



Markham Investigation and Protection

7816 Phillips Road SW

Lakewood, WA 98498

844-MIP-SECR - hiring@mipcorporate.com

Employment Application

Submission options: Email application to hiring@mipcorporate.com or mail to the above address. All pages must be filled out.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the U.S.? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when: _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Questionnaire 1

Are you over the age of 18? ☐Yes ☐No

What languages do you speak fluently: _____

Do you have a food handler card? ☐Yes ☐No

Do you have a driver's license? ☐Yes ☐No If yes, from what state: _____

Do you have a CDL? ☐Yes ☐No If yes, list endorsements you have: _____

Do you have an active Security License? ☐Yes ☐No Armed or unarmed? ____ Are you available for deployment? ☐Yes ☐No

If asked, are you willing to consent to a background check? ☐Yes ☐No

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Questionnaire 2

Deployment Registration Form

CONTACT INFORMATION

Name:		Day Phone	
Home Address:		Evening Phone	
Last 4 digits of SSN:	Gender: M F	Cell Phone	
Date of Birth:	Driver's Lic:	Airport Code:	Position
Emergency Contact (Relationship)		Alternate Emergency Contact:	
Emergency Contact Phone		Alternate Phone	
Medical Provider Information:			
Please explain any limitations that we should consider when assigning you duties:			

Occupational / Professional Specialty / Licenses & Certifications:

List any agency affiliation or disaster relief experience along with any disaster training taken:

Availability: M T W Th F S Sun	Hours:	Months: J F M A M Jun Jul A S O N D
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PROFESSIONAL EXPERIENCE

<input type="checkbox"/> Unarmed Security	<input type="checkbox"/> Armed Security	<input type="checkbox"/> Non-CDL Driver
<input type="checkbox"/> EMT / Medic (certified)	<input type="checkbox"/> Executive Protection	<input type="checkbox"/> Crisis Response
<input type="checkbox"/> Logistics personnel	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Groundskeeper
<input type="checkbox"/> CDL certified truck / bus driver	<input type="checkbox"/> IT Support	<input type="checkbox"/> D i s p a t c h
<input type="checkbox"/> Septic Truck Operator	<input type="checkbox"/> Generator Support	<input type="checkbox"/> Office Administration
<input type="checkbox"/> General Labor Pool	<input type="checkbox"/> Communications	<input type="checkbox"/> Electrician
<input type="checkbox"/> Kitchen / Cooking	<input type="checkbox"/> Laundry Operations	<input type="checkbox"/> Management / PM / DPM

LICENSURE

Licensing Authority	State	
Highest level of Licensure/Certification #:	Issue Date:	Exp. Date
Current license granted by (name of institution / agency / States / localities) [_____]		

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Work Environment

Can you adapt to long work hours and extreme conditions? ☐Yes ☐No

Are you flexible to work in a position other than the one you are applying for? ☐Yes ☐No

Do you understand and accept that you may be required to be away from home for extended periods of time up to 30 days or longer? ☐Yes ☐No

Are there any limitations that may affect you traveling for the company? ☐Yes ☐No

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

By selecting "I Agree" you are acknowledging that you are signing this application electronically. You agree your electronic signature is the legal equivalent of your handwritten signature. ☐ I Agree

Markham Investigation and Protection (MIP) is an Equal Opportunity Employer. We believe every employee has the right to work in an environment that is free from all forms of unlawful discrimination. Consistent with applicable laws, MIP makes all decisions involving any aspect of the employment relationship without regard to race, color, sex, creed, religion, age, marital status, national origin, citizenship, the presence of any sensory, mental, or physical disability, veteran status, sexual orientation, gender identity, gender expression, or any other status or characteristic protected by applicable local, state, or federal law.

How Did You Hear About Us?

- ☐ Recommended by a friend or colleague.
- ☐ Social Media (Facebook, Instagram, LinkedIn, etc.) _____
- ☐ Job Board (Indeed, Monster, Craigslist, etc.) _____
- ☐ Other: _____

Voluntary Self-Identification of Disability Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Invitation to Self-Identify - Applicant

We are a government contractor subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to self-identify in various categories below. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information is kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those which require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

PLEASE CHECK ALL APPLICABLE BOXES BELOW. (The categories and definitions listed follow EEOC guidelines.)

GENDER: I belong to the following classification:

☐

Female

☐

Male

☐

Decline to Answer

RACE/ETHNICITY: I belong to the following classification:

☐

Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)

☐

Native Hawaiian or Other Pacific Islander ~ not Hispanic or Latino (A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

☐

Black or African American ~ not Hispanic or Latino (A person having origins in any of the black racial groups of Africa.)

☐

American Indian or Alaskan Native ~ not Hispanic or Latino (A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.)

☐

White~ not Hispanic or Latino (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

☐

Two or More Races ~ not Hispanic or Latino (All persons who identify with more than one of the above five races.)

☐

Asian ~ not Hispanic or Latino (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

☐

Decline to Answer

PROTECTED VETERAN: I belong to the following classification:

☐

I identify as one or more of the classifications of Protected Veterans as defined below:

Protected Veteran includes disabled veterans, recently separated veterans, active duty wartime or campaign badge veterans, and Armed forces service medal veterans defines as follows:

- A **disabled veteran** is one of the following:
 - 1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or**
 - 2) a person who was discharged or released from active duty because of a service-connected disability.
- A **recently separated veteran** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An **active duty wartime or campaign badge veteran** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An **Armed forces service medal veteran** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

☐

I am not a protected veteran.

☐

I decline to answer.

Name: _____

Date: _____

Position Applied For: _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- ☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

Job Title: _____ Date of Hire: _____