



# Application for Employment by National Protective Services

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## Instructional Information Sheet

This Instructional Information Sheet has been prepared to assist you in completing the application for employment by National Protective Services. If a question does not apply to you, please indicate "N/A" in the appropriate space. If you need additional space to answer any question on the application, or if you want to give further information, please use plain paper with a heading of "Continuation Sheet" and clearly indicate the section and question number for which you are providing additional information. Please ensure you also place your full name at the top right corner of any continuation sheets. Incomplete information will delay the processing of your application. If you are unable to furnish complete information about any question, please indicate on a "Continuation Sheet" a justifiable explanation as to why you are unable to do so.

Type or legibly print your answers in **black or dark blue ink**. If your form is illegible, it will not be accepted.

## Transcripts and Certifications

Official, certified true, or notarized copies of all transcripts and certifications will be necessary if you are using them as proof of previous experience, training, and/or qualifications. Please submit all transcripts and certifications at the same time as the application. Failure to do so will delay the processing of your application.

## Effects of Nondisclosure and Penalties for Inaccurate or False Statements

This employment application form requests both mandatory and optional information. If you omit answering an item, however, it may delay the processing of your application and you may or may not receive an employment interview. Consequently, it is in your best interest to answer all of the questions. Deliberately and materially making false, fraudulent, or misleading statements on this form will be grounds for not granting you employment. In addition, these violations will become part of your permanent record with National Protective Services, and may be disclosed to future employers or prospective clients seeking information about you or your services. Deliberate false, fraudulent, or misleading statements are also grounds for notification to the Texas Department of Public Safety Bureau of Private Security of your rejected application, as well as revocation of future employment, certification and/or membership at any time.

You are applying for a highly-regarded position, and your trustworthiness and suitability is vital to your eligibility. Consequently, your prospects for employment will be better if you answer all of the questions completely and honestly. A background investigation may include, but is not limited to, checking fingerprints, police records, academic records, credit records, and interviews with former employers, co-workers, and any other persons with whom you have associated. Should questions on any of your statements or other areas of your background investigation arise, you will be given adequate opportunity to respond, and your comments will be included in the official record as well as evaluated for further processing.

## Principal Purpose and Privacy Notice

The principal purpose of this form is to collect information to determine the qualifications and suitability for persons applying for employment with National Protective Services. The information provided will be used to conduct a thorough background investigation of applicants to ensure suitability for employment. The information provided will not be disclosed to any outside parties, without the express consent of the applicant, other than requests made in accordance with applicable laws and court-mandated release of specific information.

## **Initial Requirements\***

Employment with National Protective Services is an honor. The standards are very strict, and the rigid requirements are difficult to fill. An individual who has been employed with National Protective Services is top-notch in his or her field.

Employment with National Protective Services says that the designated individual met the standards at the time of the application. Every applicant must meet the following minimum requirements:

1. Be at least 18 years of age for unarmed duty or be at least 21 years of age for armed duty.
2. Be physically competent and capable to perform the specific job function and activity being applied for:
  - a. Properly proportioned as to height and weight (See page 16)
  - b. Able to pass the NPS Physical Fitness Test (See page 16)
  - c. Possess binocular vision, correctable to 20/30
  - d. Able to discriminate among standard colors
  - e. Capable of hearing ordinary conversation at 20 feet and whispered conversation at 10 feet with each ear without benefit of a hearing aid
  - f. Able to perform normal or emergency duties requiring moderate to arduous physical exertion such as:
    - (1) Standing or walking for an entire shift
    - (2) Climbing stairs and ladders
    - (3) Lifting or carrying objects weighing up to 50 lbs
    - (4) Running for short distances
    - (5) Self defense
3. Be mentally and intellectually competent and capable of performing the specific job function and activity being applied for, to include passing the NPS "Security Knowledge Exam."
4. Be emotionally and psychologically competent and capable of performing the job function and activity being applied for, to include passing a pre-hire psychological exam.
5. Be morally responsible in the judgment of the Board of Directors.
6. Be a citizen of the United States.
7. Not have been convicted in any jurisdiction of any felony or any crime involving moral turpitude, dishonesty, violation, or use or possession of a deadly weapon.
8. Not suffer from habitual drunkenness or alcoholism or narcotics addiction or dependence.
9. Be of good moral character in the opinion of the community.
10. Not possess any physical, mental, or emotional disability which in the judgment of the Board of Directors would render the persons incapable of properly performing the security activity or duties for which the applicant is applying.
11. Possess a high school diploma or GED equivalency certificate, and be able to be proven literate and able to read, write and speak in proper English.
12. Possess a valid Driver's License or State Identification Card.
13. Possess documents proving successful completion of required security officer training, and IFPO Certified Protection Officer (CPO) certification.
14. Supervisor candidates must, as a minimum, possess an accredited Associate's Degree.
15. Private Investigator and Personal Protection Officer candidates must possess as a minimum, three years experience in security, law enforcement, military, or investigations.
15. Provide a professional resume.

