

# BLUE LIGHTNING PROTECTION, LLC

**ATTENTION:** Responses should be printed in ink or type written. Statements made in application or interview shall be used to determine applicant eligibility. Applications must be filled out in their entirety. Should a section not apply, please indicate with "N/A." Incomplete or unsigned applications will not be considered. Applications are retained for 90 days.

DATE OF APPLICATION:	DATE AVAILABLE:	POSITION DESIRED:	WAGE ANTICIPATED:
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## GENERAL INFORMATION

NAME: <i>Last</i> <i>First</i> <i>Middle</i> <i>Suffix</i>			
PRESENT STREET ADDRESS:			<i>Unit or Apt Number</i>
<i>City</i>	<i>State</i>	<i>Zip Code</i>	How long at this address?
HOME TELEPHONE:	CELLULAR TELEPHONE:	OTHER CONTACT:	EMAIL:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH: ( <i>mm/dd/yyyy</i> )	SEX:	MARITAL STATUS:

## LICENSURE

FLORIDA SECURITY LICENSE NUMBER – <i>UNARMED OFFICER</i> :	EXPIRATION:
FLORIDA SECURITY LICENSE NUMBER – <i>ARMED OFFICER</i> :	EXPIRATION:
FLORIDA SECURITY LICENSE NUMBER – <i>INVESTIGATOR</i> :	EXPIRATION:
FLORIDA SECURITY LICENSE NUMBER – <i>OTHER</i> : _____	EXPIRATION:
HAVE YOU EVER BEEN DENIED ISSUANCE OF A SECURITY LICENSE IN FLORIDA OR ANY STATE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER HAD YOUR SECURITY LICENSE(S) SUSPENDED OR REVOKED AT ANY TIME?	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIST ANY OTHER STATES IN WHICH YOU HAVE EVER BEEN ISSUED A SECURITY LICENSE:	
FLORIDA DRIVER LICENSE NUMBER:	CLASS: EXPIRATION:
HAVE YOU EVER BEEN DENIED ISSUANCE OF A DRIVER LICENSE IN FLORIDA OR ANY STATE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER HAD YOUR DRIVER LICENSE SUSPENDED OR REVOKED AT ANY TIME?	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIST ANY OTHER STATES IN WHICH YOU HAVE EVER BEEN ISSUED A DRIVER LICENSE:	
EXPLAIN ANY SUSPENSIONS OR REVOKATIONS OF LICENSES:	

## MILITARY SERVICE

**YOU ARE REQUIRED TO ATTACH A COPY OF YOUR MOST RECENT D.O.D. FORM # DD214 TO THIS APPLICATION**

HAVE YOU EVER SERVED IN ANY BRANCH OF THE UNITED STATES ARMED FORCES?			<input type="checkbox"/> YES <input type="checkbox"/> NO
BRANCH OF SERVICE:	ENLISTMENT DATE:	SEPERATION DATE:	RANK AT TIME OF DISCHARGE:
TYPE OF DISCHARGE:	DISCRPTION OF DUTIES / ASSIGNMENTS:		
LIST ALL SECURITY / SAFETY RELATED ADVANCED TRAINING SCHOOLS YOU COMPLETED:			

# BLUE LIGHTNING PROTECTION, LLC

## WORK HISTORY

STARTING WITH CURRENT EMPLOYER FIRST; INCLUDING PERIODS OF UNEMPLOYMENT. DOCUMENT THE PAST 5 YEARS

MAY WE CONTACT YOUR PRESENT &/OR PAST EMPLOYERS?		<input type="checkbox"/> YES <input type="checkbox"/> NO		INITIAL TO GIVE AUTHORIZATION:	
FROM:	EMPLOYER:	POSITION:		WAGE / SALARY:	
	STREET ADDRESS:			SUPERVISOR:	
TO:	CITY:	STATE:	ZIP:	TELEPHONE:	
	REASON FOR LEAVING:				
FROM:	EMPLOYER:	POSITION:		WAGE / SALARY:	
	STREET ADDRESS:			SUPERVISOR:	
TO:	CITY:	STATE:	ZIP:	TELEPHONE:	
	REASON FOR LEAVING:				
FROM:	EMPLOYER:	POSITION:		WAGE / SALARY:	
	STREET ADDRESS:			SUPERVISOR:	
TO:	CITY:	STATE:	ZIP:	TELEPHONE:	
	REASON FOR LEAVING:				
FROM:	EMPLOYER:	POSITION:		WAGE / SALARY:	
	STREET ADDRESS:			SUPERVISOR:	
TO:	CITY:	STATE:	ZIP:	TELEPHONE:	
	REASON FOR LEAVING:				
FROM:	EMPLOYER:	POSITION:		WAGE / SALARY:	
	STREET ADDRESS:			SUPERVISOR:	
TO:	CITY:	STATE:	ZIP:	TELEPHONE:	
	REASON FOR LEAVING:				

