



Prevention. Protection. Safety.

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

APPLICATION AS (Check only one): Security Guard [] Armed Security Guard [] Event Staff []

PRINT IN BLACK INK OR TYPE: These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA". Do not leave questions blank. Be sure to sign when completed. Diligent Security Services LLC is an Equal Opportunity Employer and does not discriminate on basis of race, color, national origin, sex, religion, age or disability in employment or provision of services. Each copy must be signed and resumes will not be accepted in lieu of applications.

NAME (Last) (First) (Middle) (Social Security Number)

MAILING ADDRESS (Street) (City) (State) (Zip) (Daytime Phone)

E-MAIL ADDRESS (Work Phone, Optional)

List any other names used if different from name on this application.

Full-Time [] Part-Time [] Temporary [] Date available for work?

Please list day and times you are able to work.

Are you over 18 years of age? Yes [] No [] If under 18, can you provide a work permit? Yes [] No []

If employed, can you submit verification of your legal right to work in the United States? Yes [] No []

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accomodations? Yes [] No [] If no, describe the functions that cannot be performed:

Have you ever been convicted of a criminal offense, felony or misdemeanor? Yes [] No []

If your answer is "Yes", explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.

EDUCATION

(Note: Applicants may be required to provide proof of diploma, degree, licenses, certifications, and registrations.)

High School Graduate or GED? Yes [] No [] If yes, name and location of high school or GED Institute:

Table with columns: Type of School, Name and Location of School, Dates Attended (From Mo. Yr. To Mo. Yr.), Date Graduated, Expected Graduation Date, Sem/Clock Hours Completed, Type of Diploma or Degree, Major/Minor Fields of Study

SKILLS

Do you speak, write, or understand any foreign language? Yes [] No [] If yes, which language(s)?

Specific skills or training: What knowledge, special skills, and/or individual capabilities do you have which especially prepare you for the position applied for?

EMPLOYMENT

Experience: Please account for all employment within the last seven (7) years, beginning with your current or more recent employer. In additions, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g., volunteer experience, military service, experience gained over seven (7) years prior, etc.) Attach an additional sheet if extra space is needed.

Answer the following questions if you are applying for a professional, licensed, or certified position.

Are you licensed/certified for the job applied for? Yes No

Gun Permit Yes No Registration Number _____

Guard Card Yes No Registration Number _____

Driver's License Yes No License Number _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, explain: _____

Position Title:		Immediate Supervisor Name:	Full-Time:	<input type="checkbox"/>
Employer:			Part-Time:	<input type="checkbox"/>
Mailing Address:		Title:	Temporary:	<input type="checkbox"/>
City & State/Zip:		Supervisor Name:	# of Hours Worked/Week	
Emp Phone No:				
Current/ Final Salary		Start Date:	Non-Managerial Position	<input type="checkbox"/>
		End Date:	Supervisory/Managerial Position	<input type="checkbox"/>

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific Reason for Leaving:

Position Title:		Immediate Supervisor Name:	Full-Time:	<input type="checkbox"/>
Employer:			Part-Time:	<input type="checkbox"/>
Mailing Address:		Title:	Temporary:	<input type="checkbox"/>
City & State/Zip:		Supervisor Name:	# of Hours Worked/Week	
Emp Phone No:				
Current/ Final Salary		Start Date:	Non-Managerial Position	<input type="checkbox"/>
		End Date:	Supervisory/Managerial Position	<input type="checkbox"/>

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific Reason for Leaving:

Position Title:		Immediate Supervisor Name:	Full-Time:	<input type="checkbox"/>
Employer:			Part-Time:	<input type="checkbox"/>
Mailing Address:		Title:	Temporary:	<input type="checkbox"/>
City & State/Zip:		Supervisor Name:	# of Hours Worked/Week	
Emp Phone No:				
Current/ Final Salary		Start Date:	Non-Managerial Position	<input type="checkbox"/>
		End Date:	Supervisory/Managerial Position	<input type="checkbox"/>

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific Reason for Leaving:

PRE-EMPLOYMENT CERTIFICATION

- _____ 1. The information that I have provided on this application is accurate to the best of my knowledge and may be verified by the Company or its agents.
- _____ 2. I authorize all the schools, persons and organizations named in the application to provide any relevant information in their possession or knowledge to the agents of the Company, for use in deciding whether or not to offer me employment and specifically waive any required written notification.
- _____ 3. I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
- _____ 4. I understand and agree that the employment for which I am applying is, and is intended to be, at-will and such employment may be terminated at any time with it without cause, without prior notice, by either myself or the Company. There will be no agreement, express or implied, between the Company and me for any specific period of employment, nor for continuing or long term employment unless made in writing, signed by an authorized representative of the Company.
- _____ 5. If employed I understand that I will be required to possess a current and valid California Guard Card If my position requires me to have one.

Date: _____ Signature: _____