*\* Some requirements may be temporarily waived with good cause (i.e. #13 and #14 if actively pursuing)*

Initial: \_\_\_\_\_

# Application for Employment

## National Protective Services

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

I. Personal Information				
1. Name in Full (Last, First, Middle):		2. List all other names you have used (nicknames, maiden names, etc.):		
3. Birth Date (Month, Day, Year):		4. Birthplace (City, State, Zip Code, Country):		
5. Age:	6. Sex:	7. Social Security Number (See Privacy Notice):	8. Marital Status:	
		- -	<input type="checkbox"/> Never Married <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
9. If married, give place and date (City, State, Country):				
10. Give the dates, places (City, State, Country) and reason for all separations, divorces or annulments:				
11. Home Phone #:	12. Work Phone #:	13. Fax #:	14. Mobile Phone #:	15. E-Mail Address:
(     )	(     )	(     )	(     )	
16. Country of Citizenship:		17. Have you ever been a citizen of another country? If so, list country:		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

## II. Residences

List all places where you have lived and account for all time periods. Begin with your most recent place of residence and work back to age 16. Be sure to indicate the actual physical location of your residence. Do not use a post office box as an address, and do not list a permanent address when you were actually living at school. During military service, be sure to list each place of residence, including your base or ship/home port. If you need additional space, attach a continuation sheet.

Month/Year - Month/Year	Street Address	Apt. #	City	State	Country	Zip Code
1.                    to Present						
Landlord/Complex Name	Street Address	Apt.#	City	State	Country	Zip Code
Phone: (     )						
Month/Year - Month/Year	Street Address	Apt. #	City	State	Country	Zip Code
2.                    to						
Landlord/Complex Name	Street Address	Apt.#	City	State	Country	Zip Code
Phone: (     )						
Month/Year - Month/Year	Street Address	Apt. #	City	State	Country	Zip Code
3.                    to						
Landlord/Complex Name	Street Address	Apt.#	City	State	Country	Zip Code
Phone: (     )						
Month/Year - Month/Year	Street Address	Apt. #	City	State	Country	Zip Code
4.                    to						
Landlord/Complex Name	Street Address	Apt.#	City	State	Country	Zip Code
Phone: (     )						
Month/Year - Month/Year	Street Address	Apt. #	City	State	Country	Zip Code
5.                    to						
Landlord/Complex Name	Street Address	Apt.#	City	State	Country	Zip Code
Phone: (     )						

**III. Education****1. High School**

Name of high school from which you graduated, or issuer of GED:	Address (City, State, Country, Zip Code):	From: Month/Year	To: Month/Year
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**2. College or University**

Name of 1 <sup>st</sup> college or university attended:	Address (City, State, Country, Zip Code):	From: Month/Year	To: Month/Year
Major Subject Studied:	Minor Subject Studied:	Degree Received:	GPA:
Name of 2 <sup>nd</sup> college or university attended:	Address (City, State, Country, Zip Code):	From: Month/Year	To: Month/Year
Major Subject Studied:	Minor Subject Studied:	Degree Received:	GPA:
Name of 3 <sup>rd</sup> college or university attended:	Address (City, State, Country, Zip Code):	From: Month/Year	To: Month/Year
Major Subject Studied:	Minor Subject Studied:	Degree received:	GPA:

