

IPS
International Protective Services, Inc.



Crime Scene Clean-up
Bloodborne Pathogen Decontamination
Bio-Box and Medical Waste Pick-up

Business Owner Application
Part II

IPS
International Protective Services
2231 Hollywood Boulevard
Hollywood, Florida 33020
Email: FL911Store@aol.com
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Phone: 1-800-510-0820

Bloodborne Distributorship Application (Cont'd)

What area or city or area you interested in purchasing? _____

Have you ever owned or operated a business? Yes No (Circle One)

Give brief description: _____

Special Skills:

Current business or employment:

_____ How long: _____

Job Description of your current employment:

Management Experience: Yes No

How long: _____ Number of people you supervised: _____

Duties and responsibilities: _____

Do you have any retail or sales experience? Yes No If yes please explain:

Computer skills: Excellent Good Fair

Do you have any experience in the medical field? Yes No

Have you worked with blood or injured persons before? If yes, detail experience:

Why do you want to purchase a biohazard business? _____

Do you have an adverse reaction to blood, feces, or vomit? Yes No

Do you have any physical disabilities that might inhibit you from working out in the field on a crime scene? Yes No

If yes, what physical disabilities do you have: _____

Do you have sufficient funds for the IPS Distributor's business? Yes No

To begin and operate a business takes cash. We do not want you to be underfunded when you start this business. What is the estimated amount of funds you have available to begin the biohazard business: \$_____.

Do you plan to have a partner? Yes No Both active in business? Yes No

Have you served in the U.S. Military: No Yes If yes, what branch: _____

List any professional licenses you have, courses that may be applicable to owning a Biohazardous business or certifications you have earned.

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

EMPLOYMENT EXPERIENCE

Begin with your most recent employer.
List your current and or last three (3) employers.

Current or last employer #1

Dates of Employment: From _____ / _____ / _____ To _____ / _____ / _____

Company Name: _____ Address: _____

City _____ State _____ Zip _____

Phone (_____) _____ Supervisor _____ Title _____

Your job description: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Reason for Leaving: _____

May we contact this employer for a reference? () Yes () No

Employment #2

Dates of Employment: From ____/____/____ To ____/____/____

Company Name: _____ Address: _____

City _____ State _____ Zip _____

Phone (____) _____ Supervisor _____ Title _____

Your job description: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Reason for Leaving: _____

May we contact this employer for a reference? () Yes () No

Employment #3

Dates of Employment: From ____/____/____ To ____/____/____

Company Name: _____ Address: _____

City _____ State _____ Zip _____

Phone (____) _____ Supervisor _____ Title _____

Your job description: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Reason for Leaving: _____

May we contact this employer for a reference? () Yes () No

EDUCATION

School Name	Years Completed	Year Graduated	Degree or Diploma
Elementary	4 5 6 7 8		
High School	9 10 11 12		
College/ University	1 2 3 4		
Graduate/Professional	1 2 3 4		
Trade or Correspondence			

ADDITIONAL QUALIFICATIONS

Describe any additional qualifications that you possess that would be useful in this employment:

DRIVING AND BACKGROUND INFORMATION

This position does require that you possess a valid State driver's license.

Do you have a valid driver's license () Yes () No - If yes, provide us with the following information:

Drivers License # _____ State Issued _____

Has your driver's license ever been suspended or revoked? () Yes () No

If yes, explain: _____

Have you ever been convicted or plead guilty to a charge of DUI or any other criminal traffic violations?

() Yes () No If yes, explain

Have you ever been arrested with or convicted of any misdemeanor or felony?

() Yes () No

If yes, gives dates and details: _____

PERSONAL REFERENCES

Please list at least two (2) individuals who know you well- exclude previous employers or relatives.

Name	Occupation	Address	Telephone	Years Known

APPLICANT CERTIFICATION

I CERTIFY that the answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in to my purchasing of an IPS biohazard distributorship. I understand that this application is not intended to be a contract for the purchase of a distributorship. I understand that any false or misleading information provided or written on my application or interview may result in the termination of my purchase of a business model and or distributorship from International Protective Services.

If there are two partners each partner must fill out an application.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

For IPS Personnel Department only

Remarks _____

Work history: Employment background	Excellent	Good	Poor	Financials	Excellent	Good	Poor
Criminal Background	Excellent	Good	Poor	Special Skills	Excellent	Good	Poor
Business Background Experience	Excellent	Good	Poor	Managerial Experience	Excellent	Good	Poor

Distributorship Approval: Must be approved by two IPS Board Members

Approved/Disapproved: _____

Approved/Disapproved: _____

Date: _____ Candidate Notified: Yes No

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