

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Licensing

Do you possess a valid Florida Class D Security License? YES NO License Nbr: _____
 Expiration Date: _____

Do you possess a valid Florida Driver's License? YES NO License Nbr: _____
 Expiration Date: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Physical Activities Required

I state that I am able to perform each of the following physical activities required in this position

- | | |
|--------------------------|-------------------------------------------------------------------------------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> Walking at least one mile every two hours |
| <input type="checkbox"/> | <input type="checkbox"/> Climbing: Ascending or descending two flights of steps every two hours |
| <input type="checkbox"/> | <input type="checkbox"/> Bending/Stooping/Kneeling/Reaching/Standing |
| <input type="checkbox"/> | <input type="checkbox"/> Outdoor patrols in various environmental conditions |

Availability

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days
<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evenings	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evenings
<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight

Employee Owned Equipment – Armed Personnel Only

Firearm (.38 caliber revolver, .380 caliber semiautomatic pistol, 9mm semiautomatic pistol, .357 caliber revolver (with .38 caliber ammunition only) , 40 caliber handgun, 45 ACP handgun **only**.

Duty Belt Keepers (4) Level III Holster Pepper Spray Handcuffs

2 spare magazines Baton

Emergency Contact Information

Name:

Relationship:

Address:

Phone:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Trident Ground Protection, LLC is an Equal Employment Opportunity (EEO) employer and does not discriminate on the basis of race, color, national origin, religion, gender, age, veteran status, political affiliation, sexual orientation, marital status or disability (in compliance with the Americans with Disabilities Act) with respect to employment opportunities.

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