**3. Security, Protective Services and Other Specialized Schools**

Name of 1 <sup>st</sup> school attended:	Address (City, State, Country, Zip Code):	From: Month/Year	To: Month/Year
Areas of study or specialization:			
Name of 2 <sup>nd</sup> school attended:	Address (City, State, Country, Zip Code):	From: Month/Year	To: Month/Year
Areas of study or specialization:			
Name of 3 <sup>rd</sup> school attended:	Address (City, State, Country, Zip Code):	From: Month/Year	To: Month/Year
Areas of study or specialization:			
Name of 4 <sup>th</sup> school attended:	Address (City, State, Country, Zip Code):	From: Month/Year	To: Month/Year
Areas of study or specialization:			

**4. Disciplinary Action**

Have you ever been dismissed, suspended, or had disciplinary action taken against you while you were in school for academic or behavioral reasons?  Yes  No If so, provide the name of the school, the action, and the date of the action below.

School:	Action:	Date:
School:	Action:	Date:
School:	Action:	Date:

### IV. Employment

List your employment activities, beginning with the present (#1) and working back to age 16. You should list all full-time work, part-time work, temporary duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire period must be accounted for without breaks, but you need not list employment before your sixteenth birthday. If you need additional space, use a continuation sheet.

1. Month/Year–Month/Year:  - Present	Employer Name and Address:	Your position/title/rank:
Immediate Supervisor:	Telephone Number: (     )	Reason for leaving:
Work Description (Describe your specific duties and, if applicable, include all supervisory managerial, scientific, and professional experience):		
2. Month/Year–Month/Year:	Employer Name and Address:	Your position/title/rank:
Immediate Supervisor:	Telephone Number: (     )	Reason for leaving:
Work Description (Describe your specific duties and, if applicable, include all supervisory managerial, scientific, and professional experience):		
3. Month/Year–Month/Year:	Employer Name and Address:	Your position/title/rank:
Immediate Supervisor:	Telephone Number: (     )	Reason for leaving:
Work Description (Describe your specific duties and, if applicable, include all supervisory managerial, scientific, and professional experience):		
4. Month/Year–Month/Year:	Employer Name and Address:	Your position/title/rank:
Immediate Supervisor:	Telephone Number: (     )	Reason for leaving:
Work Description (Describe your specific duties and, if applicable, include all supervisory managerial, scientific, and professional experience):		
5. Month/Year–Month/Year:	Employer Name and Address:	Your position/title/rank:
Immediate Supervisor:	Telephone Number: (     )	Reason for leaving:
Work Description (Describe your specific duties and, if applicable, include all supervisory managerial, scientific, and professional experience):		
To your knowledge, have you ever been fired from a job, left after allegations of misconduct, left under other unfavorable circumstances, or had a security clearance denied or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe. Use a continuation sheet if necessary.		

**V. Military Record**

1. Have you ever served in the Armed Forces of any nation? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, proceed to Section VI)		2. Which nation?	
3. Rank, Branch of Service, and Status (Active, Reserve, National Guard):		4. What was your occupational specialty/career field?	
5. Describe your military duties:		From (Month/Year):	To (Month/Year):
6. Describe any specialty skills or experience:		7. Highest clearance level held:	
8. Was any disciplinary action taken against you while in the service? <input type="checkbox"/> Yes <input type="checkbox"/> No Be sure to include any non-judicial punishment and Article 15s. If yes, provide details. Use a continuation sheet if necessary:			

**VI. References/Social Acquaintances**

List five people who know you well. At least one must be a current or former employer, at least one must be a former or current co-worker, and the rest may be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 10 years. Do not list your spouse, former spouse, or other relatives, and try not to list anyone who is listed anywhere else on this form.

