

AMERICAN PUBLIC DEFENSE EMPLOYEE APPLICATION



NAME: _____

OFFICE: 847.804.8273

www.apdsecurity.com

DIRECTIONS

AMERICAN PUBLIC DEFENSE INC.

70 W. Madison Street, Suite 1400, Chicago, IL 60602

OFFICE: 847.804.8273

www.apdsecurity.com

(Please print your information legibly)



DATE _____

Please bring a copy of the following documentation or your application will be denied:

- Driver's License/State ID
- PERC Card (mandatory for security)
- Resume'
- Birth Certificate
- FOID Card (if applicable)
- Unarmed certificate (if applying for security)
- Armed Certificate (if applicable)
- Social Security Card
- Law Enforcement Certification (if applicable)
- DD-214 (if applicable)
- High School Diploma/GED Certificate
- College transcripts (if applicable)

Please be sure to fill out all sections and spaces of this application, leaving nothing blank. If nothing applies to you, write in "N/A" in the space provided. The correct completion of this application determines whether an applicant should be disqualified or hired. Also, keep this page for your own record.

This application may be mailed to:

American Public Defense Inc.

70 W. Madison Street, Suite 1400, Chicago, IL 60602

OR emailed to:

jobs@apdsecurity.com

OR the application may be brought in person and left with the receptionist at the above address.

For information regarding positions applied for, go to:

www.apdsecurity.com

The APD reviews many applications daily, therefore it takes time to process all paperwork and be called for an interview. Please do not call the office asking for the status of the application. An APD official will contact you within the next four weeks regarding your application.

AMERICAN PUBLIC DEFENSE INC. IS AN EQUAL OPPORTUNITY EMPLOYER

GENERAL INFORMATION

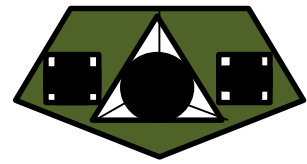
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NAME _____ **EMAIL** _____ **DATE** _____
(LAST) (FIRST) (MI)

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

SSN _____ **DOB:** _____

CELL PHONE _____ **HOME PHONE** _____

HEIGHT _____ **WEIGHT** _____

POSITION APPLIED FOR _____

Do you have a valid driver's license or state ID? **YES** **NO**

What is your Driver's License or state ID number? _____

Do you have a FOID card? **YES** **NO**

If yes, what is your FOID card number? _____

Do you have a PERC card? **YES** **NO**

If yes, what is your PERC card number? 129. _____

Do you currently possess a TAN card? **YES** **NO**

If yes, what is your TAN card number? 229. _____

Are you or have you ever served in the **YES** **NO**

United States Military?

If yes, what branch? _____ Rank _____

Are you a Certified Peace Officer? **YES** **NO**

If yes, what department? _____ Star No. _____

Did you graduate from an accredited **YES** **NO** Law
Enforcement Academy?

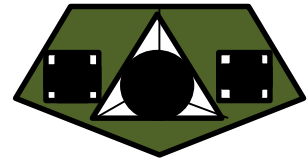
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If yes, which Academy? _____

Are you able to legally work in America? YES NO

Are you a Native Born American? YES NO

If not, where were you born? _____

Can you take a Physical Ability Examination that may be required? YES NO

If not, explain. _____

Can you stand for up to 12 hours without medical injuries? YES NO any

Can you lift over 40 pounds if needed? YES NO

EMPLOYMENT HISTORY

Please list your past employers beginning from your most current employer.

EMPLOYER _____

CITY _____ STATE _____

FROM _____ TO _____ SALARY RATE _____

Are you currently working for this employer? YES NO

May we contact this employer? YES NO

SUPERVISOR _____ PHONE (____) _____

DESCRIPTION OF DUTIES _____

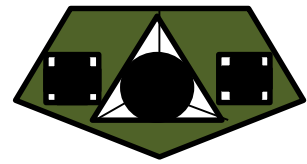
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DATE _____

SECOND EMPLOYER _____

CITY _____ STATE _____

FROM _____ TO _____ SALARY RATE _____

Are you currently working for this employer? YES NO

May we contact this employer? YES NO

SUPERVISOR _____ PHONE (____) _____

DESCRIPTION OF DUTIES _____

REASON FOR LEAVING _____

THIRD EMPLOYER _____

CITY _____ STATE _____

FROM _____ TO _____ SALARY RATE _____

Are you currently working for this employer? YES NO

May we contact this employer? YES NO

SUPERVISOR _____ PHONE (____) _____

DESCRIPTION OF DUTIES _____

REASON FOR LEAVING _____

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EDUCATION

(Please circle highest grade completed) 7 8 9 10 11 12 13 14 15 16+

	NAME	CITY/STATE	GRADUATE?
HIGH SCHOOL	_____	_____	YES NO
COLLEGE	_____	_____	YES NO
OTHER	_____	_____	YES NO
MAJOR	_____	MINOR _____	
CERTIFICATES/AWARDS	_____	_____	

AVAILABILITY

(Please print legibly)

What date can you start? _____

What schedules can you work? WEEKENDS WEEKDAYS NIGHTS HOLIDAYS

(Please Circle)

