



PREMIER PROTECTIVE SECURITY INC.

4445 Corporation Ln. Ste 264
Virginia Beach, Virginia 23462

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

APPLICATION FOR EMPLOYMENT IN VIRGINIA

- A. **Unarmed Security Guard:** Must attach a copy of **Drivers License, Social Security card** and Private Security Services Registration Card from the **Virginia Department of Criminal Justice Services**
- B. **Armed Security Guard:** Must attach a copy of **Drivers License, Social Security card** and **ARMED** Private Security Services Registration Card from the **from the Virginia Department of Criminal Justice Services .**

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

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Phone Type of relationship How long

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Phone Type of relationship How long

EDUCATION

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

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

College	Location	From	To	Yes	No
		Years Attended		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 _____