



## Application for Employment

*Applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of Benford Protection Group.*

NAME:

LAST

FIRST

MIDDLE

ADDRESS:

STREET

CITY

STATE

ZIP

TELEPHONE #: \_\_ (\_\_\_\_) \_\_\_\_\_ CELL/OTHER (\_\_\_\_) \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_ POSITION(S) APPLYING FOR: \_\_\_\_\_

Have you ever applied for a position here before: YES [ ] NO [ ] If yes, please provide date and for what position: \_\_\_\_\_

Have you ever worked for BPG before: YES [ ] NO [ ] If yes, please provide employment dates: \_\_\_\_\_

Are you 18 years of age or older: YES [ ] NO [ ]

Are you a U.S. Citizen: YES [ ] NO [ ]

Are you legally eligible for employment in this country: YES [ ] NO [ ]

Employment desired: FULL TIME [ ] PART TIME [ ]

Date available for work: \_\_\_\_\_

What is your desired hourly rate? \_\_\_\_\_

Have you ever pleaded "guilty or "no contest" or been convicted of a felony? YES [ ] NO [ ] If yes, please explain: \_\_\_\_\_



Employment History

BEGIN WITH THE MOST RECENT EMPLOYER

DATES OF EMPLOYMENT:

\_\_\_\_\_  
MONTH / YEAR TO MONTH / YEAR

WERE YOU SALARIED: YES [ ] NO [ ] \$ \_\_\_\_\_

OR HOURLY: YES [ ] NO [ ] \$ \_\_\_\_\_

\_\_\_\_\_  
NAME OF EMPLOYER CONTACT NUMBER

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

\_\_\_\_\_  
SUPERVISOR NAME/ TITLE

REASON FOR LEAVING:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BRIEFLY DESCRIBE WORK PERFORMED AND RESPONSIBILITIES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATES OF EMPLOYMENT:

\_\_\_\_\_  
MONTH / YEAR TO MONTH / YEAR

WERE YOU SALARIED: YES [ ] NO [ ] \$ \_\_\_\_\_

OR HOURLY: YES [ ] NO [ ] \$ \_\_\_\_\_

\_\_\_\_\_  
NAME OF EMPLOYER CONTACT NUMBER

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

\_\_\_\_\_  
SUPERVISOR NAME/ TITLE







BENFORD PROTECTION GROUP is an Equal Opportunity Employer. BENFORD PROTECTION GROUP will not unlawfully discriminate based on race, color, national origin, sex, marital or parental status, age, religion, physical, ancestry in violation of any law or mental disability, sexual orientation, Vietnam era veteran or qualified disable veteran in recruitment, hiring, training, work assignment, promotions, salaries, and other terms, and conditions of employment.

**PLEASE READ CAREFULLY – DO NOT SIGN UNTIL YOU HAVE READ THE INFORMATION BELOW.**

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING APPLICATION FORM WAIVER.

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by BENFORD PROTECTION GROUP INVESTIGATIVE SERVICES, Inc. hereinafter called "BPG Inc., I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other firm practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of BENFORD PROTECTIONS GROUP Investigative Services Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument of signed by an officer of BPG, Inc. Both the undersigned and BENFORD PROTECTION GROUP Investigative Services, Inc. understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. Additionally upon hire the site, shift hours and location may change during the course of employment with BENFORD PROTECTION GROUP Investigative Services, Inc.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers, references, and others, and hereby release the Company from any liability as result of such contract.

I also understand that (1) BPG, Inc. has a fitness certification policy that provides for pre-employment (2) compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful maintenance of these certifications under such policy.

I further understand that my employment with BPG, Inc. shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with BPG, Inc. is terminable at will for any reason by either party.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant PRINT NAME

\_\_\_\_\_  
Date

Please complete application and send to [BPGHROperations@gmail.com](mailto:BPGHROperations@gmail.com) or call 773.902.7500



Please see below additional information required to process your application for possible hire. Please answer each question and provide the information being requested.

Do you have 20-hours unarmed training? YES [ ] NO [ ] Date of training: \_\_\_\_\_

Do you have 20-hours armed training? YES [ ] NO [ ] Date of training: \_\_\_\_\_

230# \_\_\_\_\_

Do you have an ACTIVE PERC Card? YES [ ] NO [ ] Expiration Date: \_\_\_\_\_  
PERC Card number: \_\_\_\_\_

Do you have an ACTIVE FOID Card? YES [ ] NO [ ] Expiration Date: \_\_\_\_\_  
FOID Card number: \_\_\_\_\_

Do you own your weapon? YES [ ] NO [ ] Semi-Auto [ ] Revolver [ ]

When was the last time you qualified with your weapon? Please provide date: \_\_\_\_\_

Are you currently holding a FCC Card (tan card) with another company? YES [ ] NO [ ]

Are you currently active (working a schedule) with another company? YES [ ] NO [ ]

Will your employment, if hired, with BPG, Inc. be your primary employment? YES [ ] NO [ ]

**\*\*In order to receive a FCC card (tan card) under Benford Protection Group, Inc., and you have been "ARMED" for (1) year or longer, you MUST have a CURRENT requalification.\*\***

**PLEASE READ CAREFULLY-Contingent on hiring**

If you have any PAST or CURRENT violations that has caused your credentials to be suspended by the Illinois Department of Finance and Professional Regulations, you must provide a copy of the Court Disposition and a written notarized statement of what took place. Failure to be truthful regarding this statement and your FCC card (tan card) application is rejected by IDFPD will disqualify your employment for an ARMED security position.

Your signature below will confirm that you have read and understand the above statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
PRINT NAME

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



## AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

I, \_\_\_\_\_, hereby authorize BENFORD PROTECTION GROUP to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that BENFORD PROTECTION GROUP will utilize an outside firm or firms to assist in checking such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant PRINT NAME

\_\_\_\_\_  
Date

Please complete application and send to [BPGHROperations@gmail.com](mailto:BPGHROperations@gmail.com) or call 773.902.7500