



An Equal Opportunity Employer

Type or print legibly using black or blue ink. This application is part of the examination process. Incomplete applications will not be considered. Make copies of any information/certificates you wish to submit and attach them to this application (do not submit originals). Resumes will not be sufficient alone; however, may be attached to the application as supplemental information.

Job Title Applying for:		
Last Name:	First Name:	Middle Name:
Physical Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Other Phone:
Email Address:		Social Security # (optional):

1. I am interested in: Full Time Part Time
2. I am: 18-20 Years Old 21 and Over
3. Valid California Driver License: Yes No DL#: _____
 If no license, reason: _____

CERTIFICATES / LICENSES

(Attach copies of **current** licenses)

Date Received:	License Title:	License #:	Issuing Agency:	Expiration Date:

CRIMINAL HISTORY & TRAFFIC CITATION DISCLOSURE

(Attach written statement on additional page(s) detailing the nature of each event, including traffic citations)

Date of Offense:	Agency Involved:	Offense Accused:	Convicted (Yes / No):	Disposition of Case:

EMPLOYMENT HISTORY

(Please provide last 10 years of employment)

Employment Dates & Salaries:	Occupation & Description of Duties:	Employer Information:
From: _____ To: _____ : _____ Hours per Week: _____	Title: _____ Duties: _____ _____	Employer: _____ Address: _____ City/State: _____ Reason for Leaving: _____
From: _____ To: _____ : _____ Hours per Week: _____	Title: _____ Duties: _____ _____	Employer: _____ Address: _____ City/State: _____ Reason for Leaving: _____
From: _____ To: _____ : _____ Hours per Week: _____	Title: _____ Duties: _____ _____	Employer: _____ Address: _____ City/State: _____ Reason for Leaving: _____
From: _____ To: _____ : _____ Hours per Week: _____	Title: _____ Duties: _____ _____	Employer: _____ Address: _____ City/State: _____ Reason for Leaving: _____
From: _____ To: _____ : _____ Hours per Week: _____	Title: _____ Duties: _____ _____	Employer: _____ Address: _____ City/State: _____ Reason for Leaving: _____
From: _____ To: _____ : _____ Hours per Week: _____	Title: _____ Duties: _____ _____	Employer: _____ Address: _____ City/State: _____ Reason for Leaving: _____
From: _____ To: _____ : _____ Hours per Week: _____	Title: _____ Duties: _____ _____	Employer: _____ Address: _____ City/State: _____ Reason for Leaving: _____
From: _____ To: _____ : _____ Hours per Week: _____	Title: _____ Duties: _____ _____	Employer: _____ Address: _____ City/State: _____ Reason for Leaving: _____
From: _____ To: _____ : _____ Hours per Week: _____	Title: _____ Duties: _____ _____	Employer: _____ Address: _____ City/State: _____ Reason for Leaving: _____
From: _____ To: _____ : _____ Hours per Week: _____	Title: _____ Duties: _____ _____	Employer: _____ Address: _____ City/State: _____ Reason for Leaving: _____

DRIVING HISTORY

(Disclose last 5 years / Be prepared to provide DMV printout, attach additional pages if needed)

Date:	Collision Type (head on, roll over, etc.):	Agency Involved:	Injury Related (Yes / No):

RESIDENTIAL HISTORY

(Please provide 10 years of residential references, attach additional pages if needed)

Residing Dates: (Month/Year)	Landlord Contact Information:
From: _____ To: _____ (Current Residence)	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone #: _____ Email Address: _____
From: _____ To: _____	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone #: _____ Email Address: _____
From: _____ To: _____	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone #: _____ Email Address: _____
From: _____ To: _____	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone #: _____ Email Address: _____
From: _____ To: _____	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone #: _____ Email Address: _____
From: _____ To: _____	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone #: _____ Email Address: _____

RESIDENTIAL HISTORY (continued)

(Please provide 10 years of residential references, attach additional pages if needed)

Residing Dates: (Month/Year)	Landlord Contact Information:
From: _____ To: _____	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone #: _____ Email Address: _____
From: _____ To: _____	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone #: _____ Email Address: _____
From: _____ To: _____	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone #: _____ Email Address: _____
From: _____ To: _____	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone #: _____ Email Address: _____

Certification & Agreement of Applicant

I certify all information provided on this application is true in all aspects and I understand misstatements and omissions of any material fact may be cause for disqualification or dismissal. I also grant permission for Armed Guard Private Protection to verify any and all information contained within by contacting current and former employers, schools, references, and any other person. By signing this application, I acknowledge by completing this application, it is in no way, shape, or form a conditional offer and if Armed Guard Private Protection decides to consider me for the advertised position, it will only be valid when the Directors agree to hire me.

Signature of Applicant

Printed Name of Applicant

Date