

Cleveland Corporate Protective Services
Private Police & Investigations

Your application is the first step in the process of obtaining employment with Cleveland Corporate Protective Services. Please read all instructions carefully and complete all sections to the best of your knowledge. Falsification or Omission of information may result in rejection of the application or dismissal if you are employed by Cleveland Corporate Protective Services.

DEPARTMENT OF LAW/HUMAN RESOURCE

Please PRINT in BLACK ink or use a typewriter. Pencil is not acceptable. If an item does not apply to you, write in the letters "NA" or "Not Applicable". A resume may be attached to supplement this application; however, you must complete all information requested on the application. Applications remain on file for a period of one (1) year from the date of completion

Date: _____ Drivers License # _____ Exp Date: _____

Name: _____
Last First Middle

Present Permanent

Address: _____
Street Apt# City State Zip

() () ()
Home Phone Work Phone Alternate Contact Email
May we contact you at work Yes () No ()

Driver's Lic # _____ Exp Date: _____ Operator ()

CDL () Motorcycle () Boat Operator ()

Have you ever been employed under another name(s) () Yes () No

If yes please list names _____

Position Applied For: Armed Protection officer () Armed Protection Officer () Patrolman ()
K-9 handler () Police Officer PT () Emergency Dispatcher () Drone Pilot () EMT ()

Minimal Acceptable Rate/Salary \$ _____

Availability check all that apply : M () T () W () T () F () Sat () Sun () Holidays

Shifts are 8 to 12 hours and are subject to freeze up to 2 hours after shift on the needs of the client and the company with little to no notice I understand by initialing that if hired this could happen to me

Check all that are applicable

Availability: [] Full-time [] Part-time [] Temporary [] Seasonal [] 1st Shift [] 2nd Shift [] 3rd Shift

PERSONAL DATA

1. Have you ever been employed by C.C.P.S prior to this application? ☐ Yes ☐ No If yes,
Under what name? _____ Position held? _____ Dates? _____
2. Does the Cleveland Corporate Protective Services employ any relative (by blood/marriage) or
cohabitant of yours? ☐ Yes ☐ No
If yes, Name _____ Relationship _____ Department _____
3. Other than a minor offense, have you ever been convicted of a misdemeanor? ☐ Yes ☐ No If
yes, Offense: _____ Date: _____
4. Are you legally eligible for employment in the United States? ☐ Yes ☐ No
5. Are you at least 18 years of age? ☐ Yes ☐ No

REFERENCES

List two references that have knowledge of your work history, character and experience. Do not list
relatives, friends, or personal references.

1. Name: _____ Employer's Name: _____
Business Relationship: _____ Years known _____
Phone # _____
2. Name: _____ Employer's Name: _____
Business Relationship: _____ Years known _____
Phone # _____

EDUCATION

Depending on the position sought, you may be required to provide a copy of your high school or college
transcript/degree and/or professional registration. Give dates of attendance, type of degree, and
major/minor. Be sure to answer "HAVE YOU GRADUATED?" List all technical and/or trade courses or
programs you have completed.

Please check highest level of education: () High School Graduate or GED () Some College
() AA or AS Degree () Bachelor's Degree () Master's Degree () Doctorate Degree

List any other applicable courses, seminars, workshops that relate to the position(s) you are applying for

PREVIOUS EMPLOYMENT

Please give complete name and address of all employers including military employment. Dates of employment, salary history, name and phone number of immediate supervisors must be included. A resume may be attached as a supplement; however, you must complete all information requested on the application.

Begin with your current or most recent employer and list all previous employers in chronological order. Also, account for all periods of unemployment.

Employer #1	Please Print	Dates of Employment	
HRS Per week	Ft/ PT/ Seasonal	From / to	
Employer name	Address	City	State zip
Job title	Supervisor	Telephone number	May we contact
Reason for leaving		Salary start /end	

Description of Duties

:

Employer #2	Please Print	Dates of Employment	
HRS Per week	Ft/ PT/ Seasonal	From / to	
Employer name	Address	City	State zip
Job title	Supervisor	Telephone number	May we contact
Reason for leaving		Salary start /end	

Description of Duties

:

Employer #3	Please Print	Dates of Employment	
HRS Per week	Ft/ PT/ Seasonal	From / to	
Employer name	Address	City	State zip
Job title	Supervisor	Telephone number	May we contact
Reason for leaving		Salary start /end	

Description of Duties

:

Can you perform the essential functions of the position(s) for which you are applying, with or without reasonable accommodation? [] Yes [] N

Reasonable Accommodations may be made to enable individuals with disabilities to perform the essential tasks. The information provided in this Employment Application is true and complete. C.C.P.S may terminate my employment for any false or misleading statements or omissions in this application, whenever they may be discovered. If I receive an offer of employment, I authorize a medical examination, including a drug screen, by an examiner selected by C.C.P.S. I understand that any offer of employment may be contingent upon such medical examination and a background check.

