



***D & D On-Point Protective Services, LLC***  
**Employment Application**



**APPLICANT PERSONAL INFORMATION**

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SS#: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Position applied for: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_/hr. Date avail work: \_\_\_\_\_

Have you ever been convicted? \_\_\_\_\_ When: \_\_\_\_/\_\_\_\_/\_\_\_\_ If yes, explain: \_\_\_\_\_

**EDUCATION**

High School: _____	Graduated (Y/N) _____	Dates: _____
College: _____	Graduated (Y/N) _____	Dates: _____
College: _____	Graduated (Y/N) _____	Dates: _____
Community College: _____	Graduated (Y/N) _____	Dates: _____
Trade School: _____	Graduated (Y/N) _____	Dates: _____

**CERTIFICATIONS**

Security Clearance: (Y/N) _____	Agency: _____	Exp. Date: _____
Handgun Permit: (Y/N) _____	Agency: _____	Exp. Date: _____
CPR/First Aide: (Y/N) _____	Agency: _____	Exp. Date: _____
DHS Training: (Y/N) _____	Agency: _____	Exp. Date: _____
Handcuffing Tactics: (Y/N) _____	Agency: _____	Exp. Date: _____
Aerosol Spray: (Y/N) _____	Agency: _____	Exp. Date: _____
Other: _____ (Y/N) _____	Agency: _____	Exp. Date: _____

**MILITARY SERVICE**

Branch: \_\_\_\_\_ Service Dates: From \_\_\_\_\_ to \_\_\_\_\_  
 Rank: \_\_\_\_\_ Discharge Type: \_\_\_\_\_  
 If dishonorable, explain: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

1. Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Responsibilities: \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_ May we contact (Y/N): \_\_\_\_\_  
If no, why? \_\_\_\_\_

2. Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Responsibilities: \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_ May we contact (Y/N): \_\_\_\_\_  
If no, why? \_\_\_\_\_

3. Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ Responsibilities: \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_ May we contact (Y/N): \_\_\_\_\_  
If no, why? \_\_\_\_\_

## EMERGENCY CONTACT

Emergency contact – Family Member (Y/N): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
2<sup>nd</sup> Phone Number & Type (home/cell/office) \_\_\_\_\_

## DISCLAIMER and SEAL

*I certify that all of my answers are true and complete to the best of my knowledge. If this application leads to employment based on the information that I have provided, I understand that any false information on my application may result in my immediate release and termination of employment. I further understand that I may be required to take a drug screening or test for pre-employment and/or at random. Also, a physical, fingerprinting & criminal background checking are a part of the pre-employment process as well.*

\_\_\_\_\_  
Employee Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

