _____

Driver's License / Transportation:

Do you have personal motor vehicle transportation that you can use to report to job sites? Yes No

Do you have a valid Wisconsin driver's license? Yes No If no, please explain:

 Driver's License: State _____ Number _____

Date of issuance _____ Name on license _____

Education:

	Name	Location City/State	Highest Grade Completed	Name of Degree Earned	Major Course of Study	Grade Point Average
High School & Address			1 2 3 4			
Technical School / College & Address			1 2 3 4			
			1 2 3 4			
			1 2 3 4			

Additional Training or Courses:

Special Training or Skills:

- Excel Microsoft Word Typing at _____ wpm Weapons
 Radio dispatching First Aid EMT Foreign language _____

Other:

Are you a United States citizen? Yes No

Have you ever been convicted of a crime? Yes No If yes, give details:

 How did you hear about Pieschek Protective Services? Newspaper ad Word of mouth Website

Other (please specify source) _____

Employment Information:

Current or Last Employer _____

Phone number _____

Address _____ City _____ State _____ Zip _____

Job Title and Specific Duties _____

Name & Title of Supervisor _____

Date began _____ Starting salary _____

Date left _____ Ending salary _____

Reason for leaving _____

May we contact this employer for reference? Yes No

Previous Employer _____

Phone number _____

Address _____ City _____ State _____ Zip _____

Job Title and Specific Duties _____

Name & Title of Supervisor _____

Date began _____ Starting salary _____

Date left _____ Ending salary _____

Reason for leaving _____

May we contact this employer for reference? Yes No

Previous Employer _____

Phone number _____

Address _____ City _____ State _____ Zip _____

Job Title and Specific Duties _____

Name & Title of Supervisor _____

Date began _____ Starting salary _____

Date left _____ Ending salary _____

Reason for leaving _____

May we contact this employer for reference? Yes No

Other Job-Related Experience:

Military Service:

Have you served with any branch of the armed forces? Yes No Branch _____

Dates and type of service (active / reserve / guard) _____

Date of separation _____ Type of discharge _____

Rank at separation _____ Serial Number _____

While in the military, were you ever charged with an offense which resulted in any disciplinary action or special or general court martial resulting in a conviction under the Uniform Code of Military Justice?

Yes No

If yes, please explain:

References:

Please list 3 personal character references who have known you for at least 5 years. Do not include relatives or current co-workers.

Name	Address	Phone	Occupation	Your relationship
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

Prior Security Licensing Record:

Have you ever applied for a license or permit to work as a private detective, police officer, or security guard?

Yes No

If yes, provide the name of the licensing authority to which you applied, the date of application, type of license / permit sought, and disposition of your license / permit application.

**** IF YOU DO NOT CURRENTLY HAVE A SECURITY GUARD LICENSE, YOU WILL BE RESPONSIBLE FOR THE \$75.00 STATE LICENSING FEE AND \$56.25 FINGERPRINTING FEE AFTER YOU ARE HIRED. ****

I certify that all statements made by me in this application are true, complete and correct to the best of my knowledge. I authorize any law enforcement agency, or any other person, business or agency deemed necessary by Pieschek Protective Services to release any information to Pieschek Protective Services or its agents or assignees for the purpose of processing this application for employment.

Signature _____ Date _____

EMPLOYEE AVAILABILITY QUESTIONNAIRE
Pieschek Protective Services

COMPANY POLICY ON EMPLOYMENT AND AVAILABILITY TO WORK:

Most security service work is concentrated on **nights and weekends**. When an offer of part-time employment is made by Pieschek Protective Services, the prospective employee must:

- 1) **guarantee his/her availability to work a minimum of 15 hours per week,**
- 2) **guarantee his/her availability to work at least 2 days per week, and**
- 3) **guarantee his/her availability to work no less than 3 weekends per month.**

After initial employment begins, any change in availability will be reason for termination from employment. Because of the costs of personnel administration and the investment in uniforms and supplies, Pieschek Protective Services will not maintain on the payroll any employee who fails to meet minimum hours, days, or weekends of availability for work.

I am currently **AVAILABLE** to work for Pieschek Protective Services as a security guard during the following hours:

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

SATURDAY _____

SUNDAY _____

I have the following obligations which would prevent me from working for Pieschek Protective Services on one or more weekends per month (be very specific):

Signature _____ Date _____