I acknowledge that, if hired, my employment is for no definite period and may be terminated at any time with or without cause, by either me or C.C.P.S. I understand that this cannot be changed except in a writing signed by the Chief that states it is intended to make that change. Anything said or implied to the contrary is not binding on C.C.P.S or its affiliates.

Date: _____ Signature: _____ Printed name _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize any reference, school, former employer, military or other person to disclose to the C.C.P.S/ Cleveland Corporate protective Services, upon request, any information they may have about me and I release them from all liability for disclosing such information. (If you are applying for a Police Officer or Firefighter position you must have your signature Notarized).

Date: _____ Applicants Signature: _____

POLICE / PRIVATE POLICE OFFICER / EMERGENCY DISPATCHER ONLY

Notary Signature _____ Date _____

My Commission expires _____

**AUTHORIZATION AND DISCLOSURE OF CONSUMER REPORT AND INVESTIGATIVE
CONSUMER REPORT UNDER THE FAIR CREDIT REPORTING ACT**

Cleveland Corporate protection Services may obtain or cause to be prepared consumer reports for employment purposes. It may be an investigative consumer report which is obtained through personal interviews and might include information as to your character, general reputation, personal characteristics and mode of living.

You may make a written request, within a reasonable period of time, for a disclosure of the nature and scope of any investigative consumer report we have requested. You may also request a written summary of your rights under the Fair Credit Reporting Act.

If you consent to our obtaining a consumer report or investigative consumer report, sign and date below. We will not process your application until this is signed.

I authorize the investigators at Cleveland Corporate Protection Services to obtain or cause to be prepared consumer reports, and investigative consumer reports, about me for employment purposes. I understand that in obtaining such consumer reports and investigative consumer reports, a consumer reporting agency may be used, and I authorize such use. This authorization and disclosure will remain effective for the duration of my employment, if I am hired.

I have received a copy of this authorization and disclosure.

Date_____ Signature_____

Printed name_____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, ancestry or the presence of a non-job-related medical condition or disability.

The Cleveland Corporate Protective Services complies with EEO/ADA guidelines and is a drug-free workplace.

Disclaimer

I also understand that this position is for Armed Enforcement Officer by accepting this position if offered employment I understand that there are inherent risks with the job. I also understand that the employment is also "AT WILL" and the rate salary or hourly compensation is no less than what is offered and agreed upon. I also understand that I must comply with all State and Federal Firearm Laws and that I am required to furnish a working firearm with a caliber no less than 9mm and no greater than .40 caliber.

I also understand that I must have applicable equipment such as black boots, black/ tan bdu or acu pants a fully duty belt with a level no less than a two-retention holster. I am required to comply with all requirements set forth by C.C.P.S , OPOTA and PISGS. I must maintain a clean back ground and driving record to be insurable under the company insurance. The company has a strict military grooming standard for men and woman of its Private Police Force uniforms will be furnished to meet the daily needs of each officer.

Training will be provided and required to be completed by passing with a minimal of 70% per section. New appointed Officers are required to complete and pass a standard BCI/ FBI "Back Ground" check before appointment with PISGS. I also understand I will be responsible for the initial background and it will be deducted from my first paycheck there after upon renewal C.C.P.S. will cover all reasonable expenses for all full time Private Police Officers.

I also understand I will be required to pass and be appointed as a Private Police Officer holding a Commission that will be Issued by the City of Cleveland. Any initial expense will also be the responsibility of the new candidate. This section doesn't apply to Emergency Dispatchers and Commissioned Police Officers.

I also understand that I must have a minimal of a Firearms endorsement if I have not completed the 124 Hour OPOTA academic course I will have 1 year from the date of hire if a waiver is granted to complete and pass the academy at my personal expense.

Drone operators are required to complete and maintain part 107 license provided by the FAA and will be appointed under the company as Public Safety Pilots.

Dispatchers will be required to complete and pass a basic BCI back ground check and be appointed under PISGS and complete the required pre training and certification for emergency services operator.

By signing below, I attest that I have read and understand the basic duties and requirements that will be expected and if at any time I cannot meet the minimal standards set forth by C.C.P.S my employment shall be terminated.

Date_____ Signature _____ Print_____

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