

# Up All Night Security Services, Inc. Application

*Please Print*

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ Apt/Unit#: \_\_\_\_\_  
Street Address City/State Zip Code

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Position Applying for: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ If no, are you authorized to work in the U.S.? \_\_\_\_\_  
Yes No Yes No

Have you ever worked for this company? \_\_\_\_\_ If so, when? \_\_\_\_\_  
Yes No Yes No

Have you ever been convicted of a felony? \_\_\_\_\_  
Yes No

Have you ever plead guilty or no-contest to a crime? \_\_\_\_\_  
Yes No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Security Guard Job Requirements

- Up All Night Security Services, Inc. has various schedules, which include working weekends and Holidays. Is this acceptable to you? \_\_\_\_\_  
Yes No
- Check the days you are available: \_\_\_\_\_  
M Tue W Th F Sa Su
- List the hours you are available: \_\_\_\_\_
- Can you lift at least 25 pounds? \_\_\_\_\_  
Yes No
- Are you currently suffering from any injuries, which would hinder your job performance? \_\_\_\_\_  
Yes No
- Security Guard duties require walking for long periods of time. Will this be a problem for you? \_\_\_\_\_  
Yes No

7. Up All Night Security Services, Inc. requires that all ACCEPTED applicants be trained on the site you are assigned to and there will also be an orientation at the home office. Is this acceptable to you? \_\_\_\_\_  
 Yes No
8. Do you understand that a Security Guard is not a POLICE OFFICER? \_\_\_\_\_  
 Yes No
9. It will be your responsibility to get your scheduled assignment on your own and it is not the responsibility of Up All Night Security Services, Inc. Do you understand and accept this responsibility? \_\_\_\_\_  
 Yes No
10. Do you have a current State of Florida Class-D License? \_\_\_\_\_ ID#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Yes No
11. Do you have a current State of Florida Class-G License? \_\_\_\_\_ ID#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Yes No
12. Have you ever done any illegal drugs? \_\_\_\_\_ Are currently using any illegal drugs? \_\_\_\_\_  
 Yes No Yes No
13. Do you consume alcohol on a daily basis? \_\_\_\_\_  
 Yes No
14. Have you ever been treated or admitted for mental illness? \_\_\_\_\_  
 Yes No

---

**Education**

---

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_  
 Year Year Yes No

College: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_  
 Year Year Yes No

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_  
 Year Year Yes No

---

**Professional or Personal References**

---

*Providing this information means that you are authorizing Up All Night Security Services, Inc. to contact all the references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street Address City/State Zip Code

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street Address City/State Zip Code

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City/State Zip Code

---

---

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City/State Zip Code

Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Month/Year Month/Year

May we contact your previous supervisor for a reference? \_\_\_\_\_  
Yes No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City/State Zip Code

Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Month/Year Month/Year

May we contact your previous supervisor for a reference? \_\_\_\_\_  
Yes No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

City/State

Zip Code

Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Month/Year Month/Year

May we contact your previous supervisor for a reference? \_\_\_\_\_  
Yes No

**Military Services**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

*I further understand that if employed by Up All Night Security Services, Inc. I will be required to abide by all their rules and procedures. Failure to comply will result in my termination of employment with Up All Night Security Services, Inc.*

*I further understand that if employed by Up All Night Security Services, Inc. I will be subjected to random drug screening. Failure to comply will result in my termination of employment with Up All Night Security Services, Inc.*

*I understand that neither this document nor any other offer of employment from Up All Night Security Services, Inc. or its representatives constitutes an employment agreement.*

*I consent to the release of information about my abilities, fitness (physical or mental) for the position I have applied for by any employers, schools, law enforcement agencies or any authorized employees of Up All Night Security Services, Inc.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Required Documents**

Copy of Valid Driver's License

Copy of High School Diploma

Copy of Security License(s)

Copy of Birth Certificate