



PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED EXCEPT SIGNATURE

**Centennial Protection Group, LLC  
Employment Application Form**

Status: \_\_\_\_\_  
HR Use Only

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

PLEASE COMPLETE PAGES 1-5.

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Are you at least 21 years of age: YES NO Social Security Number: must supply at time of hire

Position applied for (1) \_\_\_\_\_ Days/hours available to work  
and salary desired (2) \_\_\_\_\_  
(Be specific) No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
Mon \_\_\_\_\_ Fri \_\_\_\_\_  
Tue \_\_\_\_\_ Sat \_\_\_\_\_  
Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Have you been employed or contracted by Centennial Protection Group, LLC in the past?

Dates and Location: \_\_\_\_\_

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to begin work? \_\_\_\_\_

Are you legally eligible for employment in the United States? YES NO

CERTIFICATIONS (X if currently held) (MD Guard Lic.:\_\_\_\_ PI Lic.:\_\_\_\_ Handgun Permit:\_\_\_\_)  
CPR:\_\_\_\_ AED:\_\_\_\_ 1<sup>st</sup> Aid:\_\_\_\_ OTHER (list) \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME AND/OR CURRENTLY ON PROBATION? YES NO

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed. \_\_\_\_\_

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO

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LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license  
number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur  
Expiration date \_\_\_\_\_ Years Driving experience \_\_\_\_\_

Have you had any accidents during the past five years?  YES  NO How many? \_\_\_\_\_

Have you had any moving violations during the past five years?  YES  NO How Many? \_\_\_\_\_

Current Points \_\_\_\_\_

Explain all yes answers to accidents and moving violations:

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. Attach additional sheets if necessary.

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**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No BRANCH \_\_\_\_\_ RANK ACHIEVED \_\_\_\_\_

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

MOS/Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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How did you learn about Centennial Protection Group? \_\_\_\_\_

May we contact your present/previous employer(s)?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

PLEASE READ CAREFULLY

**APPLICATION FORM WAIVER**



In exchange for the consideration of my job application by Centennial Protection Group, LLC (hereinafter called "the Company"), 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 Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. I understand that the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

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 (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I understand that I am solely responsible for any damages to the Company/Client property, equipment or vehicles and will be required to reimburse the Company for any and all damages found to be caused by my negligent actions and/or behavior.

I fully understand that if I am hired by the Company I shall serve a probationary period of 6 months, and further, that at any time during the probationary period or thereafter, my employment relation with the Company is considered at will and I may be terminated from employment for any reason.

I authorize and understand that the Company will at times, during my employment, review my current driving record and criminal background to ensure compliance with licensing requirements, company policies or procedures.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Application stays on file for 1 year.

Centennial Protection Group, LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in Centennial Protection Group, LLC.

**POLYGRAPH STATEMENT**

**"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."**

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