1. Complete Name (Last, First, Middle):		Age:	Occupation:		Years Acquainted:
Home Street Address:	Apt. #	City:	State:	Country:	Zip Code:
Work Street Address:	Suite #	City:	State:	Country:	Zip Code:
Home Telephone #: ( )	Work Telephone #: ( )		Mobile Telephone #: ( )		
2. Complete Name (Last, First, Middle):		Age:	Occupation:		Years Acquainted:
Home Street Address:	Apt. #	City:	State:	Country:	Zip Code:
Work Street Address:	Suite #	City:	State:	Country:	Zip Code:
Home Telephone #: ( )	Work Telephone #: ( )		Mobile Telephone #: ( )		
3. Complete Name (Last, First, Middle):		Age:	Occupation:		Years Acquainted:
Home Street Address:	Apt. #	City:	State:	Country:	Zip Code:
Work Street Address:	Suite #	City:	State:	Country:	Zip Code:
Home Telephone #: ( )	Work Telephone #: ( )		Mobile Telephone #: ( )		

Initial: \_\_\_\_\_

4. Complete Name (Last, First, Middle):		Age:	Occupation:		Years Acquainted:
Home Street Address:		Apt. #	City:	State:	Country: Zip Code:
Work Street Address:		Suite #	City:	State:	Country: Zip Code:
Home Telephone #: ( )		Work Telephone #: ( )		Mobile Telephone #: ( )	

5. Complete Name (Last, First, Middle):		Age:	Occupation:		Years Acquainted:
Home Street Address:		Apt. #	City:	State:	Country: Zip Code:
Work Street Address:		Suite #	City:	State:	Country: Zip Code:
Home Telephone #: ( )		Work Telephone #: ( )		Mobile Telephone #: ( )	

**IX. Court Record**

1. Have you ever been party to a civil court action as either a plaintiff or a defendant? If yes, provide details below:  
 Yes  No (Use a continuation sheet if necessary).

Month/Year:	Court and address of court, including city, state, country, and zip code:	Names of parties:
Nature of action:		Result of action:
Month/Year:	Court and address of court, including city, state, country and zip code:	Names of parties:
Nature of action:		Result of action:

2. Have you ever been arrested or charged with any violation including traffic, but excluding parking tickets?  Yes  No  
 If yes, list all such matters even if not formally charged or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral. Attach continuation sheets as necessary.

Date:	Place and Department:	Court and Place:	Charge:	Disposition:
Details:				
Date:	Place and Department:	Court and Place:	Charge:	Disposition:
Details:				
Date:	Place and Department:	Court and Place:	Charge:	Disposition:
Details:				
Date:	Place and Department:	Court and Place:	Charge:	Disposition:
Details:				

### X. Financial Status

1. Have you ever been over 120 days delinquent on any debt(s) or had any debt placed for collection?  Yes  No
2. Are you currently delinquent on any debt(s)?  Yes  No
3. Have you ever filed a petition under any chapter of the bankruptcy code (including chapter 13)?  Yes  No
4. Have you ever had your wages garnished or had any property repossessed for any reason?  Yes  No
5. Have you ever had a lien placed against your property for failing to pay taxes or other debts?  Yes  No
6. Have you ever had any judgments filed against you?  Yes  No
7. Are you currently delinquent or have you ever been in default on a student loan?  Yes  No
8. Are you currently delinquent or have you ever been in default on child support payments?  Yes  No
9. Are you current on all federal, state and local personal tax debts?  Yes  No
10. Are you current on all federal, state and local business or employer tax debts?  Yes  No

If you answered "Yes" to one or more of items 1 through 10 above, provide the following information. Attach a continuation sheet if necessary:

Month/Year:	Action Taken:	Amount:	Disposition:	Name and address of court/agency:
Month/Year:	Action Taken:	Amount:	Disposition:	Name and address of court/agency:
Month/Year:	Action Taken:	Amount:	Disposition:	Name and address of court/agency:

### XI. Special Qualifications and Skills

1. Do you have foreign language abilities?  Yes  No If yes, indicate your foreign language proficiency by rating each category as "slight", "good", or "fluent". Attach a continuation sheet if necessary.

Language:	Speak:	Understand:	Read:	Write:
Language:	Speak:	Understand:	Read:	Write:
Language:	Speak:	Understand:	Read:	Write:

2. Do you have any special skills for which certification or licensing is required? (Nurse, Emergency Medical Technician, Firefighter, Police Officer, Pilot, Real Estate, Cosmetology, SCUBA, etc.)  Yes  No If yes, provide information below.

