



EMPLOYMENT APPLICATION

-----PERSONAL INFORMATION-----

DATE: _____/_____/_____

NAME: _____
LAST FIRST M.I.

ADDRESS: _____
STREET CITY STATE ZIP

PHONE(S): _____/_____/_____ EMAIL: _____

SOCIAL SECURITY No. _____-_____-_____ DATE OF BIRTH: _____/_____/_____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMES IN THE PAST TEN (10) YEARS? YES NO
(EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAVE BEEN ANNULLED, EXPUNGED OR SEALED BY THE COURT)

IF "YES", DESCRIBE IN FULL: _____

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO
(NOTE: PROOF OF IDENTITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES IS A CONDITION OF EMPLOYMENT)

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? YES NO
 IF YES, WHEN? _____

DO YOU HAVE ANY RELATIVES CURRENTLY WORKING FOR THE COMPANY? YES NO
 IF HIRED, DO YOU HAVE RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? YES NO

HAVE YOU BEEN TRAINED IN FIRST AID OR CPR? YES NO
 ARE YOU CERTIFIED? YES NO

DO YOU HAVE ANY OTHER SPEACIAL TRAINING OR SKILLS? YES NO
(LANGUAGE, MACHINE OPERATION, AED/CPR TRAINING, ETC.)
 LIST: _____

-----EMPLOYMENT DESIRED-----

POSITION(S) APPLYING FOR: FULL TIME PART TIME CASUAL

DATE YOU CAN START: _____/_____/_____

SALARY DESIRED PER HOUR? _____

WOULD YOU BE AVAILABLE TO WORK OVERTIME, IF NECESSARY? YES NO

IF HIRED, DO YOU HAVE RELIABLE TRANSPORTAION TO AND FROM WORK? YES NO

ARE YOU AVAILABLE TO WORK THE FOLLOWING SHIFTS?

(INDICATE YOUR SHIFT PREFERENCE: FIRST, SECOND, AND THIRD CHOICE)

SHIFTS	PREFERENCE
7AM – 3PM (0700 – 1500) <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
3PM – 11PM (1500 - 2300) <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
11PM – 7AM (2300 – 0700) <input type="checkbox"/> YES <input type="checkbox"/> NO	_____

INDICATE IF YOU ARE NOT ABLE TO WORK AS A WALKING PATROL OFFICER, INCLUDING CLIMBING STAIRS.
 YES NO

DESCRIBE YOUR PREVIOUS PATROL WORK EXPERIENCE: _____



-----EDUCATION-----

SCHOOL	NAME LOCATION/STATE	COURSE OF STUDY MAJOR/MINOR	YEARS COMPLETED	GRADUATED? YES OR NO	DIPLOMA OR DEGREE
HIGH SCHOOL					
COLLEGE/UNIVERSITY					
GRADUATE SCHOOL					
VOCATIONAL/BUSINESS/TRADE					

-----EMPLOYMENT HISTORY-----

WE ARE REQUESTING THE LAST 10 YEARS OF EMPLOYMENT. PLEASE START WITH YOUR MOST RECENT. You MUST COMPLETE THIS SECTION, EVEN IF ATTACHING A RESUME.

EMPLOYER NAME: _____ POSITION HELD: _____ PAY RATE: _____ ADDRESS: _____ PHONE: _____ SUPERVISOR NAME/ TITLE: _____ START DATE: ____/____/____ END DATE: ____/____/____ REASON FOR LEAVING: _____ JOB DUTIES: _____ MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER NAME: _____ POSITION HELD: _____ PAY RATE: _____ ADDRESS: _____ PHONE: _____ SUPERVISOR NAME/ TITLE: _____ START DATE: ____/____/____ END DATE: ____/____/____ REASON FOR LEAVING: _____ JOB DUTIES: _____ MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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EMPLOYER NAME: _____ POSITION HELD: _____ PAY RATE: _____ ADDRESS: _____ PHONE: _____



SUPERVISOR NAME/ TITLE: _____
 START DATE: ____/____/____ END DATE: ____/____/____ REASON FOR LEAVING: _____
 JOB DUTIES: _____
 MAY WE CONTACT THIS EMPLOYER? YES NO

-----REFERENCES-----

PLEASE LIST BELOW THREE (3) PERSONS NOT RELATED TO YOU, WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE (3) YEARS.

	NAME	OCCUPATION	ADDRESS	PHONE	YEARS ACQUAINTED
1.					
2.					
3.					

-----QUESTIONNAIRE-----

1.) PATROL

- A.) CAN YOU PERFORM PATROLS OF 30 TO 60 MINUTES EACH DURING AN 8 HOUR SHIFT? YES NO
 B.) CAN YOU PERFORM PERIODIC PATROLS USING AUTOMOBILE, LIGHT TRUCK, GOLF CART? YES NO
 C.) CAN YOU CONDUCT PATROLS IN AREAS WHERE MOVEMENT IS RESTRICTED BY NARROW COMPARTMENTS AND OR LOW CEILINGS? YES NO
 D.) CAN YOU REMAIN AT A FIXED POST FOR EXTENDED PERIODS OF TIME? YES NO
 E.) CAN YOU MOVE BETWEEN OR PERFORM DUTIES IN WORK AREAS OF DIFFERENT HEIGHTS? YES NO

2.) EMERGENCIES

- A.) CAN YOU RESPOND TO EMERGENCIES? YES NO
 B.) CAN YOU STAY CALM IN AN EMERGENCY? YES NO
 C.) IN AN EMERGENCY, CAN YOU MOVE QUICKLY AND CLIMB STAIRS TO SEEK OR PROVIDE ASSISTANCE? YES NO
 D.) CAN YOU RESPOND QUICKLY TO CHEMICAL SPILLS, LEAKS, OR FIRES INCLUDING THE USE OF PORTABLE FIRE EXTINGUISHERS WEIGHING UP TO 40 POUNDS AND ASSISTING PEOPLE IN AN EVACUATION AREA? YES NO

3.) SAFETY

- A.) CAN YOU IDENTIFY ALL TYPES OF SECURITY, SAFETY, WARNING SIGNS, AND LIGHTS? YES NO
 B.) CAN YOU MONITOR AND OPERATE STANDARD TELEPHONES AND TWO WAY RADIOS, IF REQUIRED IN ACCORDANCE TO SPECIFIC LOCATION? YES NO
 C.) CAN YOU DETECT SMOKE, CHEMICAL, AND OR GAS ODORS? YES NO
 D.) UNDER VARIOUS LIGHTING CONDITIONS CAN YOU IDENTIFY FIRE, SECURITY, AND SAFETY HAZARDS? YES NO

4.) EXPLAIN THE FOLLOWING IN WRITING

- A.) WHAT FORM OF TRANSPORTATION DID YOU USE TO GET HERE? _____
 B.) WHO GAVE YOU INFORMATION ABOUT DELTA EXECUTIVE SECURITY HAWAII, LLC.? _____

 C.) HOW DID YOU HEAR ABOUT DELTA EXECUTIVE SECURITY HAWAII, LLC.? _____



5.) HYPOTHETICAL SITUATION

YOU ARE WITNESS TO A BREAK-IN:

A.) WHO WAS INVOLVED? _____

B.) WHAT HAPPENED? _____

C.) WHERE DID IT HAPPEN? _____

D.) WHEN DID IT HAPPEN? _____

E.) DID YOU REPORT THE BREAK-IN TO ANYONE? _____

-----ACKNOWLEDGEMENT-----
(PLEASE READ CAREFULLY AND SIGN YOUR ACKNOWLEDGEMENT BELOW)

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.
I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

SIGNATURE PRINT NAME DATE