

TRIFORCE SECURITY



SECURITY APPLICATION

TRIFORCE SECURITY, PATROL & TRAFFIC CONTROL, LLC. is an equal employment opportunity employer. Employment decisions are based on merit and business needs without attention to race, color, citizenship status, national origin, sex, gender identity, sexual orientation, national origin, ancestry, veteran status, age, physical disability, weight, marital status, or any other factor protected by law.

TRIFORCE SECURITY

OFFICER APPLICATION



INSTRUCTIONS: Answer each question completely and accurately. Information must be in your own handwriting and printed in black ink. This document must be one-sided. If a question does not apply to you, write N/A. If the space provided is insufficient, turn to the back of that page and continue. You are responsible for providing zip codes for all addresses and area codes for all telephone numbers.

The statements made herein are subject to verification to determine your qualification for employment. If any portion of this document is left blank, you can be deemed unsuitable for compliance with processing requirements. Do not misstate or omit any facts. Knowingly giving false or misleading statements or information will render you permanently unsuitable for a position with Triforce Security. You must notify the hiring manager, in writing, of any changes regarding information you have provided in this document.

Personal Information

Last:	First:	Middle:	Sex:
Address:	City/State:	ZIP:	
Security License #:	Social Security #:	DOB:	Driver's License:
Email:		Phone #:	

Scars, Tattoos (description of each tattoo and location on the body), or other distinguishing marks: _____

Are you a U.S. citizen? (Yes/No) _____ If yes, circle one: **By Birth** **Naturalized**

Do you have proof of your legal right to work in the U.S? (Yes/No) _____

Do you have a work visa? If so provide the number and expiration date. _____

Are you a military veteran or a active member of the armed forces? (Yes/No) _____

What is your highest level of education?

School		Type	
Address		City	
State	ZIP	Did you graduate? (Yes/No)	GED Received? (Yes/No)

What security level position are you applying for? Put an "X" in the appropriate box.

Level II ☐ Level III ☐ Level IV ☐

How did you find out about this position? _____

Initials _____



Driving History

Do you have a valid Driver's License? (Yes/No) _____

Have you ever been involved in a motor vehicle accident? (Yes/No) _____ Were you at fault? (Yes/No) _____

Below describe in detail what events occurred. Be sure to include the department that made the report and case number.

Have you ever received a citation (include warnings and parking violations)? (Yes/No) _____

If yes, list them out below.

Month/Year	Violation	City, State, and Issuing Agency	Disposition

Initials _____



References

List three persons who know you well enough to provide current information about you and how you know them.

Do not list relatives, significant others, present or future spouse, relatives of spouse or ex-spouse.

Name _____	Sex _____	DOB _____
Address _____	City _____	State _____ ZIP _____
How do you know this reference? _____	Years/months known _____	
Phone Number _____	Email _____	

Name _____	Sex _____	DOB _____
Address _____	City _____	State _____ ZIP _____
How do you know this reference? _____	Years/months known _____	
Phone Number _____	Email _____	

Name _____	Sex _____	DOB _____
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Initials _____

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Work Preferences

What shifts are you available to work? Put an "X" in all boxes that apply.

Day shift

☐

Mid-Shift

☐

Night Shift

☐

On the 7 day week schedule you see below, put an "X" in the boxes that you are available to work.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Can you perform all essential functions of the position you are applying for with/without accommodation? (Yes/No) _____

If you would like to provide additional details regarding your response to the previous question please list them here, such as information about accommodations necessary to perform the essential functions of the job.

Regardless of preferred shift and availability, holidays and weekends off are **NOT guaranteed.**

Certifications

In this section, list out any certifications that you possess which are relevant to the position you are applying for with the following information: **type of certification, date issued, and the company it was issued by.** Level III officers must list the following firearm information: **make, model, caliber, and serial number.**

Please submit a copy of all certifications with this application.

Initials _____



Employment History

Beginning with your present or most recent job, list the six previous employers. Including part-time, temporary or seasonal employment, military, and *all periods of unemployment*. Circle the reason for leaving. If currently employed, we will contact your present employer.

Employer	_____	From	_____	To	_____
Address	_____	City	_____	State	_____
Phone #	_____	Shift hours	_____	Days off	_____
Title	_____	Salary	_____	Supervisor	_____
Duties	_____				
Reason for leaving (be specific)	_____				
Circle one:	Terminated	Asked to Resign	Laid-off	Resigned	No Call / No Show
					Military orders

Employer	_____	From	_____	To	_____
Address	_____	City	_____	State	_____
Phone #	_____	Shift hours	_____	Days off	_____
Title	_____	Salary	_____	Supervisor	_____
Duties	_____				
Reason for leaving (be specific)	_____				
Circle one:	Terminated	Asked to Resign	Laid-off	Resigned	No Call / No Show
					Military orders

Employer	_____	From	_____	To	_____
Address	_____	City	_____	State	_____
Phone #	_____	Shift hours	_____	Days off	_____
Title	_____	Salary	_____	Supervisor	_____
Duties	_____				
Reason for leaving (be specific)	_____				
Circle one:	Terminated	Asked to Resign	Laid-off	Resigned	No Call / No Show
					Military orders

Initials _____



Employment History

(Continued)

Employer	_____	From	_____	To	_____
Address	_____	City	_____	State	_____
Phone #	_____	Shift hours	_____	Days off	_____
Title	_____	Salary	_____	Supervisor	_____
Duties	_____				
Reason for leaving (be specific)	_____				
Circle one:	Terminated	Asked to Resign	Laid-off	Resigned	No Call / No Show
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Employer	_____	From	_____	To	_____
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Title	_____	Salary	_____	Supervisor	_____
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Reason for leaving (be specific)	_____				
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Questions

1) Have you ever been fired or terminated from a job? If "yes", please provide: Employer, Dates of employment, job title, and reason for termination.

How many years of experience in public contact do you have? _____

How many years of experience in security do you have? _____

Have you ever been arrested? _____ Have you ever received a misdemeanor or felony charge? _____

2) Describe a time that you were unclear about a customer's request. What steps did you take to clarify things? If you do not have experience answer "N/A".

3) Give an example of a time in your professional work experience, where you had to make an immediate decision. What was the situation, how did you approach it, and what was the end result? If you do not have experience answer "N/A".

For the following section write "yes" or no" if you agree or disagree with the statement.

I understand this position requires that I have a valid driver's license. _____

I understand this position requires that I have a valid, unexpired security license. _____

I understand this positions requires that I work days, evenings, weekends, holidays, and possibly rotating shifts. _____

I understand this position requires that I spend long hours either standing or driving. _____

Signature

Date