



"Securing All Your Security Needs"

# BDS Protective Services

P.O. Box 54540 | Washington, DC | 20032  
301.316.2377 | Office  
202.563.5299 | Fax  
bdsoffice21@gmail.com

## Application for Employment

All applicants will receive consideration for employment without regard to race, creed, color, national origin or any other non-merit factor.

All applicants should consider the following requirements before completing and submitting an application for employment with BDS Protective Services (BDSPS).

### Security Guard/Officer Employment Requirements

BDS Security Officers are **essential** employees. All guards/officers are required to work their scheduled shift and **must not** leave a post until relieved by another guard/officer during contracted site hours.

To become a security guard/officer, the law requires that your photograph and fingerprints be submitted to the Metropolitan District of Columbia Police Department who will approve/deny security guard/officer licensure.

1. BDSPS requires that all accepted applicants complete initial training before being assigned to any post. Do you understand and accept this requirement?  Yes  No
2. BDSPS security guards/officer duties require walking for long periods of time. Are you able to fulfill this requirement?  Yes  No
3. It is the responsibility of the employee to report to their scheduled assignment on their own and on time. It is not the responsibility of BDSPS to ensure that employees get to scheduled work assignments/sites. Do you understand and accept this requirement?  Yes  No
4. BDSPS has mostly evening and overnight shift schedules which include weekends and holidays. Is this schedule requirement acceptable to you?  Yes  No
5. BDSPS security guards/officers are NOT Police Officers, even if armed. Do you understand and accept this fact?  Yes  No

BDSPS requires that all employees submit and pass our drug screening and testing procedure before being approved or selected for employment. BDSPS will also conduct background checks for all applicants. If you feel that you will pass and accept these requirements, please continue with this employment application.

This application shall be considered active for no more than 45 days after the date submitted. Applicants will be required to resubmit a new application after that timeframe.



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## Application for Employment

Application Date \_\_\_\_\_

### Personal Information

Applicant Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M. I.

Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

How long have you lived at the above address? If less than one year, list your previous address on the last page of this application in the additional comments section.

Email

Social Security Number

Date of Birth

Are you over 19 years of age?

Yes

No

Contact Number

\_\_\_\_\_  
Cell/Mobile

Preferred

\_\_\_\_\_  
Home

Preferred

\_\_\_\_\_  
Work

Preferred

\_\_\_\_\_  
Pager  Preferred

Driver's License

\_\_\_\_\_  
Number

\_\_\_\_\_  
Expiration

\_\_\_\_\_  
State

### Vehicle Information

Method of Transportation to get to work

Vehicle Registered to:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Relation or Self

Vehicle

\_\_\_\_\_  
Make

\_\_\_\_\_  
Model

\_\_\_\_\_  
Year

\_\_\_\_\_  
Tag Number

\_\_\_\_\_  
Color



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## Employment History

BDSPS requires that every applicant list all present and past employment, beginning with your most recent place of employment. If you need additional space, use the last page of this application in the additional comments section.

### Previous or Current Employer

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Starting Wage/Salary \_\_\_\_\_ Ending Wage/Salary \_\_\_\_\_

Supervisor/Manager \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Title \_\_\_\_\_

Reason for Leaving /  
Comments

### Employer 2

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Starting Wage/Salary \_\_\_\_\_ Ending Wage/Salary \_\_\_\_\_

Supervisor/Manager \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Title \_\_\_\_\_

Reason for Leaving /  
Comments



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## Employment History

*continued*

BDSPS requires that every applicant list all present and past employment, beginning with your most recent place of employment. If you need additional space, use the last page of this application in the additional comments section.

### Employer 3

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

Starting Wage/Salary \_\_\_\_\_

Ending Wage/Salary \_\_\_\_\_

Supervisor/Manager \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Title \_\_\_\_\_

Reason for Leaving /  
Comments

### Employer 4

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

Starting Wage/Salary \_\_\_\_\_

Ending Wage/Salary \_\_\_\_\_

Supervisor/Manager \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Title \_\_\_\_\_

Reason for Leaving /  
Comments



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## Education Information

School Name

High School  College  Trade or Professional School

Address

\_\_\_\_\_

City State Zip

Year Completed  
Diploma/Degree  
Earned

\_\_\_\_\_ Graduated  Yes  No

School Name

High School  College  Trade or Professional School

Address

\_\_\_\_\_

City State Zip

Year Completed  
Diploma/Degree  
Earned

\_\_\_\_\_ Graduated  Yes  No

School Name

High School  College  Trade or Professional School

Address

\_\_\_\_\_

City State Zip

Year Completed  
Diploma/Degree  
Earned

\_\_\_\_\_ Graduated  Yes  No

School Name

High School  College  Trade or Professional School

Address

\_\_\_\_\_

City State Zip

Year Completed  
Diploma/Degree  
Earned

\_\_\_\_\_ Graduated  Yes  No



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## Licenses and Certifications

Unarmed Security Officer  DC  MD  VA \_\_\_\_\_  
Other State Name

Armed Security Officer  DC  MD  VA \_\_\_\_\_  
Other State Name

Special Police Officer  DC  MD  VA \_\_\_\_\_  
Other State Name

Other \_\_\_\_\_  
 DC  MD  VA

Other \_\_\_\_\_  
 DC  MD  VA

## Military Service Information

Were you in the U.S. Armed Forces?  Yes  No \_\_\_\_\_  
If yes, Branch

Service Term \_\_\_\_\_  
Start End Total Time Served

Are you in the Military Reserves?  Yes  No \_\_\_\_\_  
If yes, Branch

How often do you report for duty? \_\_\_\_\_

Highest Rank Achieved \_\_\_\_\_

Discharge Type  Honorable  Dishonorable \_\_\_\_\_  
Other

## Criminal Background Investigation Authorization / Certification

Charge	City and State	Date	Disposition
Charge	City and State	Date	Disposition

I do hereby certify that I have never been convicted of any criminal offense anywhere in the U.S., with the exception of the above.

Signature \_\_\_\_\_



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## Employment Objective

In 250 words or less, explain why you would like to be employed by BDS Protective Services as a Security Guard/Officer.

## References

Name \_\_\_\_\_ Relation  Business  Personal

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relation  Business  Personal

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relation  Business  Personal

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_



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## Additional Comments

## Acknowledgement Consent and Signature

Please read the following information and sign and date below.

I have read and understand all sections of this employment application. All information and statements written by me are true and complete. I also understand that any false information or statements on this application or any future documentation that I am required to provide, including but not limited to any and all BDSPS forms I will be preparing in the course of my duties shall be considered sufficient cause for dismissal.

I further understand that if employed by BDSPS, I will be required to abide by all company rules, policies and procedures. Failure to do so could result in termination of my employment.

I understand that neither this document nor any other offer of employment from BDSPS or its representatives constitutes an employment agreement.

I consent to the release of information about my ability and fitness for the position I have applied for by employers, schools, law enforcement agencies, etc., to personnel staffing specialists and other authorized employees of BDSPS.

Signature

Date

All applications must be submitted via U.S. mail, email, or by fax. Thank you for your interest in BDSPS.





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**Office Personnel Use Only  
DO NOT WRITE IN THIS SPACE**

**Reference Verification**

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**Previous Employment**

1.

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2.

---

3.

---

4.

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**Military**

---

**School**

High School

---

College

---

Trade

---

**Criminal**

---

**Personal**

1.

---

2.

---

3.

---

**Verified/completed by BDSPS Employee**

Name

Signature

Date