

GLOBAL PROTECTIVE DIVISION AND INVESTIGATIONS LLC (G.P.D. ENFORCEMENT)

EMPLOYMENT APPLICATION

9170 MOONSHINE HOLLOW STE # E • LAUREL, MARYLAND 20723

JOB LINE: (240)602-0293 • FAX: (301) 206-8345

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

It is the policy of the Global Protective Division and Investigations, LLC (G.P.D.Enforcement) to select new employees and to promote current employees without regard to race, sexual orientation, sex, religion, national origin, marital status, or handicap. The Commission does not discriminate against qualified individuals with a disability and will make reasonable accommodation for any disability that does not result in undue hardship for G.P.D. Each applicant appointed to a merit system position must meet all requirements of the position. Such requirements will include drug and alcohol screening, tests, and the submission of certain documents. You must complete this application even if a resume is attached.

Have you previously worked here? Yes No
Have you previously applied here? Yes No

PLEASE TYPE OR PRINT ALL ANSWERS IN INK

Last Name		First Name		MI					
Address (Street)		(Apt #)		(City)		(State)		(Zip Code)	
Telephone Numbers (include area code) Home: _____ Office: _____				Are you legally able to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Proof of your legal right to work in the United States will be required upon employment)					
Do you possess a valid motor vehicle license? Yes <input type="checkbox"/> No <input type="checkbox"/> State issued: No. of points: Class (Type): Restrictions:				Referred to us by: <input type="checkbox"/> Newspaper <input type="checkbox"/> Employee (Name: _____) <input type="checkbox"/> Job line <input type="checkbox"/> Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Other (Specify): _____					
Position:						Salary desired:			

EDUCATION AND TRAINING

(Provide college transcript with application)

Did you graduate from high school? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name and location of last school attended:			
X last grade completed: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>		Did you attend College?		Graduate School?	
Diploma: _____ State: _____		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name and location of College/University:		From:	Type of Degree	Major	No. of Credits Completed
		To:			
Name and location of College/University		From:	Type of Degree	Major	No. of Credits Completed
		To:			
Other (Trade, Business, Secretarial, etc.)		From:	Type of Degree:	Major:	No. of Credits Completed
		To:			

Clerical positions may require Typing, Word-processing or Data Entry tests.

Typing: _____ wpm. Shorthand: _____ wpm Foreign Language Spoken or Read: _____

Office equipment/Software applications:

Special Qualifications (include active technical/professional licenses and numbers, academic or professional awards, Bar memberships, etc):

GPD752_EmpA



EMPLOYMENT HISTORY

Please list positions held during the past 10 years, including military, part-time, summer, and volunteer. It is important that you provide exact dates of employment, exact titles of positions, and detailed descriptions of duties. If you held more than one position with an employer, please list each position separately. *If submitting a resume, briefly list "Job Duties."*

Former Position:			
Name of Employer:		Address:	
Employment Dates (Mo./Yr.) From:	To: Present	Annual Salary Beginning:	Ending:
Number and kind of Employees you Supervised:		Name and Title of Supervisor:	Telephone Number:
Position Title:	Hrs. per wk.:	Reason for Leaving:	
Job Duties:			

Present or Most Recent Position: Police Officer				May we contact current employer? Ye <input type="checkbox"/> No <input type="checkbox"/>	
Name of Employer: District of Columbia Library Police Department			Address:		
Employment Dates (Mo./Yr.) From:	To: Present	Annual Salary Beginning:			
Number and kind of Employees you Supervised: N/A			Name and Title of Supervisor:		Telephone Number:
Position Title:	Hrs. per wk.:	Reason for Leaving: Still employed			
Job Duties:					

Former Position: Security Officer					
Name of Employer:			Address:		
Employment Dates (Mo./Yr.) From:	To:	Annual Salary Beginning:			
Number and kind of Employees you Supervised:			Name and Title of Supervisor:		Telephone Number:
Position Title:	Hrs. per wk.:	Reason for Leaving: Resigned			
Job Duties					

Former Position:					
Name of Employer:			Address:		
Employment Dates (Mo./Yr.) From:	To:	Annual Salary Beginning:			
Number and kind of Employees you Supervised:			Name and Title of Supervisor:		Telephone Number:
Position Title:	Hrs. per wk.:	Reason for Leaving: Resigned			
Job Duties					

1. HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY TO ANY FELONY OR MISDEMEANOR (DO NOT LIST ANY DISMISSED OR EXPUNGED CHARGES)? IF YES, PLEASE EXPLAIN:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. DO YOU HAVE A RELATIVE (S) WORKING FOR THE COMMISSION? Name N/A	(ATTACH ADDITIONAL SHEET, IF NECESSARY) Relationship N/A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name N/A	Relationship N/A		
3. IF EMPLOYED, YOU MAY BE REQUIRED TO WORK OVERTIME ON OCCASION. CAN YOU WORK OVERTIME?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. ARE YOU INVOLVED IN REAL ESTATE SALES IN PRINCE GEORGE'S OR MONTGOMERY COUNTY, MARYLAND?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

PLEASE READ BEFORE SIGNING: The G.P.D has a strong commitment to provide quality services to the public, a safe workplace for its employees, and high standards of employee health. As part of the normal medical evaluation, all applicants who have been tentatively selected for a position will be asked to undergo a drug screening. An applicant whose body fluids indicate the presence of drug and alcohol substances or who refuses to take the required tests will not be offered employment. I authorize investigation of all facts contained in this application. I understand I must successfully complete a G.P.D. administered medical examination including drug and alcohol screening. I am aware that reference verifications and a background check will be done.

