



# PREMIER PROTECTIVE SECURITY

100 Sun Ave NE Suite 650  
Albuquerque, New Mexico 87109

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

## APPLICATION FOR EMPLOYMENT IN NEW MEXICO

A.  **Unarmed Security Guard:** Must attach a copy of **Drivers License, Social Security card** and State Issued Level 2 Private Protective Security Guard/Officer ID Card from **New Mexico Private Investigations Advisory Board.**

B.  **Armed Security Guard:** Must attach a copy of **Drivers License, Social Security card** and State Issued **ARMED** Level 3 Private Protective Security Guard/Officer ID Card from **New Mexico Private Investigations Advisory Board.**

### 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**

			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 Years Attended	To	Yes Graduate	No

Institution	Type of Training	Dates certified:

Institution	Type of Training	Dates certified:

Institution	Type of Training	Dates certified:

Institution	Type of Training	Dates certified:

**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 \_\_\_\_\_