Application Form

Name	SS# Required at time of interview
Address	DOB
City/State/Zip:	
Telephone # Home	
Cellular	
Other	Weight:
E-Mail address:	Height:
Can you stand for 4 hours, or 8 hours. Can you li	ift 50 lbs
Do You have any visible characteristics : Y or N -	Earrings Y or N - Tattoos Y or N
If so, what visible characteristics?	
NYS security guard license #	Exp. Date:
Driver's License: Please provide State	Class
Armed or unarmed guard license?	HR-218?
Own a Car? Y or N	
Availability - M T W Th F Sat Sun	/ F/T or P/T / - Day or Night
If Part time , what time frame ?	
Education - Highest level of education completed	?
Do you have a degree? (ex: High School or Colle	ge)
Do you speak multiple languages?	

List any special training/ certification(s) or schooling you have: (ex: martial arts, military)	
Background:	
Do you have a pending arrests or criminal ac	ccusations.? Y or N
Have you ever been convicted of a crime?	Y or N If yes , When?
Explain	
Are you willing to submit a physical examinate Are you willing to submit to a background che	,
Were you referred by someone?	
Along with this application a resume is requir	red to be submitted.
By Signing this application for employment, I certify the to the best of my knowledge. I further authorize Fines check application including but not limited to arrest resestablish qualification for employment in this company	t Executive Protection to perform any background cords, job history and financial records in order to
Print Name:	Signature