Security First Security Response Joate	Suite 249 1	T APPLICA	PERSONNEL OFFICE USE ONLY Pending Denied Starting Rate \$ By Control # Post Training Schedule Date Day
Last Name	Middle Name	First Name	
Address			
City	State	Zip	p
How long have you lived at th	is address?		
If less than one year, please	provide the prior address.		
Are you over 18 years of age	?		
Home Telephone		Work Telephone	
Mobile Telephone		_	
Driver's License Number			Driver's License Expiration Date
Driver's License Issued State	e		
Method of transportation			
Do we have your permission	to gain access to your driving rec	ord for a Security Guard Rov	ver position?
Madal Va	ar Maka	Tor Number	

SECURITY GUARD JOB REQUIREMENTS

1. First Security Response has day, afternoon, evening, and overnight schedules, which include working weekends and Holidays. Is the acceptable to you?

If so, what hours do you prefer?

2. Security Guard duties require walking, sitting, and/or standing for long periods of time. Will this be a problem for you?

3. First Security Response may require that all accepted applicants pass an entrance examination which is given at the end of our three-day training academy before being assigned to any post. If you are accepted there will be no charge to you to attend the training session. Is this acceptable to you?

4. Do you understand that a Security Guard, even if armed, is <u>NOT</u> a Police Officer?

5. It will be your responsibility to complete the following documents including but not limited to Daily Reports, Vehicle Inspection Reports, Incident Reports, etc. Do you understand and accept this?

All applicants will receive consideration for employment without regard to race, creed, color, national origin or any other non-merit factor.

Note: To become a Security Guard the law requires that your photograph and fingerprints be submitted to the State of Florida Department of Agriculture. First Security Response requires that all employees submit and pass our drug screening and or testing before they will be approved for employment. Background checks are conducted for all applicants. If you feel you will pass these requirements please continue.

[NAME] requires that every applicant list all present and past employment, beginning with your most recent. If you need additional space us the comment section on the back page.

Last or Preser	ıt Employer	E	Employer # 2		
Name:	Starting hourly wage:	Name:	Starting hourly wage:		
Address	Last hourly wage:	Address	Last hourly wage:		
City Zip	Reason for leaving:	City Zip	Reason for leaving:		
Type of Business:	Resigned Fired	Type of Business:	Resigned Fired		
Supervisor:	☐ Laid off	Supervisor:	Laid off		
Telephone:	Comments:	Telephone:	Comments:		
Reason for leaving:		Reason for leaving:			
Start date: End date:		Start date: End date:			
Employer #3		En	Employer #4		
Name:	Starting hourly wage:	Name:	Starting hourly wage:		
Address	Last hourly wage:	Address	Last hourly wage:		
City Zip	Reason for leaving:	City Zip	Reason for leaving:		
Type of Business:	Resigned Fired	Type of Business:	Resigned Fired		
Supervisor:	Laid off	Supervisor:	Laid off		
Telephone:	Comments:	Telephone:	Comments:		
Reason for leaving:		Reason for leaving:			
Start date: End date:		Start date: End date:			
MILITARY SERVICE RECORD					
Were you in the U.S. Armed Forc	es? 🗌 Yes 🗌 No	If yes what branch?	If yes what branch?		
Date started: Date Ended		Total time in service:	Total time in service:		

Highest rank achieved:	Type of discharge	e: Honorable I	Dishonorable Other	
Are you in the military reserves? No Yes, what branch?				
How often do you have to report f	How often do you have to report for duties? Weekly Monthly Other, explain:			
CRIMINAL BACKGROUND INVESTIGATION AUTHORIZATION				
I do hereby certify that I have never been convicted of any criminal offense anywhere in the United States, except for the following:				
Charge	City, S	tate	Date	Disposition
Signature:				

EDUCATION RECORD			
Name and Address of School	Course of study	Last year completed	Diploma or Degree
High School:		9 th 10 th	
		11 th 12 th	
		Graduated Year:	
College:		1 st 2 nd	
		3 rd 4 th	
		Graduated Year:	
Trade or Professional School		1 st 2 nd	
		3 rd 4 th	
		Graduated Year	

Personal References Do not use relatives or previous employers Providing this information means that you are giving First Security Response permission to contact all the references.				
NAME	Address	Telephone		
1				
2				
3				

In 25 words or more, explain why you want to be a Security Guard with First Security Response			

COMMENTS Please use this space for any additional information			

PLEASE READ AND SIGN BELOW

This application shall be considered active for no more than 45 days after the date submitted. After that time applicants will be required to resubmit a new application.

I have read and understand all sections of this employment application. All statements written by me are true and complete. I also understand that any false statements on this application or any future document I will be required to fill out, including but not limited to any and all First Security Response forms I will be preparing in the course of my duties shall be considered sufficient cause for dismissal.

I further understand that if employed by First Security Response I will be required to abide by all their rules and procedures. Failure to do so could result in my termination of employment with First Security Response

I understand that neither this document nor any other offer of employment from First Security Response or its representatives constitutes an employment agreement.

I consent to the release of information about my ability and fitness for the position I have applied for by employers, schools, law enforcement agencies to investigate, personnel staffing specialists and other authorized employees of First Security Response.

Signature:

Date:

DO NOT WRITE IN THIS SPACE Personnel use only - Reference Verification				
Previous Employment				
1	2	3	4	
Military		School		
		High school	College/Trade	
Criminal		Personnel		
		1		
		2		
		3		