



## DDSS APPLICATION

7. Are you receiving an allowance for any type of disability? Yes \_\_\_\_ No \_\_\_\_  
 Nature of disability: \_\_\_\_\_

\_\_\_\_\_

Name of agency providing benefits: \_\_\_\_\_

8. Do you have or have you ever had any of the following?

	Yes	No
Color or Night Blindness	_____	_____
Heart Condition	_____	_____
Diabetes	_____	_____
High or Low Blood Pressure	_____	_____
Hernia (s)	_____	_____
Communicable Diseases	_____	_____

If you answered yes to any of the above, explain: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

9. Do you have or have you had any injury or illness which may prevent you from doing a particular job? Yes \_\_\_\_ No \_\_\_\_\_. If yes, explain: \_\_\_\_\_

\_\_\_\_\_

REFERENCES

10. List three persons who know you well enough to provide current and past information about you. Do not list relatives or former employers:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Years Known: \_\_\_\_\_

DDSS APPLICATION

EMPLOYMENT HISTORY (for the past 10 years—use back of page if needed)

11. From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_  
Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_  
Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_  
Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_  
Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_  
Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_  
Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

12. Have you ever been discharged or asked to resign from any position or employment?  
Yes \_\_\_ No \_\_\_ If yes, explain in detail giving employer name (if needed use back of page):

\_\_\_\_\_

## DDSS APPLICATION

RESIDENCE HISTORY

13. List all addresses where you have lived during the past ten (10) years. Account for all of the time, starting with the most recent addresses (off base rather than military quarters). Do not list present address. List data by month and year. Use back of page if needed.

From: \_\_\_\_\_ To: \_\_\_\_\_ Address: \_\_\_\_\_

If rental, give name and address of landlord: \_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Address: \_\_\_\_\_

If rental, give name and address of landlord: \_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Address: \_\_\_\_\_

If rental, give name and address of landlord: \_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Address: \_\_\_\_\_

If rental, give name and address of landlord: \_\_\_\_\_

\_\_\_\_\_

MILITARY HISTORY

14. If you have served in a military organization of the U.S. fill out below listing all periods of active service.

Date of Service: From \_\_\_\_\_ To: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Unit Designation \_\_\_\_\_ Military Service No. \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Military Reserve Status: Active \_\_\_\_\_ Inactive \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Unit: \_\_\_\_\_

Address of Unit: \_\_\_\_\_

Commitment Date From \_\_\_\_\_ To: \_\_\_\_\_

Are you required to attend a period of active duty annually? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many days? \_\_\_\_\_

DDSS APPLICATION

EDUCATION HISTORY

15. List all high schools and above, as well as trade and business schools attended. Begin with the most recent.

Name of School	Street Address City & State	Dates Attended		Graduated	
		From	To	Yes	No
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If you attended college, number of credits completed: \_\_\_\_\_  
 Major? \_\_\_\_\_ Minor? \_\_\_\_\_  
 Degree(s)? \_\_\_\_\_

16. List any courses or training that you feel have a bearing on your qualifications for this position:

\_\_\_\_\_

\_\_\_\_\_

17. Current Organization Memberships – Service or Professional: \_\_\_\_\_

\_\_\_\_\_

ARREST INFORMATION

18. Have you ever been arrested or investigated for a felony or a misdemeanor, including military court martial? (Omit traffic violations) Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following (list juvenile as well as adult occurrences):

Crime Charged	Police Agency, City & State	Date	Disposition of Case
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TRAFFIC HISTORY

19. Do you possess a valid driver’s license? Yes \_\_\_\_\_ No \_\_\_\_\_ Lic # \_\_\_\_\_ State \_\_\_\_\_  
 Type of license (operator, chauffeur, etc.): \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Has your license ever been suspended? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give date, location and reason(s): \_\_\_\_\_

\_\_\_\_\_

DDSS APPLICATION

TRAFFIC HISTORY (Continued)

20. List all moving citations you have received as an adult or juvenile (not parking tickets).

<u>Month/Year</u>	<u>Charges</u>	<u>City &amp; State</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If desired, describe briefly any traffic accidents listed above (date and location) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: If you are applying for a position as patrol officer you must obtain a copy of your DMV record to submit to this company for consideration.

LIQUOR AND NON-PRESCRIBED DRUGS

21. Describe in your own words your use of intoxicating liquors: \_\_\_\_\_

\_\_\_\_\_

Have you ever used any form of drugs or narcotics other than those prescribed by a physician?

Yes \_\_\_\_ No \_\_\_\_ If yes, explain in detail and state when approximate date of last usage:

\_\_\_\_\_

Have you ever sold or furnished drugs or narcotics to anyone? Yes \_\_\_\_ No \_\_\_\_ If yes,

explain in detail: \_\_\_\_\_

DISQUALIFYER

22. Do you know of anything (whether physical, emotional, religious, etc.) that might disqualify you as a security officer or prevent you from fully discharging official duties of said position?

Yes \_\_\_\_ No \_\_\_\_ Maybe \_\_\_\_ If other than no, explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DDSS APPLICATION

USE OF FIREARMS

23. Would you be reluctant to use firearms against another person if it was necessary in the performance of duty? Yes \_\_\_\_ No \_\_\_\_ If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Do you know the law regarding the use of force/deadly force as a private citizen in the State of Colorado? Yes \_\_\_\_ No \_\_\_\_ If yes, explain it in your own words: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACTS

25. Please list two emergency contacts not elsewhere listed on this application

Name	Relationship	Telephone Number
_____	_____	_____
_____	_____	_____

APPLICANT CERTIFICATION

26. By signing below I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentation, omission, or falsification will be grounds for immediate rejection of employment and/or termination of employment. I hereby give my consent for a complete background investigation to be conducted. I understand that all information is for company use only and all forms and paperwork submitted as well as information obtained will become the sole property of this company.

I agree to release all companies and person listed on this application, its employees and those who are supplying the information from any liability for any damage which may result from furnishing the requested information or my failure to be hired for the position for which I am applying.

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

\_\_\_\_\_  
Date

(All information herein, or attached, becomes the property of this Company.)