



DD GROUP, LLC.

SECURITY & TACTICAL TRAINING

3365 HWY 50, CANON CITY, CO. 81212
719-345-4242 FAX 719-345-4242

First Name: _____ MI: _____

Last Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Social Security Number: _____

Position Applying For: _____

Are you Citizen of the United States? Yes No

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

Are you able to legally possess a firearm? Yes No

Do you possess a valid Colorado Driver's License? Yes No

License Number: _____

Have you had any driving violations in the past five (5) years? Yes No

If yes, please describe: _____

Skills, License, Certificates or Training: _____

Former Employers: (Begin with the most recent employer)

Company: _____ Address: _____

Years Worked: _____ Dates Employment: _____

Supervisor: _____ Phone Number: _____

Company: _____ Address: _____

Years Worked: _____ Dates Employment: _____

Supervisor: _____ Phone Number: _____

Company: _____ Address: _____

Years Worked: _____ Dates Employment: _____

Supervisor: _____ Phone Number: _____

Please list three professional references.

Full Name: _____ Company: _____

Position: _____ Phone: _____

Address: _____

Full Name: _____ Company: _____

Position: _____ Phone: _____

Address: _____

Full Name: _____ Company: _____

Position: _____ Phone: _____

Address: _____

Release and Authorization -- Please Read Before Signing

I certify that I have completed this application with true and factual information.

I also understand that the use of illegal drugs is prohibited during my employment. If DD Group LLC. so requires, I am willing to submit to a drug test and complete background check. I acknowledge that all employment is AT-Will, and that the employee or DD Group LLC. may separate employment at any time.

Signature: _____ Date: _____