

<b>SECTION 1. CONTACT INFORMATION</b>		
First Name:		Last Name:
Address:		Phone:
City	St	Email:
Are you looking for full-time or part-time?		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Position applying for?		Pay desired?
<b>SECTION 2. EDUCATION INFORMATION</b>		
Type of school	Name of school	Major or degree
<b>SECTION 3. MILITARY SERVICE</b>		
Have you ever served in the U.S. Armed Forces?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Branch:		Discharge Date:
Type of discharge?	Are you currently in the Reserves/Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SECTION 4. DRIVING RECORD</b>		
Do you have a NM driver's license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any accidents or violations in the past three years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes describe them.		
Do you understand that we require a completed background check to be performed on all applicants?		<input type="checkbox"/> Yes <input type="checkbox"/> No
List all names and aliases used.		

<b>SECTION 5. REFERENECES</b>			
	Name	Phone	How do they know you?
1.			
2.			
3.			

<b>SECTION 6. EMPLOYMENT HISTORY LAST 7 YEARS</b>			
Company			
Title		Reason for leaving	
Start Date		End Date	
Duties			

Company			
Title		Reason for leaving	
Start Date		End Date	
Duties			

Company			
Title		Reason for leaving	
Start Date		End Date	
Duties			

Company			
Title		Reason for leaving	
Start Date		End Date	
Duties			

Company			
Title		Reason for leaving	
Start Date		End Date	
Duties			

\*If more use additional page

**SECTION 7. SKILLS**

**What Skills do  
you have that  
will benefit IPS?**

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Information Protection Services, Inc. (hereinafter called "IPS"), 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 IPS, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by written instrument signed by the President /General Manager of IPS. Both the undersigned and IPS may end the employment relationship at any time, without specified notice or reason. If employed, I understand that IPS may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. 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 IPS permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release IPS from any liability as a result of such contact.

I also understand that (1) IPS has a drug and alcohol policy that provides for pre-employment testing as well as random employment testing; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, IPS may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, IPS will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

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

Submit this application by mailing it to:

IPS, Inc, or hr@ipsnm.com  
Attn: HR  
100 SE Wells St  
Roswell, NM 88203