

# D Executive Protection Application

Print Name \_\_\_\_\_





## **D EXECUTIVE PROTECTION CHECKLIST**

**Provide a copy of the following:**

**#1: Copy of Nevada PILB Guard Card\_\_\_\_\_**

**#2: Copy of Nevada Drivers License or Nevada Identification Card\_\_\_\_\_**

**#3: Copy of Social Security Card\_\_\_\_\_**

# D EXECUTIVE PROTECTION APPLICATION FOR EMPLOYMENT

This form complies with federal and state laws against discrimination; however, employers using this form should check local ordinances. Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

## GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State )	(Zip) Other Telephone ( ) -
E-Mail Address	How long have you lived at this address? If less than one year list the prior address:		
Social Security #	Driver's License #	Expiration:	State
Are you a Citizen or otherwise authorized to work in the United States or an unrestricted basis? (Proof of Identity and legal authority to work in the USA is a condition of employment) <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are not a US citizen, do you have the right to work in the US permanently or temporarily <input type="checkbox"/> Yes <input type="checkbox"/> No		
If applicable, please list you Alien #, visa type, visa # and expiration:	Have you ever been employed under another first or surname (last) <input type="checkbox"/> Yes <input type="checkbox"/> No If so list all names:		
Do you have any convictions or paid fines as a result of a moving traffic violation in the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so please explain		
Valid Guard Card: Jurisdiction/State: <input type="checkbox"/> Yes <input type="checkbox"/> No Guard Card #                      Expiration Date	Valid Armed Guard Card: Jurisdiction: State <input type="checkbox"/> Yes <input type="checkbox"/> No Guard Card #                      Expiration Date		

## POSITION

Position or Type of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	
Are you anticipating any changes in your availability? <input type="checkbox"/> Yes <input type="checkbox"/> No IF so explain:		
Days Available: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun Explain any time during the day which you cannot work?	Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## SECURITY GUARD & EXECUTIVE PROTECTION OFFICERS JOB REQUIREMENTS

<ol style="list-style-type: none"> <li>1. Security Guard duties require walking for long periods of time. Will this be a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>2. Do you understand that Security Guard &amp; Executive Protection Officer even if armed is NOT a Police Officers <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>3. It will be your responsibility to get to your scheduled assignments on your own and it is not the responsibility of the Company. Not showing up for scheduled assignments can result in immediate termination. Do you understand and accept this? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>4. Are you able to perform all the essential functions of a security officer for which you are applying with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>
<p>Please note: all applicants must have registered with the State of Nevada and possess a guard card plus a background FBI fingerprints and background check and clear before start. D Executive Protection &amp; DEP International Security may require a drug test and additional training prior to the start of work or employment. Do you understand this? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>D Executive Protection &amp; DEP International Security requires that every applicant list all present and past employment beginning with your most recent. If you need additional space use the comment section on the back of the page or additional paper.</p>

**EDUCATION AND TRAINING**

High School Graduate Or General Education (GED) Test Passed?  Yes  No  
 If no, list the highest grade completed

**College, Business School, Military (Most recent first)**

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Languages Read, Written or Spoken Fluently Other Than English						

**VETERAN INFORMATION (Most recent)**

Branch of Service	Date of Entry	Date of Discharge
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**SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)**

(Maximum 1000 characters)

**EMERGENCY CONTACT**

NAME: _____	Relationship: _____	Tele. NO _____	Email _____ @ _____
NAME: _____	Relationship: _____	Tele. NO _____	Email _____ @ _____
NAME: _____	Relationship: _____	Tele. NO _____	Email _____ @ _____

**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

**PERSONAL REFERENCE** *do not use relatives or previous employers. Providing this information means that you are giving D Executive Protection/DEP International Security permission to contact all the references and the reference has the authority to release pertaining information.*

Person Name & Company	Email Address	Phone Number
Person Name & Company	Email Address	Phone Number
Person Name & Company	Email Address	Phone Number

**PLEASE READ AND SIGN BELOW**

*This application shall be considered active for no more than 45 days after the date submitted. After the time applicants will be required to resubmit a new application.*

I have read and understand all sections of this employment application. All statements written by me are true and complete. I also understand that any false statements on this application or any future document I will be required to fill out, including but not limited to any and all D Executive Protection/ DEP International Security forms I will be preparing in the course of my duties shall be considered sufficient cause for dismissal.

I further understand that if employed by D Executive Protection/ DEP International Security I will be required to abide by all there rules and procedures. Failure to do so could result in my termination of employment with D Executive Protection I understand that neither this document nor any other offer of employment for D Executive Protection/ DEP International Security or it representatives constitutes an employment agreement.

I consent to release of information about my ability and fitness for the position. I have applied for by employers, schools, law enforcement agencies to investigate, personnel specialties and other authorized employees of D Executive Protection/ DEP International Security

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**INTERVIEWER'S COMMENTS: DO NOT WRITE IN THIS SPACE**

PERSONAL USE ONLY- Reference Verification

Previous Employer	Military	Guard Card
Personnel Reference	High School	Training
Personnel Reference	Criminal	
Personnel Reference	Strengths	Struggles

Interviewer's Additional comments

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