



## PREMIER PROTECTIVE SECURITY, Inc.

3015 Rainbow Drive  
Decatur, Georgia 30034

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

### APPLICATION FOR EMPLOYMENT IN GEORGIA

A.  **Unarmed Security Guard:** Must attach a copy of **Drivers License, Social Security card** and Private Protective Security Guard/Officer ID Card from the **Georgia Board of Private Detectives & Security Agency.**

B.  **Armed Security Guard:** Must attach a copy of **Drivers License, Social Security card** and **ARMED** Private Protective Security Guard/Officer ID Card from the **Georgia Board of Private Detectives & Security Agency.**

#### 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

None  Deaf  Lack of Limb use (except amputation)  Epilepsy  
 Legally blind  other hearing impairments  Mental retardation  Cerebral Palsy  
 Other visual impairment  Amputation or Orthopedic  Mental illness and/or personality disorder  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**

\_\_\_\_\_  
 Name of High School                      City                      State

H.S. Diploma       GED Certificate

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

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