

Be sure to PRINT all information requested. All questions must be answered completely. An incomplete application may affect you being hired. All information provided is subject to verification and investigation. Any false statement(s) and/or information will be cause for rejection of the application, removal of your name from consideration or dismissal from employment. Please be advised that Dauntless Security Group, Inc. may terminate employees with or without cause, at any time, for any reason. THIS APPLICATION MUST BE SIGNED. AN UNSIGNED OR INCOMPLETE APPLICATION WILL NOT BE PROCESSED.

POSITION APPLYING FOR:		DATE:	SSN:	DOB:
FIRST NAME:		MIDDLE NAME:		LAST NAME:
STREET ADDRESS:			CITY:	STATE: ZIP CODE:
HOME PHONE:	CELL PHONE:	EMAIL ADDRESS:		HAVE YOU EVER APPLIED BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>
How did you hear about this position. Please be specific, REFERRAL:		Do you wear corrective lenses? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>	

MILITARY SERVICE

Have you been in the Military? YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, dates of active service:	Branch of Service
Highest rank held?	Type of discharge: Provide DD214	Last unit and Duty location:

EDUCATION

Name of High School/ GED Program:	City and State:	Did you receive a diploma or certificate? YES <input type="checkbox"/> no <input type="checkbox"/>		
College or University or Trade School:	Major:	Dates Attended:	Degree Type:	Credit Hours:
College or University or Trade School:	Major:	Dates Attended:	Degree Type:	Credit Hours:

SECURITY GUARD LICENSE

License #:	Expiration Date:	DOL License Armed or Unarmed? Armed <input type="checkbox"/> Unarmed <input type="checkbox"/>
Name of Company that issued Card:	City and State:	Did you go through 8 hr. training or watch video? Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYMENT TERMS

Available Start date:	Days and hours you are able to work:
Range of hours you can work: i.e. 1800-0600:	Any work limitations?

EMPLOYMENT HISTORY

Please provide information on your employment for the past seven years. Start with present employer or last job and work back. Include military service and occupational or specialty code. Also include any periods of unemployment which exceeds one month. Be complete as possible in outlining the duties of each position. All information is subject to verification and investigation. Attach additional sheets if necessary.

(1) Employing Firm:		Address:		City and State:
Position:	Supervisor Name:		Supervisor Phone number:	
Specific Duties:				Salary/ Wage (hourly or monthly):
Number of Employees:	Period of Employment:	Reason for Leaving:		

(2) Employing Firm:		Address:		City and State:
Position:	Supervisor Name:		Supervisor Phone number:	
Specific Duties:				Salary/ Wage (hourly or monthly):
Number of Employees:	Period of Employment:	Reason for Leaving:		

(3) Employing Firm:		Address:		City and State:
Position:	Supervisor Name:		Supervisor Phone number:	
Specific Duties:				Salary/ Wage (hourly or monthly):
Number of Employees:	Period of Employment:	Reason for Leaving:		

(4) Employing Firm:		Address:		City and State:
Position:	Supervisor Name:		Supervisor Phone number:	
Specific Duties:				Salary/ Wage (hourly or monthly):
Number of Employees:	Period of Employment:	Reason for Leaving:		

SPECIAL SKILLS AND TRAINING

Have you attended any specialized training classes that directly relate to law enforcement? YES <input type="checkbox"/> NO <input type="checkbox"/>		If YES, When and where?	
Can you use a PC or Mac?	Programs you use:	Are you OC pepper spray certified? YES <input type="checkbox"/> NO <input type="checkbox"/>	When and where?
ASP / PR24 certified? YES <input type="checkbox"/> NO <input type="checkbox"/>	When and where?	Taser certified? YES <input type="checkbox"/> NO <input type="checkbox"/>	When and where?
Are you familiar with firearms? If so, what type?	Have you been trained on the use of firearms? YES <input type="checkbox"/> NO <input type="checkbox"/>	When and where?	
Have you been trained on unarmed defense? YES <input type="checkbox"/> NO <input type="checkbox"/>	When and where?		