Specific days? _____

References

(Please list three references that are not relatives or former employers)

	NAME	ADDRESS/PHONE	RELATIONSHIP/YEARS KNOWN
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

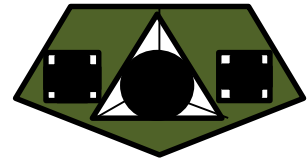
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EMPLOYEE QUESTIONNAIRE

(Please answer all questions truthfully)

Have you ever worked for American Public Defense? _____

If yes, when and reason for leaving. _____

Have you ever been fired from a job? _____

If yes, explain _____

Have you ever used or have had possession of marijuana or drugs? _____

Are you willing to take a drug test if required? _____

Have you ever been convicted of any felony or misdemeanors? _____

If yes, what was the charge? _____

Have you ever been dishonorably discharged or anything other than a general discharge from the United States Armed Forces? _____

Do you have any security experience? _____

If so, where? _____

How did you learn about American Public Defense? _____

CERTIFICATION AND RELEASE

I certify that all answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in the disqualification of my application or termination of my employment at any time in its duration. I hereby authorize American Public Defense Inc. and/or its agents to verify any of this information.

APPLICANT SIGNATURE _____ DATE _____

HIRING OFFICIAL'S SIGNATURE _____ DATE _____

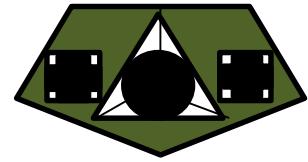
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Waiver and Release for Background Investigation

I, _____, am presently applying for employment with American Public Defense, Inc., which I acknowledge and understand must thoroughly investigate my employment background, criminal history, personal background, education and references in order to evaluate my qualifications for a position with American Public Defense, Inc.. I understand that it is in the public's interest that all relevant information in this regard, including my personal and employment history with my current and former employers, be disclosed to American Public Defense, Inc..

By this release, I hereby authorize any representative of all of my former employers, which have been fully disclosed and identified in my employment application, to divulge any information in its files pertaining to my employment records and history, and I further authorize the release of such information upon request to any representative of American Public Defense, Inc.. Also authorize all former employers identified in my employment application to permit a review and full disclosure of all records, or any part thereof, concerning myself and my employment with those former employers, by and to any duly authorized agent of American Public Defense, Inc., whether said records are of public, private or confidential nature.

The intent of this authorization is to permit all former employers identified in my employment application to provide, and for American Public Defense, Inc. to obtain, full and free access to the background and history of my personal life and my employment history and performance, for the specific purpose of permitting American Public Defense, Inc. to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by American Public Defense, Inc. in determining my suitability for employment. It is my specific intent to provide American Public Defense, Inc. with access to personnel information, however personal or confidential it may appear to be.

I authorize all former employers, which have been fully disclosed and identified in my employment application, to release any and all public and private information that it may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including my arrest record(s) and records compiled during or as the result of a criminal investigation(s) of me, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had, an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release all former employers identified in my employment application, and, if applicable, their elected and appointed officials, employees and agents and all others from liability of damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release all former employers identified in my employment application, and, if applicable, its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct all former employers identified in my employment application to release such information upon request of the duly accredited representative of American Public Defense, Inc., regardless of any agreement, written or oral, I may have made with the former employer to the contrary.

I recognize and understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished by any former employer will be used by American Public Defense, Inc. in conjunction with employment procedures.

A photocopy or facsimile of this release form will be valid as an original thereof, even though the said photocopy or facsimile does not contain an original writing of my signature. This waiver is valid for a period of three years from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on my employment application.

I agree to indemnify and hold harmless the person to whom this request is presented, as well as his agents and employees, from and against all claims, damages, losses and expenses including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signature Date

INVESTIGATIONS DIVISION ONLY

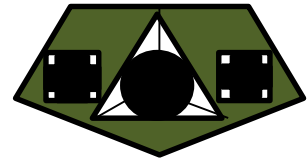
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PHYSICAL ABILITY EXAM APPLICANT WAIVER

The mission of American Public Defense Inc. serves as contractors protecting the public of life and property in each individual area. Therefore, all APD employees are required to be in good physical shape in order to properly serve the public. There is an officer basic training that is required for all armed positions. There's also a physical ability exam that is required to be successfully completed. Depending on the position applied for, an APD applicant may be required to take a physical ability exam, which includes:

- 20 push-ups / 1 minute
- 20 sit-ups/ 1 minute
- 1 mile run/ 11:00 minutes

This standard is the APD standard for all ages, all genders, and will be conducted on appointed dates listed on the APD website. Go to www.apdsecurity.com, click on "Careers", and scroll down under the APD Application and see the posted dates listed.

CONSENT AND WAIVER

I understand the Statement above and I consent to taking the American Public Defense Inc. physical ability examination if required to do so. I also certify that I am physically capable of taking the physical ability exam without any medical prohibitions. I understand that American Public Defense Inc. is not legally responsible and I hereby waive any legal liability for any injuries that may occur before, during or after the physical ability exam conducted by American Public Defense Inc.

APPLICANT SIGNATURE _____ DATE _____

HIRING OFFICIAL'S SIGNATURE _____ DATE _____