# For final submission of this application, please add copies of your Driver’s License and Concealed Carry permit.

# Personal Data

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | | | | | | | |  | | | | |
| Last | | | | First | | | | | | | | | Middle | | | | |
|  | | | | | | | |  | | | | | | | |  | |
| Address | | | | | | | | City/State | | | | | | | | Zip Code | |
|  | | |  | | | | | | |  | | | | | | | |
| Home Phone | | | Cell Phone | | | | | | | Email | | | | | | | |
|  | | | | | |  | | | | | | | |  | | | |
| DL Number/State | | | | | | Date of Birth | | | | | | | | SSN | | | |
|  | | | | | | | | | ****Yes**** | | | ****No**** | | |
| Are you a US citizen? | | | | | | | | |  | | |  | | |
| Are you legally eligible to work in the US? | | | | | | | | |  | | |  | | |
| Are you a veteran? | | | | | | | | |  | | |  | | |
|  | Branch: | | | |  | | | | | | | | | | | |
| Do you have any law enforcement experience? | | | | | | | | |  | | |  | | |
|  | Department: | | | |  | | | | | | | | | | | |
| Do you have a concealed weapons license? | | | | | | | | |  | | |  | | |
|  | State: |  | | | | | Expiration: | | | |  | | | | | |
| Do you have a valid driver’s license? | | | | | | | | |  | | |  | | |
|  | State: |  | | | | | Expiration: | | | |  | | | | | |
| Have you been convicted of a crime? | | | | | | | | |  | | |  | | |
| Details: | | | |  | | | | | | | | | | | |

# Employment Desired

Date Available to Start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Shifts**

Monday, Tuesday, Wednesday, Rotating Sundays 12 AM – 12 PM

Monday, Tuesday, Wednesday, Rotating Sundays 12 PM – 12 AM

Thursday, Friday, Saturday, Rotating Sundays 12 AM – 12 PM

Thursday, Friday, Saturday, Rotating Sundays 12 PM – 12 AM

**Days Available to Work (*Please mark available days or nights):***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Shift | Monday | Tuesday | | Wednesday | | Thursday | Friday | | Saturday | Sunday | |
| Day (12PM to 12AM) |  | |  | |  |  |  |  | | |  |
| Night  (12AM to 12PM |  | |  | |  |  |  |  | | |  |

Note: Limiting the availability may impact offer of employment and information does not guarantee requested schedule.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | ****Yes**** | ****No**** |
| Have you worked for PH3 in the past? | | |  |  |
| Details: |  | | |
| Are you working or expect to work another job? | | |  |  |
| Details: |  | | |
| Can you work overtime? | | |  |  |

# Military

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Have you served in the military? |  | Yes |  | No | | |
|  |  | | |  |  |
| Branch | MOS | | | Final Rank | Years of Service |
|  | | | | | |
| Comments | | | | | |

# Education

|  |  |  |  |
| --- | --- | --- | --- |
| Institution and Location | Dates Attended | Graduated? | Courses Studied |
| Name:  Location: | From:  To: | Yes  No | Studied:  Degree: |
| Name:  Location: | From:  To: | Yes  No | Studied:  Degree: |
| Name:  Location: | From:  To: | Yes  No | Studied:  Degree: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you planning to pursue further studies? | |  | Yes |  | No |
| Details: |  | | | | |

# Certifications and Licenses

|  |  |
| --- | --- |
| Certification | Details/Expiration |
| ILEA, military, or NRA pistol |  |
| CPR |  |
| Baton |  |
| Security clearance |  |
|  |  |

# Employment History

Begin with the most recent.

## Employer 1

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | |  | | | |
| Name of Employer | Nature of Business | | Name of Last Supervisor | | | |
|  |  | | | |  | |
| Company Address | | City | | | | Zip |
|  |  | | |  | | |
| Phone Number | Employed From | | | Employed To | | |
|  |  | | |  | | |
| Reason for Leaving | Starting Pay Rate | | | Ending Pay Rate | | |

## Employer 2

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | |  | | | |
| Name of Employer | Nature of Business | | Name of Last Supervisor | | | |
|  |  | | | |  | |
| Company Address | | City | | | | Zip |
|  |  | | |  | | |
| Phone Number | Employed From | | | Employed To | | |
|  |  | | |  | | |
| Reason for Leaving | Starting Pay Rate | | | Ending Pay Rate | | |

# Domicile History

List your last four home addresses.

|  |  |  |
| --- | --- | --- |
| Complete Address | From | To |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# Supplemental Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | ****Yes**** | ****No**** |
| Do you have any relatives currently working for PH3? | | |  |  |
| Do you have reliable transportation? | | |  |  |
| Have you ever been terminated from a job? | | |  |  |
|  | Details: |  | | |
| Will you show up to work every day on time? | | |  |  |
| Explain within the box why you are interested in working for PH3. List any special skills you possess. Describe the value you bring to an employer. | | | | | |
|  | | | | | |

# EMAIL this completed Employment Application (with copy of Driver’s License and Concealed Carry Permit) and RESUME to [Info@PH3LLC.com](mailto:Info@PH3LLC.com). You will receive a confirmation of receipt within 24 hours of your submission.