



320 Seven Springs Way Suite 250  
Brentwood, Tennessee 37204

Phone: (615) 549-0075  
Fax: (615) 829-8911

## PREMIER PROTECTIVE SECURITY INC.

### APPLICATION FOR EMPLOYMENT IN TENNESSEE

- A.  **Unarmed Security Guard:** Must attach a copy of **Drivers License, Social Security card** and Private Protective Security Guard/Officer ID Card from **State of Tennessee Department of Commerce & Insurance**
- B.  **Armed Security Guard:** Must attach a copy of **Drivers License, Social Security card** and **ARMED** Private Protective Security Guard/Officer ID Card from **State of Tennessee Department of Commerce & Insurance**

#### PERSONAL INFORMATION

DATE OF APPLICATION: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

DL # & State: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### RESIDENCE & CONTACT INFORMATION

Address \_\_\_\_\_  
Street (Apt) City/State Zip

Contact Information: ( ) ( )  
Home Telephone Cell Telephone other

In case of emergency: \_\_\_\_\_ ( )  
Name Relationship Phone Number

#### BIOGRAPHICAL INFORMATION

Information requested in this block is to be completed on a voluntary basis. Data will be held confidential and only used in accordance with applicable Federal Law, including the Americans with Disabilities Act. Refusal to provide information will not subject the applicant to any adverse treatment.

The following information is for Equal Employment Opportunity/Affirmative Action purposes only. For qualifying purposes, applicant may be required to be at least age twenty-one.

Gender:  Male  Female Race:  White  African American  Hispanic  Native American  Asian  Other

The following information is for compliance with affirmative action obligations of the Rehabilitation Act of 1973 and for the purpose of voluntary affirmative action. Please indicate any physical or mental impairments or conditions which you possess

<input type="checkbox"/> None	<input type="checkbox"/> Deaf	<input type="checkbox"/> Lack of Limb use (except amputation)	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Legally blind	<input type="checkbox"/> other hearing impairments	<input type="checkbox"/> Mental retardation	<input type="checkbox"/> Cerebral Palsy
<input type="checkbox"/> Other visual impairment	<input type="checkbox"/> Amputation or Orthopedic	<input type="checkbox"/> Mental illness and/or personality disorder	<input type="checkbox"/> Other (specify)

**EMPLOYMENT HISTORY**

Veteran  Yes  No Honorable Discharge  Yes  No \_\_\_\_\_ Date of entry \_\_\_\_\_ Date of separation

\_\_\_\_\_  
Rank at time of discharge

\_\_\_\_\_  
Branch of Service

**PREVIOUS EXPERIENCE (If less than 5 years at current position)**

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Location: \_\_\_\_\_

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

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Location: \_\_\_\_\_

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

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Location: \_\_\_\_\_

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

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Location: \_\_\_\_\_

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

**REFERENCES**

\_\_\_\_\_  
Name Address City State

\_\_\_\_\_  
Phone Type of relationship How long

\_\_\_\_\_  
Name Address City State

\_\_\_\_\_  
Phone Type of relationship How long

\_\_\_\_\_  
Name Address City State

\_\_\_\_\_  
Phone Type of relationship How long

**EDUCATION**

_____	_____	_____	H.S. Diploma <input type="checkbox"/>	GED Certificate <input type="checkbox"/>
Name of High School	City	State		

**SCHOOLS ATTENDED AFTER HIGH SCHOOL (College, Trade, Technical schools)**

_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
College	Location	From	To	Years Attended	Yes	No
					Graduate	

_____	_____	_____
Institution	Type of Training	Dates certified:

_____	_____	_____
Institution	Type of Training	Dates certified:

_____	_____	_____
Institution	Type of Training	Dates certified:

_____	_____	_____
Institution	Type of Training	Dates certified:

**CRIMINAL HISTORY**

Have you ever been convicted, forfeited bond, or are you currently on probation for any felony in a court of law or general court martial? Yes  No

If yes, give details on a separate sheet of paper for each offense. Include (1) date, (2) charge, (3) place, (4) court, and (5) action taken. You must disclose any conviction involving a sentence or suspended sentence. You may omit: (1) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court; (2) any conviction which has been expunged under Federal or State law. A conviction will not necessarily disqualify you from the job for which you are applying. A conviction will be judged on its own merits with respect to time, circumstances, and seriousness.

**SIGNATURE**

I certify that the information given in this application is correct and complete to the best of my knowledge. I am aware that should an investigation show any falsification, I will not be considered for employment, or if employed, I will be dismissed and disqualified from future consideration. I hereby authorize Premier Protective Security, INC. to make all necessary investigations concerning me or my actions and to receive and make available to Premier Protective Security, INC. my academic records or other materials pertinent to my qualifications. I further authorize and request each former employer, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.

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