List any other special skills and training, including any foreign language:

PERSONAL QUESTIONNAIRE

Driver's License #	State issued:	Expiration date:	Vehicle license Plate:	Do you have auto insurance? YES <input type="checkbox"/> NO <input type="checkbox"/>
Vehicle make and model:		Insurance company and policy number:		
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when and what was the charge? EXPLAIN:				
Have you been convicted of any crime: Misdemeanor / gross misdemeanor? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when and what was the charge? EXPLAIN:				
If previously in the military, were you ever court-martialed or received any Article 15's? YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN:				
Have you had one or more vehicle accidents in the past five years? YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN: (how was the accident charged. NO FAULT or AT FAULT or OTHER)				
Have you had any moving violations, traffic citations or infractions in the past five years? YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN:				
Have you ever been cited for driving while intoxicated or drunk driving ? YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN:				
Do you drink alcoholic beverages? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, what type and how often?				
Have you ever used any hallucinogenic drugs (except marijuana) such as mushrooms, PCP, LSD, etc.? YES <input type="checkbox"/> NO <input type="checkbox"/> If so explain when and what type(s).				
Have you used marijuana, hashish , or similar type substances ten times or more? YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN:				
Have you used any opiate/narcotic drug not prescribed for you by an authorized person, i.e. oxycodone, heroin? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when? EXPLAIN:				
Have you used amphetamines (i.e. cocaine) or barbiturates (not prescribed for you by an authorized person) YES <input type="checkbox"/> NO <input type="checkbox"/> If so, EXPLAIN:				
Do you suffer from any type of sleeping disorder? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, please EXPLAIN:				
Do you take any mood altering, medications that would affect your job? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes please list and EXPLAIN:				
Please write a brief statement of your future goals and why you are interested in this job:				

APPLICANT'S CERTIFICATION AND AUTHORIZATION CERTIFICATE

I hereby certify that this application contains no willful misrepresentation and that the information provided by me is true and complete to the best of my knowledge. I understand that if I am employed by Dauntless Security Group, false information on this application shall be sufficient cause for immediate dismissal. Please be advised that Dauntless Security Group, Inc. may terminate employees with or without cause, at any time, for any reason.

I hereby authorize Dauntless Security Group, Inc., upon receipt of my completed application for employment or during the course of my employment to verify information contained in this application, and to investigate my prior education, work history and any other information contained in this application as it relates to the position I am applying or being considered for.

Date: _____ Signature: _____

Dauntless Security Group, Inc.

Background Check Information

This background check release form does not ensure, guarantee, or assume employment with Dauntless Security Group, Inc., It is only an employment screening device. I understand that I am under no obligation to provide the following information in order for me to be considered for employment with Dauntless Security Group.

Last:	First:	Middle:
Previous last:	Previous First:	Previous Middle:

Please list your addresses for the past 10 years. Begin with most recent.

Present Address:	City:	State:	Zip code:
For how long?			
Previous Address:	City:	State:	Zip code:
For how long?			
Previous Address:	City:	State:	Zip code:
For how long?			
Previous Address:	City:	State:	Zip code:
For how long?			
Previous Address:	City:	State:	Zip code:
For how long?			
Previous Address:	City:	State:	Zip code:
For how long?			

What is your Date of Birth?

What is your Social Security Number?

What is your Driver's license number, and state of issue

Do you authorize Dauntless Security Group to run a Credit History Report? YES NO

APPLICANT'S CERTIFICATION AND AUTHORIZATION CERTIFICATE

I hereby certify that this application contains no willful misrepresentation and that the information provided by me is true and complete to the best of my knowledge. I understand that if I am employed by Dauntless Security Group, false information on this application shall be sufficient cause for immediate dismissal. Please be advised that Dauntless Security Group, Inc. may terminate employees with or without cause, at any time, for any reason.

I hereby authorize Dauntless Security Group, Inc., upon receipt of my completed application for employment or during the course of my employment to verify information contained in this application, and to investigate my prior education, work history and any other information contained in this application as it relates to the position I am applying or being considered for.

Signature: _____

Date: _____

PLEASE RETURN APPLICATION TO DAUNTLESS SECURITY GROUP, INC.

22525 SE 64th Place Issaquah WA 98027: Phone 425 458-5777

Or scan and email to info@dauntlesssecuritygroup.com