



PChange Protective Services

Employee Application



**EDUCATION**

Type of School	Name of School and Address	Courses Majored In	Last Year Completed	Graduate
High School			1 2 3 4	Yes/No
College			1 2 3 4	Yes/No Degree
Technical and Other			1 2 3 4	Yes/No ___ Deg./ Cert.

**EMPLOYMENT HISTORY** Please include all employment for the last ten years (List most recent employment first and work back in time)

Employer \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Dates of employment (month/year)  
 From \_\_\_\_\_ to \_\_\_\_\_

Job title and description of duties

No. of persons supervised \_\_\_\_\_  
 Hours worked per week \_\_\_\_\_ Salary (current or final)  
 Supervisor \_\_\_\_\_ Reason for leaving:

Employer \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Dates of employment (month/year)  
 From \_\_\_\_\_ to \_\_\_\_\_

Job title and description of duties

Hours worked per week \_\_\_\_\_ Salary (current or final)  
 Supervisor \_\_\_\_\_ Reason for Leaving:

Employer \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Dates of employment (month/year)  
From \_\_\_\_\_ to

Job title and description of duties

Hours worked per week \_\_\_\_\_ Salary (current or final)  
Supervisor \_\_\_\_\_ Reason for Leaving:

**Use a separate sheet to list additional employers, if necessary. We may contact the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:**

\_\_\_\_\_  
Employer's Name Reason

Have you entered into any agreements with any former employer (for example, an agreement not to compete or confidentiality agreement) that would impact your ability to do work for this Company? \_\_\_Yes \_\_\_No

### **SPECIAL KNOWLEDGE AND SKILLS**

List your special knowledge and skills, and any equipment that you can operate.

### **DRIVING INFORMATION**

Driver's licenses you possess  
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Points or Convictions in the Last Five Years, if any. Please explain:

Do you have a vehicle available for your use if needed for the position?

### **REFERENCES**

Please list three (3) references other than your former employers or relatives.

NAME	TITLE	FIRM & ADDRESS	TELEPHONE	RELATIONSHIP TO YOU
1.				
2.				
3.				

If hired, I agree to conform to the rules and regulations of PCHANGE LLC. I understand that no management representative has any authority to enter into any agreement for employment for a specific period of time, and that my employment is at will and may be terminated at any time at the option of either the Company or myself.

I hereby authorize PCHANGE LLC. to conduct an investigation concerning all statements contained in my application for employment, to interview all employers and to conduct any other investigation that it deems appropriate. I request any duly constituted law enforcement agency or judicial officer to furnish the Company with all information pertaining to me concerning un-expunged convictions and I hereby release PCHANGE LLC. and any law enforcement agency, judicial or other individual from any liability arising from disclosure of such information pertaining to me which is obtained during said investigation.

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.00.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

I hereby affirm that my statements and answers to all questions on this application are true and correct and that I have not knowingly withheld any fact or circumstance which, if disclosed, would affect my application unfavorably. I understand that if employed, any misstatement or omission of fact on this application may result in my immediate dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



PChange Protective Services  
 4400 Stamp Road, Ste. 302  
 Temple Hills, MD 20748  
 (240) 619-3507 Tel



REQUEST FOR REFERENCE

Date: \_\_\_\_\_

To: \_\_\_\_\_

Re: \_\_\_\_\_  
 Print Your Name

Signed: \_\_\_\_\_  
 Signature

The above individual has applied for a position with our company and indicates previous employment with your firm. The information requested below will enable us to evaluate the applicant accordingly. Please complete this form and return it to us at your earliest convenience. We will hold all information given as personal and confidential. Thank your for your time and cooperation.

Sincerely,  
 Human Resource

FORMER EMPLOYER

Position with your company: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_

Starting pay: \_\_\_\_\_ Ending pay: \_\_\_\_\_

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Signature/Title



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