## EDUCATION

YOU ARE REQUIRED TO ATTACH A COPY OF YOUR HIGH SCHOOL DIPLOMA OR G.E.D. TO THIS APPLICATION

HIGH SCHOOL:	CITY & STATE:	DATES ATTENDED:	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> G.E.D.	MAJOR / GPA:
COLLEGE/UNIVERSITY:	CITY & STATE:	DATES ATTENDED:	DEGREE:	MAJOR / GPA:
COLLEGE/UNIVERSITY:	CITY & STATE:	DATES ATTENDED:	DEGREE:	MAJOR / GPA:
OTHER SCHOOL:	CITY & STATE:	DATES ATTENDED:	DEGREE:	MAJOR / GPA:
LIST ANY OTHER MISC. COURSES COMPLETED (i.e. First Aid, CPR, AED):				

# BLUE LIGHTNING PROTECTION, LLC

## PAST TWO RESIDENCES

LIST YOUR PAST TWO RESIDENTIAL ADDRESSES IMMEDIATELY PRIOR TO YOUR CURRENT ADDRESS

DATE FROM:	STREET ADDRESS:			UNIT OR APT #:
DATE TO:	CITY:	COUNTY:	STATE:	ZIP:
DATE FROM:	STREET ADDRESS:			UNIT OR APT #:
DATE TO:	CITY:	COUNTY:	STATE:	ZIP:

## PERSONAL REFERENCES

LIST THREE CHARACTER REFERENCES THAT HAVE KNOWN YOU FOR FIVE YEARS OR LONGER

NAME:		OCCUPATION:	NUMBER YEARS KNOWN:
CITY:	STATE:	TELEPHONE:	TYPE OF REFERENCE: <input type="checkbox"/> PERSONAL <input type="checkbox"/> PROFESSIONAL
NAME:		OCCUPATION:	NUMBER YEARS KNOWN:
CITY:	STATE:	TELEPHONE:	TYPE OF REFERENCE: <input type="checkbox"/> PERSONAL <input type="checkbox"/> PROFESSIONAL
NAME:		OCCUPATION:	NUMBER YEARS KNOWN:
CITY:	STATE:	TELEPHONE:	TYPE OF REFERENCE: <input type="checkbox"/> PERSONAL <input type="checkbox"/> PROFESSIONAL

## MISCELLANEOUS

PLEASE INDICATE FOREIGN LANGUAGE ABILITIES:		SPOKEN:	READ & WRITE:	UNDERSTAND ONLY:
HAVE YOU EVER BEEN BONDED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER HAD BONDING DENIED:		<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN GRANTED A GOVERNMENT SECURITY CLEARANCE:			<input type="checkbox"/> YES <input type="checkbox"/> NO	CLEARANCE LEVEL:
HAVE YOU EVER BEEN DENIED A GOVERNMENT SECURITY CLEARANCE:			<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN WHY NOT:
HAVE YOU EVER WORKED FOR BLP BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHY YOU LEFT:		
DO YOU HAVE RELATIVES EMPLOYED BY BLP?	<input type="checkbox"/> YES <input type="checkbox"/> NO	LIST NAMES:		
CAN YOU WORK VARIED SHIFTS (NIGHTS, ETC)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO WORK HOLIDAYS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE RELIABLE TRANSPORTATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE WILLING TO WEAR A UNIFORM?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
WILL BLP BE YOUR SOLE SOURCE EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER EMPLOYER:		

