



Application for Employment

United Protection Services Inc.

Head Office: 8055 Coronet Road, Edmonton, Alberta T6E 4N7

Toll Free 1-877-465-1708 Fax (780) 463-6372

Click **HERE** to Submit by Email

Reg. No:

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For Office Use Only

PERSONAL INFORMATION

Last name		First name, second name (no initials)		Date	
Present address					
City		Province		Postal code	
Date of birth (Month/Day/Year)		Social insurance number		Phone number	
				Gender (Male/Female)	
				Place of birth	
How did you hear about United Protection? If you were referred by an employee of United, please include that person's name.					
What type of work are you interested in doing?				Preferred hours of work	
<input type="checkbox"/> Loss Prevention Officer <input type="checkbox"/> Uniform Guard <input type="checkbox"/> Mobile Patrol <input type="checkbox"/> Private Investigator <input type="checkbox"/> Administration <input type="checkbox"/> Other				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Have you previously worked for United Protection?			Are you legally entitled to work in Canada?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If hired, when can you start employment?			Do you have reliable transportation to get to work?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:		
Are you willing to work various shifts (weekends and holidays) on short notice?			Do you have a valid driver's license?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No Class:		

INFORMATION FOR LICENSING AND BONDING

Maiden name (if applicable)		Are you bondable?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous address (if less than 6 months at current residence)			
Excluding minor traffic offences, have you ever been convicted of an offence?		Do you have any pending criminal charges?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:	
Please indicate if you are currently appointed as any of the following:			
<input type="checkbox"/> Member of a Police Force <input type="checkbox"/> Member of Auxillary Police Force <input type="checkbox"/> Special Constable <input type="checkbox"/> Peace Officer <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Collector			
NOTE: To be considered for employment, you must first pass Policy Security Clearance Requirements processed through our office.			

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(Managers: please fax completed front of application form to Head Office for Issue of Reg. No.)

First shift date:	Branch:	Department:	Factor:	Hired by:	Hiring package:

(SEE NEXT PAGE)

WORK HISTORY

Please list your three most recent employers.

Present or most recent employer		Name of supervisor	Phone number	Salary
Job title and duties				
Start date	End date	Reason for leaving		

Previous employer		Name of supervisor	Phone number	Salary
Job title and duties				
Start date	End date	Reason for leaving		

Previous employer		Name of supervisor	Phone number	Salary
Job title and duties				
Start date	End date	Reason for leaving		

PERSONAL REFERENCES

Please list three persons (not relatives) as business or personal references. We may contact any or all people that you list.

Name	Occupation	Phone number
Name	Occupation	Phone number
Name	Occupation	Phone number

EDUCATION, TRAINING AND EXPERIENCE

Please list all relative experience, training and education

List your highest level of education	List any specialized training or experience in Security, Investigation or Police Duty
Would you be interested in taking company-approved courses to aid in advancement within the company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you be willing to pay 50% of the cost of such courses and submit income withdrawal from your paycheck? <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE READ CAREFULLY

The foregoing statements are correct to the best of my knowledge. I understand that misrepresentation may disqualify me from employment or be reason for dismissal. If hired, I agree to abide by all rules and regulations of the Company, including completing a three-month probationary period.

Applicant Signature

Date