Skill:	Certifying Agency:	License Number:	Expiration Date:
Skill:	Certifying Agency:	License Number:	Expiration Date:
Skill:	Certifying Agency:	License Number:	Expiration Date:
Skill:	Certifying Agency:	License Number:	Expiration Date:
Skill:	Certifying Agency:	License Number:	Expiration Date:

### XII. Licenses and Insurance

List all licenses, permits, and insurance requirements necessary to perform your duties as a security officer or protective specialist. Use a continuation sheet if necessary.

Business License:	Issuing Agency:	License Number:	Issue Date:	Expiration Date:
Security License:	Issuing Agency:	License Number:	Issue Date:	Expiration Date:
Firearms License:	Issuing Agency:	License Number:	Issue Date:	Expiration Date:
Driver License:	Issuing Agency:	License Number:	Issue Date:	Expiration Date:
Other License:	Issuing Agency:	License Number:	Issue Date:	Expiration Date:

### XIII. Final Comments

Is there any other information that you feel would be beneficial in evaluating your application for employment? If so, please make your comments in the box provided, and use a continuation sheet if necessary.

Why do you want to work for National Protective Services?

Why should you be hired?

What is your definition of security?

If National Protective Services provides you what is promised (pay, training, etc.), how long of a time commitment are you willing to give back?

What security-related equipment do you own and can use for security duty (type and caliber of weapon, duty belt, flashlight, baton, handcuffs, etc.)?

Any other comments?

When can you start (date)?

What hours are you available?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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I certify that the information provided in this application is true to the best of my knowledge, and I understand that deliberate false, fraudulent, or misleading statements are grounds for disapproval of employment, certification or membership at this time or, if granted, at any time in the future.

Full Name (Last, Middle, First):

Signature:

Date:

### XIV. Final Application Checklist

Employment with National Protective Services is an honor. The standards are very strict, and the rigid requirements are difficult to fill. Please ensure that every space is filled on every page as the information you provide will be used to evaluate your completed application package.

1. Are you at least 18 of age?  Yes  No

2. Are you a high school graduate or equivalent?  Yes  No

8. Have you provided copies of appropriate specialty licenses (security guard, protection officers, etc.)?  Yes  No

10. Have you provided at least three letters of recommendation (if applying for protective services)?  Yes  No

11. Have you provided a photocopy of your driver license?  Yes  No

6. Have you successfully completed a recognized handgun safety and qualification course (if armed)?  Yes  No

12. Have you provided a professional resume?  Yes  No

13. Have you provided proof of all claims on your resume and application?  Yes  No

14. Have you provided copies of other documentation that will be of assistance in evaluating your application?  Yes  No

16. Have you signed and initialed the application and the agreement to abide by the ASIS Code of Ethics?  Yes  No

17. Have you signed the required records release for the company to conduct a thorough background check?  Yes  No

18. Have you submitted two fingerprint cards taken and completed by a law enforcement officer?  Yes  No

**NATIONAL PROTECTIVE SERVICES**

**Code of Ethics**

This code of conduct is adopted as a general standard of conduct for members and employees of the company (from the American Society of Industrial Security):

"In recognition of the significant contribution of private security to crime prevention and reduction, as a private security employee, I pledge:

I. To accept the responsibilities and fulfill the obligations of my role: protecting life and property; preventing and reducing crimes against my employer's business, or other organizations and institutions to which I am assigned; upholding the law; and respecting the constitutional rights of all persons.

II. To conduct myself with honesty and integrity and to adhere to the highest morale principles in the performance of my security duties, and in my off-duty life.

III. To be faithful, diligent, and dependable in discharging my duties, and to uphold at all times the laws, policies, and procedures that protect the rights of others.

IV. To observe the precepts of truth, accuracy, and prudence, without allowing personal feelings, prejudices, animosities, or friendships to influence my judgments.

V. To report to my superiors, without hesitation, any violation of the law or of my employer's or client's regulations.

VI. To respect and protect the confidential and privileged information of my employer or client during and beyond the term of my employment, except where their interests are contrary to the law or to this code of ethics.

VII. To accept no compensation, commission, gratuity, or other advantage without the knowledge and consent of my employer.

IX. To conduct myself professionally at all times, and to perform my duties in a manner that reflects credit upon myself, my employer, and the private security profession.