# BLUE LIGHTNING PROTECTION, LLC

## DRIVING HISTORY

DETAIL BELOW ALL TRAFFIC INFRACTIONS (TICKETS) YOU HAVE RECEIVED FOR THE PAST SEVEN YEARS

DATE:	VIOLATION:	COUNTY:	STATE:	DISPOSITION:
DATE:	VIOLATION:	COUNTY:	STATE:	DISPOSITION:
DATE:	VIOLATION:	COUNTY:	STATE:	DISPOSITION:
DATE:	VIOLATION:	COUNTY:	STATE:	DISPOSITION:
HOW MANY VEHICLE CRASHES, IN WHICH YOU WERE THE DRIVER, HAVE YOU BEEN IN OVER THE PAST 7 YEARS?				
GIVE DETAILS OF CRASHES:				
THE POSITION YOU ARE APPLYING OR MAY REQUIRE EXTENDED PERIODS OF DRIVING. ARE YOU WILL TO DO SO?				<input type="checkbox"/> YES <input type="checkbox"/> NO

## CRIMINAL HISTORY

LIST ALL INCIDENTS IN WHICH YOU WERE ARRESTED OR DETAINED FOR CRIMINAL VIOLATIONS

DATE:	VIOLATION:	COUNTY:	STATE:	DISPOSITION:
GIVE DETAILS:				
DATE:	VIOLATION:	COUNTY:	STATE:	DISPOSITION:
GIVE DETAILS:				
DATE:	VIOLATION:	COUNTY:	STATE:	DISPOSITION:
GIVE DETAILS:				
DATE:	VIOLATION:	COUNTY:	STATE:	DISPOSITION:
GIVE DETAILS:				

## CERTIFICATION OF INFORMATION

I CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED IN ORDER TO APPLY FOR AND SECURE WORK WITH BLUE LIGHTNING PROTECTION IS TRUE, COMPLETE, AND CORRECT. I UNDERSTAND THAT IF ANY OF SAID INFORMATION IS PROVEN FALSE, INCOMPLETE, OR HAS BEEN MISREPRESENTED IN ANY RESPECT, IT WILL BE SUFFICIENT GROUNDS FOR NON-OFFER OF EMPLOYMENT. ADDITIONALLY, SHOULD FALSE, INCOMPLETE, OR MISREPRESENTED INFORMATION BECOME KNOWN AFTER EMPLOYMENT MAY HAVE STARTED, IT SHALL BE GROUNDS FOR IMMEDIATE TERMINATION.

I EXPRESSLY AUTHORIZE BLUE LIGHTNING PROTECTION TO CONTACT & OBTAIN PERSONAL AND/OR PROFESSIONAL INFORMATION FROM ALL LISTED REFERENCES, EMPLOYERS, OR PUBLIC AUTHORITIES IN AN EFFORT TO VERIFY THIS INFORMATION AND MY SUITIBILITY FOR EMPLOYMENT. FURTHERMORE, IT IS UNDERSTOOD THAT ANY OFFER OF EMPLOYMENT IS CONDITIONAL AND CONTINGENT APON THE SUCESSFUL COMPLETION OF A BACKGROUND INVESTIGATION, USING THE INFORMATION PROVIDED BY ME, OR OTHER SOURCES INDICATED.

I UNDERSTAND THAT ANY PROMISES REGARDING TERMS OF EMPLOYMENT AND/OR PROMOTIONAL OPPERTUNITIES, WHETHER EXPRESS OR IMPLIED, ARE NULL AND VOID UNLESS MADE IN WRITING AND SIGNED BY AN OFFICER OF THE COMPANY. I UNDERSTAND THAT BLUE LIGHTNING PROTECTION, LTD. IS AN "EQUAL OPPORTUNITY EMPLOYER" AND DOES NOT UNLAWFULLY DISCRIMINATE AGAINST ANY PROTECTED GROUP OR PERSON, AND THAT NO QUESTION ON THIS APPLICATION WILL BE USED FOR SUCH PURPOSE IN VIOLATION OF APPLICABLE LAWS. I ALSO UNDERSTAND THAT I MUST PROVIDE PROOF OF LICENSURE, IDENTITY, AND LEGAL AUTHRORITY TO GAIN EMPLOYMENT IN THE UNITED STATES.

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