I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I understand and agree that any omission, false or misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Signature (Date)

GLOBAL PROTECTIVE DIVISION AND INVESTIGATIONS LLC

The information that you provide below will be used to study recruitment and employment patterns at the G.P.D. The completion of this form is not mandatory; however, please give us your cooperation by completing this questionnaire.

The information provided will be kept confidential, will be filed separately from your application and will not be used to discriminate in any way in the employment process.

Thank you.

Gender: Female Male

EEO Race Category:

<input type="checkbox"/> White, not of Hispanic Origin: A person having origins in any of the original peoples of Europe, North Africa or the Middle East.	<input type="checkbox"/> Asian or Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or Pacific Islands. These areas include for example, China, Japan, Korea, The Philippines Islands, or Samoa.
<input type="checkbox"/> Black, not of Hispanic Origin: A person having origins in any of the black racial groups in Africa.	<input type="checkbox"/> American Indian or Alaskan Native: A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation of community recognition.
<input type="checkbox"/> Hispanic: A person of Mexican, Puerto Rican, Cuban, Central South American or other Spanish culture or origin, regardless of race.	
<input type="checkbox"/> Two or more races (Not of Hispanic or Latino): All persons who identify with more than one of the above races.	

Disabled? Yes No

Veteran (Check all that apply):	
<input type="checkbox"/> Vietnam Era	
<input type="checkbox"/> Other Protected Veteran	Means a veteran who served on active duty in the US military during a war or in a campaign or expedition for which a campaign badge has been authorized listed at http://www.opm.gov/veterans/html/vgmedals2.html
<input type="checkbox"/> Special Disabled Veteran	Means a veteran of the US Military entitled to compensation under laws administered by the Department of Veterans Affairs for a disability rated at 30 percent or more (or 10 – 20 percent if deemed to have a serious employment handicap) or a discharge from duty on account of a service-connected disability.

<input type="checkbox"/> Newly Separated Veteran	Means any veteran discharged or released from active duty within one year.
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IMPORTANT NOTICE

The first page of this application (front and back) must be completed in its entirety. Every block MUST be filled. Use N/A in areas that do not pertain to you. Failure to complete this application will cause a delay in processing or may result in the application not being processed. Be sure to print/type your name, full address and Social Security number. The information requested concerning your motor vehicle license MUST be provided. Please insure that this application is signed and dated.

The purpose of Global Protective Division and Investigations, LLC G.P.D. Enforcement is to support our clients, deter criminal activity, promote and support law and order, maintain the peace, serve the public welfare and assist law enforcement agencies in any manner authorized by law.

If accepted for employment, I do understand that I will, to the best of my ability, uphold the rules and regulations, and perform the duties of this organization.

I understand that it is incumbent upon me to own a suitable vehicle and also to purchase the official G.P.D. uniform and any other equipment, which may be necessary.

I further understand that the Badge and I.D. Card, Patches are the Property of Global Protective Division and Investigations, LLC (G.P.D. Enforcement) and for any reason should my employment be terminated or if I resign my position with this organization, these items are to be returned immediately, and if (UNIFORM are purchased by G.P.D. ENFORCEMENT and isn't paid for in full by the employee it will be taken out of last pay check.

I further understand that any false information that has been given on this application in order to obtain employment with this organization will result in the immediate disqualification of the applicant and/or termination of employment.

GPD1296

For additional positions, please attach a "Supplemental Employment History" sheet.

Former Position:			
Name of Employer:		Address:	
Employment Dates (Mo./Yr.) From:	To:	Annual Salary Beginning:	Ending:
Number and kind of Employees you Supervised:		Name and Title of Supervisor:	Telephone Number:
Position Title:	Hrs. per wk.:	Reason for Leaving: Resigned	
Job Duties.			

Former Position:			
Name of Employer:		Address:	
Employment Dates (Mo./Yr.) From:	To:	Annual Salary Beginning:	Ending:
Number and kind of Employees you Supervised:		Name and Title of Supervisor:	Telephone Number:
Position Title: Maryland Armed Security Officer,	Hrs. per wk.:	Reason for Leaving:	
Job Duties:			

Former Position: Administrative Captain			
Name of Employer:		Address:	
Employment Dates (Mo./Yr.) From:	To:	Annual Salary Beginning: 20,000.00	Ending: 28,080.00
Number and kind of Employees you Supervised: 150		Name and Title of Supervisor:	Telephone Number:
Position Title:	Hrs. per wk.:	Reason for Leaving: Business closed, moved to Maryland to start with Professional 50 state Protection	
Job Duties:			

Former Position:			
Name of Employer:		Address:	
Employment Dates (Mo./Yr.) From:	To:	Annual Salary Beginning: commission	Ending:
Number and kind of Employees you Supervised:		Name and Title of Supervisor:	Telephone Number:
Position:	Hrs. per wk.:	Reason for Leaving:	
Job Duties:			

Former Position:			
Name of Employer:		Address:	
Employment Dates (Mo./Yr.) From:	To:	Annual Salary Beginning: commission	Ending: commission
Number and kind of Employees you Supervised: N/A		Name and Title of Supervisor:	Telephone Number:
Position :	Hrs. per wk.:	Reason for Leaving: .	
Job Duties:			

