

DEDICATED PROFESSIONAL SECURITY



Protecting Life and Property with Pride, Courage, Loyalty, and Integrity

Completion of this application is required by Dedicated Professional Security (DPS) as your first step in seeking employment. Your ability to complete this application in a neat, timely and accurate fashion is a very important part of the applicant screening process.

This application is used by Dedicated Professional Security as a tool to determine your qualification for the position of Security Officer. DPS is required to meet state and federal mandates for Security Officers. In addition, DPS has a high expectation of professional and ethical standards.

Fill out this application in your own handwriting; **print** legibly in black ink. Be as specific as possible in your answers. It is your responsibility to represent yourself clearly and correctly. Deliberate misstatements or omissions in this application will result in your application being denied for further consideration of employment with DPS. Any misstatements or omissions discovered after employment begins could result in immediate termination of employment as well as civil and criminal prosecution.

It is your responsibility to read each question and answer truthfully and completely to the best of your ability.

Thank you for your interest in working with Dedicated Professional Security and for taking the time to enter this application process.

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PERSONAL INFORMATION			
APPLICANT'S FULL NAME (LAST, FIRST, MIDDLE)			
CURRENT ADDRESS (NO P.O. BOXES)			
HOW LONG AT CURRENT ADDRESS	HOME PHONE#	CELL PHONE#	FAX PHONE#
CA DRIVER'S LICENSE #	DATE OF BIRTH - -	SEX M <input type="checkbox"/> F <input type="checkbox"/>	ETHNICITY (OPTIONAL)
HEIGHT	WEIGHT	NUMBER OF HOURS DESIRED	DATE OF BIRTH - -
LICENSE, PERMIT AND TRAINING INFORMATION			
GUARD CARD # G-	EXPIRES - -	# YEARS LICENSED AS GUARD	BATON PERMIT #
FIREARMS PERMIT # FQ-	EXPIRES - -	# YEARS WITH FIREARMS PERMIT	
FIRST AID CERTIFICATION YES <input type="checkbox"/> NO <input type="checkbox"/>	EXPIRES - -	C.P.R. Y <input type="checkbox"/> N <input type="checkbox"/> EXPIRES _____	AED Y <input type="checkbox"/> N <input type="checkbox"/> EXPIRES _____
P.C. 832 YES <input type="checkbox"/> NO <input type="checkbox"/>	WHERE WAS YOUR P.C. 832 OBTAINED?		DATE OBTAINED - -
TASER CERTIFIED YES <input type="checkbox"/> NO <input type="checkbox"/>	LEVEL OF INSTRUCTION USER INSTRUCTOR	WHERE WAS INSTRUCTION OBTAINED?	DATE OBTAINED - -
PEPPERBALL CERTIFIED YES <input type="checkbox"/> NO <input type="checkbox"/>	LEVEL OF INSTRUCTION USER INSTRUCTOR	WHERE WAS INSTRUCTION OBTAINED?	DATE OBTAINED - -
LIST ANY ADDITIONAL TRAINING WHICH YOU HAVE RECEIVED THAT YOU WOULD LIKE US TO CONSIDER			
<p>I certify under penalty of perjury, that all information contained in this entire document is true and correct.</p> <p>I authorize Dedicated Professional Security to verify any or all of the information stated herein.</p>			
SIGNATURE OF APPLICANT		DATE - -	

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Please indicate your current education status. Dedicated Professional Security requires all employees to be a high school graduate or its equivalent, such as GED designation.

EDUCATION

NAME AND ADDRESS OF ALL HIGH SCHOOLS ATTENDED
(BEGIN WITH THE LAST SCHOOL ATTENDED OR FROM WHICH YOU GRADUATED).

NAME AND ADDRESS OF SCHOOL

TELEPHONE # () -	DATES ATTENDED FROM - - TO - -	GRADE COMPLETED
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NAME AND ADDRESS OF SCHOOL

TELEPHONE # () -	DATES ATTENDED FROM - - TO - -	GRADE COMPLETED
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NAME AND ADDRESS OF SCHOOL

TELEPHONE # () -	DATES ATTENDED FROM - - TO - -	GRADE COMPLETED
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GED

NAME AND ADDRESS OF SCHOOL

TELEPHONE # () -	DATE GED TEST TAKEN - -	ATTACH PROOF OF COMPLETION
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COLLEGE, UNIVERSITY, AND TECHNICAL EDUCATION

NAME AND ADDRESS OF SCHOOL

TELEPHONE # () -	DATES ATTENDED FROM - - TO - -	LEVEL OR DEGREE COMPLETED
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NAME AND ADDRESS OF SCHOOL

TELEPHONE # () -	DATES ATTENDED FROM - - TO - -	LEVEL OR DEGREE COMPLETED
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NAME AND ADDRESS OF SCHOOL

TELEPHONE # () -	DATES ATTENDED FROM - - TO - -	LEVEL OR DEGREE COMPLETED
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We regard your employment history as a critical part of your background. Account for all positions held (full time, part time or voluntary) in the past six years and any military or security officer experience in your employment history. Begin with your present or most recent job and work backwards.
Be specific about the reasons for making an employment change.

EMPLOYMENT HISTORY INFORMATION			
PRESENT OR MOST RECENT EMPLOYER'S NAME			
PRESENT OR MOST RECENT EMPLOYER'S COMPLETE ADDRESS			EMPLOYER'S PHONE #
SUPERVISOR'S NAME	SUPERVISOR'S TITLE	YOUR JOB TITLE OR POSITION	
HOW LONG EMPLOYED	BEGINNING DATE - -	ENDING DATE - -	FULL TIME___ PART TIME___
REASON FOR JOB CHANGE			
EMPLOYER'S NAME			
EMPLOYER'S COMPLETE ADDRESS			EMPLOYER'S PHONE #
SUPERVISOR'S NAME	SUPERVISOR'S TITLE	YOUR JOB TITLE OR POSITION	
HOW LONG EMPLOYED	BEGINNING DATE - -	ENDING DATE - -	FULL TIME___ PART TIME___
REASON FOR JOB CHANGE			
EMPLOYER'S NAME			
EMPLOYER'S COMPLETE ADDRESS			EMPLOYER'S PHONE #
SUPERVISOR'S NAME	SUPERVISOR'S TITLE	YOUR JOB TITLE OR POSITION	
HOW LONG EMPLOYED	BEGINNING DATE - -	ENDING DATE - -	FULL TIME___ PART TIME___
REASON FOR JOB CHANGE			

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List four (4) individuals who have known you well for a minimum of one (1) year and have had experiences with you that would help describe who you are as a person.

PERSONAL REFERENCES

FULL NAME		OCCUPATION	
COMPLETE ADDRESS			
TELEPHONE () -	CELL PHONE () -	EMAIL ADDRESS	YEARS KNOWN
FULL NAME		OCCUPATION	
COMPLETE ADDRESS			
TELEPHONE () -	CELL PHONE () -	EMAIL ADDRESS	YEARS KNOWN
FULL NAME		OCCUPATION	
COMPLETE ADDRESS			
TELEPHONE () -	CELL PHONE () -	EMAIL ADDRESS	YEARS KNOWN
FULL NAME		OCCUPATION	
COMPLETE ADDRESS			
TELEPHONE () -	CELL PHONE () -	EMAIL ADDRESS	YEARS KNOWN