X. To strive continually to improve my performance by seeking training and educational opportunities that will better prepare me for my private security duties."

<p>I agree to abide by the Code of Ethics of National Protective Services as described above. I understand that my employment, membership or certification application may be denied by the Board of Directors for any reason. If denied, I also understand that all certification funds, except that used to conduct a background check, will be returned immediately. I understand that, if accepted, my employment, membership or certification may be terminated or rejected for just cause including non-compliance with the laws of any jurisdiction, Company By-Laws, Code of Ethics, falsifying information, or any other inappropriate actions that could reflect unfavorably on this Company or its members.</p>		
<p>_____</p> <p>Printed Name (Last, First, Middle Initial)</p>	<p>_____</p> <p>Signature</p>	<p>____/____/____</p> <p>Date</p>

## NATIONAL PROTECTIVE SERVICES EMPLOYEE/MEMBER NON-DISCLOSURE AGREEMENT

FOR GOOD CONSIDERATION, and in consideration of being considered for employment and/or membership with NATIONAL PROTECTIVE SERVICES, the Undersigned hereby agrees and acknowledges:

1. That during the course of my employ or initial review of company practices, there may be disclosed to me certain trade secrets of the company; said trade secrets consisting of but not necessarily limited to:

a) Technical information: Methods, processes, formulae, compositions, systems, techniques, inventions, machines, computer programs and research products.

b) Business information: Customer lists, pricing data (pay scale, billing rates, etc.), sources of supply, financial data, marketing data, production data, merchandising systems, or plans.

c) Security information: Any sensitive or confidential information which could endanger the mission of the security program, including but not limited to: client lists, client locations, delivery routes, delivery times, hours of operation, pass codes, communications systems, armament, equipment, number of officers, agendas, etc.

2. I agree that I shall not during, or at any time after the termination of my employment with NATIONAL PROTECTIVE SERVICES, or, if after reviewing the company material, and not joining the NATIONAL PROTECTIVE SERVICES team, I will not use for myself or others, or disclose or divulge to others including future employers, any trade secrets, confidential information, or any other proprietary data of the company in violation of this agreement. This includes, but is not limited to, the solicitation of NATIONAL PROTECTIVE SERVICES clients or prospective clients, or the disclosure of clients or prospective clients to any other business entity or person. Furthermore, I agree that I will not use any information obtained during my interview process or employment period with NATIONAL PROTECTIVE SERVICES to solicit clients or prospective clients for the purposes of contracting security services, or any other services provided by NATIONAL PROTECTIVE SERVICES for another business entity, another person, or myself.

3. That upon termination of my employment from or after making a decision to not join as a member with NATIONAL PROTECTIVE SERVICES:

a) I shall return to NATIONAL PROTECTIVE SERVICES all documents and property of the company, including but not necessarily limited to drawings, blueprints, reports, manuals, correspondence, customer lists, computer programs, and all other materials and all copies thereof relating in any way to NATIONAL PROTECTIVE SERVICES's business, or in any way related to NATIONAL PROTECTIVE SERVICES's security needs, or the clients of NATIONAL PROTECTIVE SERVICES's security needs.

b) I shall return all copies or recordings of the above as well.

4. In no way, at any time, in any way, will I disclose or divulge any of the information above or otherwise learned through employment with NATIONAL PROTECTIVE SERVICES, to any other persons including but not limited to, future employers, friends, family, or anyone

Initial: \_\_\_\_\_

else without a genuine and authorized need to know, unless first cleared by written permission from the Board of Directors of NATIONAL PROTECTIVE SERVICES.

5. The Undersigned acknowledges the information disclosed herein is proprietary and confidential and in the event of any breach, NATIONAL PROTECTIVE SERVICES shall be entitled to injunctive relief as a cumulative and not necessarily successive or exclusive remedy to a claim for monetary damages.

6. This constitutes the entire agreement.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Witness Signature

**NATIONAL PROTECTIVE SERVICES  
CONSENT FOR DRUG/ALCOHOL SCREEN TESTING**

If you are offered and accept employment with National Protective Services, in the interest of safety for all concerned, you may be required to take a urine, breath, or blood test for drug and/or alcohol use. These tests will also be given on a random selection basis throughout the employment period.

