



## Application for Employment Dalama Protection

Our policy is to provide equal opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability or veteran status.

### Personal

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_  
Social Security # \_\_\_\_\_ D.O.B.(mm/dd/yyyy): \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? ( you may be required to provide information)

Yes No

Are you looking for part or full time employment? Part Time Full Time

Have you ever been convicted of a felony? (this is not necessarily affect your application) Yes No

If yes, please explain: \_\_\_\_\_

### Employment Desired

Position applied for: \_\_\_\_\_

How did you hear about this opening? \_\_\_\_\_

Are you currently employed? Yes No

Have you ever applied for employment here? Yes No

Are you willing to travel? Yes No

Date you can start: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

## Education

School Name and Location

Year

Major/ Degree

High school: \_\_\_\_\_

College: \_\_\_\_\_

Other Training: \_\_\_\_\_

In addition to your work history, are there any other skills, qualifications, or experience that we should consider?

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

## Employment History

(start with the most recent employer)

1) Company Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Dates Worked: \_\_\_\_\_

Starting salary: \_\_\_\_\_

Ending salary: \_\_\_\_\_

Starting position \_\_\_\_\_

Ending position: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Position: \_\_\_\_\_

May we contact?  Yes  No

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2) Company Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Dates Worked: \_\_\_\_\_

Starting salary: \_\_\_\_\_

Ending salary: \_\_\_\_\_

Starting position \_\_\_\_\_

Ending position: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Position: \_\_\_\_\_

May we contact?  Yes  No

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3) Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Dates Worked: \_\_\_\_\_  
 Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_  
 Starting position \_\_\_\_\_ Ending position: \_\_\_\_\_  
 Name of supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

May we contact?  Yes  No  
 Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

4) Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Dates Worked: \_\_\_\_\_  
 Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_  
 Starting position \_\_\_\_\_ Ending position: \_\_\_\_\_  
 Name of supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

May we contact?  Yes  No  
 Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**References**

List three professional references, not related to you, who have known you for more than two years.

Reference #1  
 Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Work phone #: \_\_\_\_\_ Work Address: \_\_\_\_\_

Reference #2  
 Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Work phone #: \_\_\_\_\_ Work Address: \_\_\_\_\_

Reference #3  
 Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Work phone #: \_\_\_\_\_ Work Address: \_\_\_\_\_

**License**

Class D License # \_\_\_\_\_ Expiration date: \_\_\_\_\_  
 Class G # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Class C License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Class CC License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Class M, MA or MB License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Authorization:**

"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 statement 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 have, personal or other wise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand that agree that no representative of the company has any authority to enter into any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use by the Americans with Disabilities Act (ADA) and other relevant federal and state laws"

Signature of Candidate \_\_\_\_\_ Date: \_\_\_\_\_

**Dalama Protection LLC**  
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