



PPO #119922

DSS Private Security

1704 E. Bullard Ave., Fresno CA 93710

(559) 429-6637

Print Full Name: _____

TO BE COMPLETED BY APPLICANT

FOR PERSONNEL USE ONLY

Position Title	Location / Event	Today's Date	Interviewer: Date:

APPLICANT'S NAME

(Last Name)

(First Name)

(Middle)

CURRENT ADDRESS

(Street Address; Apt. No.)

(City)

(County)

(State)

(Zip Code)

Home Phone: () -

Cell Phone: () -

(Area Code & Number)

(Area Code & Number)

(E-Mail Address)

PREVIOUS ADDRESS

(Street Address; Apt. No.)

(City)

(County)

(State)

(Zip Code)

As an applicant you must provide copies of your valid **Driver's License or Identification card**, **Social Security Card** and **DMV printout**.

(If you are faxing this form, please print and sign below.)

Signature (In Ink)

Date



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Print Full Name: _____

Print

Type of Employment Sought: Full-Time Part-Time Both

Available to work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Nights Days Holidays Various Shifts

Are you willing to travel? Yes No

Date available to start work/service: _____

EDUCATION & TRAINING

Education & Training (including seminars, workshops, conferences, and on-the-job training)

	School Name & Location (City & State)	Date Completed	Graduated or Received Certification?
High School (GED <input type="checkbox"/>)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Technical/Trade/Vocational School			Yes <input type="checkbox"/> No <input type="checkbox"/>
College/University			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

SPECIFIC SKILLS

List ALL relevant skills & experiences you have below:

Computer Software (List programs & applications)	Experience Level (1-5; 5+ expert)	Equipment (i.e. baton, chemical agent, firearms permit) List all	Experience Level (1-5; 5+ expert)

ORGANIZATIONAL MEMBERSHIPS

List any organizations to which you belong that you consider relevant to your ability to perform the job: _____



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WORK HISTORY

You must be specific and complete. List you most recent employer first.

Most Recent Employer: _____
(Business Name)

Business Address: _____
(City, State & Zip Code)

From: _____ To: _____ Supervisor: _____ Job Title: _____ Full Time Part Time

Duties: _____

May we contact this employer? YES NO

If we cannot contact this employer, explain why? _____

Employer: _____
(Business Name)

Business Address: _____
(City, State & Zip Code)

From: _____ To: _____ Supervisor: _____ Job Title: _____ Full Time Part Time

Duties: _____

May we contact this employer? YES NO

If we cannot contact this employer, explain why? _____



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Print Full Name: _____

WORK HISTORY CONTINUED

Employer: _____
(Business Name)

Business Address: _____
(City, State & Zip Code)

From: _____ To: _____ Supervisor: _____ Job Title: _____ Full Time Part Time

Duties: _____

May we contact this employer? YES NO

If we cannot contact this employer, explain why? _____

Employer: _____
(Business Name)

Business Address: _____
(City, State & Zip Code)

From: _____ To: _____ Supervisor: _____ Job Title: _____ Full Time Part Time

Duties: _____

May we contact this employer? YES NO

If we cannot contact this employer, explain why? _____