I, \_\_\_\_\_, have been fully informed of the reason for this test for drug and/or alcohol use (I understand what I am being tested for), the procedure involved, and do hereby freely give my consent. In addition, I understand that the results will be forwarded to National Protective Services and potential clients (if requested) and become a part of my record. I also understand that this test may happen more than once and may be administered at any given time during the period of my employment.

If this test is positive, and if for this reason I am not hired, I understand that I will be given the opportunity to explain the results of this test. I further understand that if this test is positive at any point in time during employment, I will be suspended without pay until further investigation, including further testing at another facility. If further investigation reveals use of illegal and/or illicit drugs, or inappropriate use of alcohol (such as while on duty, while on-call, or within eight hours prior to either) my employment will be immediately terminated.

I hereby authorize these test results to be released to National Protective Services, to any present or potential clients of same, and to any governmental body.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

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

\_\_\_\_\_  
Date

**NATIONAL PROTECTIVE SERVICES  
CONSENT FOR POLYGRAPH EXAMINATION  
AND PSYCHOLOGICAL EXAMINATION**

If you are offered and accept employment with National Protective Services, in the interest of safety for all concerned, you may be required to take a polygraph examination to screen for accurate information regarding your background and a psychological examination to test for mental health. The polygraph examination may also be given to screen for truthfulness regarding a specific incident during the course of employment. Since security officers primarily work independently, it is imperative they be mentally fit to respond to incidents. This is extremely important because his or her decisions may have dramatic impact on the results of the incident and possibly the lives of those involved. Sound judgment, good instinct, and good sense are imperative. Officers may be handicapped by prejudices and pre-conceived biases, which may affect decision making. A psychological examination is used to determine these shortcomings.

I, \_\_\_\_\_, have been fully informed of the reason for this polygraph examination (I understand what I am being tested for), the procedure involved, and do hereby freely give my consent. In addition, I understand that the results will be forwarded to National Protective Services and potential clients (if requested) and become a part of my record. I also understand that this test may happen more than once and may be administered at any given time during the period of my employment, particularly after a security incident.

If this test is failed, and if for this reason I am not hired, I understand that I will be given the opportunity to explain the results of this test. I further understand that if this test is failed at any point in time during employment after an incident, the results may be submitted as evidence presented during an investigation or to a court of law. In addition, I may be suspended without pay until further investigation of an incident. I further understand I may be terminated based on the results of a polygraph examination.

I hereby authorize these test results to be released to National Protective Services, to any present or potential clients of same, and to any governmental body.

Signature	Printed Name	Date
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Witness Signature	Printed Name	Date
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## NATIONAL PROTECTIVE SERVICES TEMPORARY AND AT-WILL EMPLOYMENT

If you are offered and accept employment with National Protective Services, you understand that your employment is as a temporary employee, and employment can be terminated and/or changed at any time with or without cause, and with or without notice at any time at the option of National Protective Services or yourself. You understand that any employee rules, statements, policies, benefits, or any other statements, written or oral, are NOT a contract of employment between you and National Protective Services, until offered and acceptance of permanent employee status. No employee or other representative, other than the President and Board of Directors, has any authority whatsoever to enter into any agreement for permanent employment for a stated period of time or to make any agreement contrary to the foregoing, and that no such agreement has been made. It is further understood that the company probationary period is one year, during which time you will be a temporary employee, and you must complete all training requirements prior to offering of permanent employee status. In addition, it is understood that, as a temporary employee, no benefits, including unemployment benefits, will be approved or paid to you.

THESE TERMS ACCEPTED BY:

Signature	Printed Name	Date
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Witness Signature	Printed Name	Date
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### UNLAWFUL ACTIVITIES

I understand that as an employee or member of National Protective Services, I am not to engage in any activities that may be considered to be unlawful or criminal. I further understand that any violations of federal, Texas, or local laws or ordinances may result in the immediate termination of my employment. Further, I understand that if I engage in any unlawful activities while representing National Protective Services, I will be prosecuted to the full extent of the law.

