





\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Job Duties

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

\_\_\_\_\_  
Dates of Employment

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Job Duties

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

\_\_\_\_\_  
Dates of Employment

May we contact your current employer?

Yes:  No:

### Skills & Abilities

Have you worked in law enforcement?

Yes:  No:

If yes, Where?

\_\_\_\_\_

How long?

\_\_\_\_\_

Reason for leaving?

\_\_\_\_\_

Have you worked in the private security industry?

Yes:  No:

Do you have an armed security guard license?

Yes:  No:

If yes, please provide license number?

\_\_\_\_\_

## Education

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Name of School

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Location

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Years Attended

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Degree Received

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Major

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High School

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Location

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Year Graduated

**References:** please provide personal references other than family, who have known you for five years or more

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Name

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Title

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Relationship

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Phone

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Name

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Title

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Relationship

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Phone

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Name

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Title

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Relationship

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Phone

**Please provide other information you feel should be considered**

## Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application or if employment commences immediate termination. I authorize Facilities Security Management to conduct criminal background checks, credit checks, and to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance and grades. I authorize those persons designated as references to fully and freely communicate information to Facilities Security Management.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND UNDERSTAND AND AGREE TO ITS TERMS.

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Applicant's Signature

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Date