## FINEST EXECUTIVE PROTECTION Date \_\_\_\_\_

## <u>Application Form</u>

Name	_ SS# Not required at this time		
Address	_ DOB		
City/State/Zip:	_		
Telephone # Home	-		
Cellular	_		
Other	_		
E-Mail address:	Height:		
Do You have any visible characteristics : Y or N - Earri	ings Y or N - Tattoos Y or N		
If so, what visible characteristics?	Weight		
NYS security guard license #	Exp. Date:		
Driver's License Class State			
Armed or unarmed guard license?	HR-218?		
Own a Car ? Y or N			
Availability - M T W Th F Sat Sun	F/T or P/T		
If Part time , what time frame ?			
Education - Highest level of education completed?			
Do you have a degree? (ex: High School or College)_			
Do you speak multiple languages?			
List any special training/ certification(s) or schooling yo	ou have: (ex: martial arts, milita		

Background:							
Have you ever been arrested?	Y or	N					
Have you ever been convicted of	a crime?	Y or	Ν	If yes , When?			
Explain							
If hired/contracted are you willing to If hired/contracted are you willing to	submit a ph submit to a	ysical exa police cert	mination ified b	on (blood & urine ackground check	)? Y ? Y	or or	N N
Were you referred by someone :							
Along with this application a resu	me is requ	ired to be	subm	itted.			
By Signing this application for employm to the best of my knowledge.	ent, I certify t	that the info	rmation	I have given is tru	e and a	accura	te
Print Name:		Signat	ure _				