Signature	Printed Name	Date
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Witness Signature	Printed Name	Date
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## National Protective Services Physical Fitness Standards

	Men (Minimum)	Women (Minimum)
Push Ups (1 Minute)	24	12
Sit Ups (1 Minute)	34	29
2 Mile Run (Scored Minutes)	19:30	22:00
Pull-Ups (1 Minute)	3	1
Sit and Reach (No Time Limit)	1	1

## Height and Weight/BMI Standards

Medical studies have proven that people who maintain certain height and weight ratios as well as Body Mass Index ratios are much healthier, much less susceptible to illness, and live longer, more fruitful lives. These people are also consistently better performers at work.

Height (Inches)	Max Weight (Men) (lbs)	Max Weight (Women) (lbs)
60	161	143
61	166	149
62	171	153
63	177	158
64	183	163
65	188	168
66	195	174
67	200	178
68	206	184
69	212	188
70	219	195
71	224	200
72	231	207
73	238	212
74	244	218
75	251	224
76	257	230
77	264	237
78	272	242
79	278	249
80	285	255

### Maximum Allowable Body Fat

Men (Percentage)	Women (Percentage)
30%	36%



Initial: \_\_\_\_\_

# **PERSONAL HEALTH AND MEDICAL RECORD**

This form must be filled out in its entirety. The information on this form is private and will be used to provide information to health care providers in the event of an emergency.

## IDENTIFICATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please answer and check all items that apply, past or present, to your health history. Explain any "yes" answers.

## GENERAL INFORMATION:

Height _____	Weight _____	Eye Color _____	Hair Color _____	Blood Type _____	
	Yes No	Yes No	Yes No	Yes No	
ADHD <input type="checkbox"/>	<input type="checkbox"/>	Convulsions/Seizures <input type="checkbox"/>	<input type="checkbox"/>	Hemophilia <input type="checkbox"/>	<input type="checkbox"/>
Fainting Spells <input type="checkbox"/>	<input type="checkbox"/>	Diabetes <input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure <input type="checkbox"/>	<input type="checkbox"/>
Cancer/Leukemia <input type="checkbox"/>	<input type="checkbox"/>	Heart Problems <input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease <input type="checkbox"/>	<input type="checkbox"/>
Surgery (In-Patient) <input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever <input type="checkbox"/>	<input type="checkbox"/>	Appendicitis <input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS <input type="checkbox"/>	<input type="checkbox"/>	Breathing/Asthma <input type="checkbox"/>	<input type="checkbox"/>	Back Problems <input type="checkbox"/>	<input type="checkbox"/>
Muscular Condition <input type="checkbox"/>	<input type="checkbox"/>	Bone Condition <input type="checkbox"/>	<input type="checkbox"/>	Nervous Condition <input type="checkbox"/>	<input type="checkbox"/>

If "yes" to any question, please explain. Continue on separate sheet if necessary.

Please list all medications taken within the last 30 days, and/or that you are/will be taking on a regular basis, including drug, dosage, route (oral, injection, etc.) and frequency:

Please list any other physical or behavioral conditions that may affect or limit your ability to fully perform your duties as a security officer, including, but not limited to, standing for long periods of time, continuous walking, climbing stairs, lifting up to your body weight, defending yourself, using a firearm, or any other activity.

IDENTIFYING MARKS: Please list and describe, including the location, any tattoos or scars on your body.

ALLERGIES: Food, medicines, plants, insects, etc. Yes  No  If yes, please explain:

## IMMUNIZATIONS: (Please give date of last inoculation)

Tetanus Toxoid _____	Measles _____	Polio _____
OR DPT _____	OR MMR _____	OR Chicken Pox _____
Varicella _____	Hepatitis A _____	Hepatitis B _____

## IN CASE OF EMERGENCY:

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Personal Physician \_\_\_\_\_ Telephone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Health/Accident Insurance Name \_\_\_\_\_ Policy # \_\_\_\_\_ Telephone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

In case of emergency, I hereby give my permission to secure proper treatment for me, including emergency transport, hospitalization, anesthesia, surgery, injections of medication, or any other treatment deemed necessary by a licensed healthcare practitioner.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**For Office Use Only**

**Do not write below this line**

A large empty rectangular box with a black border, intended for office use or notes.