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(984) 279-8504

## Guardian Angels Protective Services, LLC

**APPLICATION: ARMED / UNARMED GUARD**

**GUARDIAN ANGELS PROTECTIVE SERVICES, LLC – GAPS**

**RALEIGH, NC**

**(ENTER N/A IF NOT APPLICABLE)**

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### REGISTRANT FULL NAME

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

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### DEMOGRAPHICS

**Gender:** Male    Female

**Race:**    White    Black    Asian    Hispanic    Indian    Other

**Military Background:**

Veteran / Current Service member?                      **Yes / No**

Spouse of Active-Duty Service member?                      **Yes / No**

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## BIRTH INFO

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Place of Birth: \_\_\_\_\_ , \_\_\_\_\_

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## CITIZENSHIP INFO

Citizenship:

**U.S. Citizen / Resident / Alien / Other**

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## SOCIAL SECURITY NUMBER

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## DRIVER'S LICENSE

Do you possess a valid motor vehicle operator's license? **Yes / No**

Driver's License #: \_\_\_\_\_

State Issued: \_\_\_\_\_

## PHONE NUMBER

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

## EMAIL

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

## CURRENT ADDRESS

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_

Is Mailing the same address as home:    Yes / No

Period of residence at this address, to the present

From Year: \_\_\_\_\_

From Month: \_\_\_\_\_

PREVIOUS ADDRESSES A 48-MONTH HISTORY IS REQUIRED (ENTER N/A IF NOT APPLICABLE)

Address	From	To
Address	From	To
Address	From	To
Address	From	To
Address	From	To

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ARE YOU CURRENTLY EMPLOYED AT ANY OTHER COMPANY: (YES / NO ) - (ENTER N/A IF NOT APPLICABLE)

Name of Company: \_\_\_\_\_

Position at Company: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date employed as an unarmed/armed guard in North Carolina with current or last company.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Has the applicant ever been registered with any company in North Carolina? Yes / No

If yes, provide name, address, and phone number

\_\_\_\_\_

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**BACKGROUND QUESTIONS:**

Have you ever pled guilty or been convicted of any crime (Felony or Misdemeanor)? **Yes / No**

**If YES, please describe type of Crime and Dates:**

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Have you ever been diagnosed with a mental or emotional disorder? **Yes / No**

**If YES, please explain:**

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Have you ever pled guilty or been convicted of a traffic related offense? **Yes / No**

**If YES, please explain:**

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**ANY INCIDENCES THAT CAUSED YOU TO LEAVE ANY POSITION WITHIN THE LAST 5 YEARS.**

**Yes / No**

**IF YES, PLEASE EXPLAIN:**

Date(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

Explanation(s): \_\_\_\_\_

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Resolution:

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**CERTIFICATIONS:**

**UNARMED TRAINING CERTIFICATE: YES / NO**

If Yes, Attach Certificate(s) signed by Board certified trainer(s) verifying completion of unarmed training as per 14B NCAC 16 .0707.

**FIREARMS TRAINING CERTIFICATE: YES / NO**

If Yes, Attach Certificate(s) signed by Board certified trainer(s) verifying completion of firearms training as per 14B NCAC 16 .0807.

**CONCEAL CARRY INFORMATION**

Conceal Carry Permit? **Yes / No**

**PHOTO OF APPLICANT:**

Attach One (1) recent color head and shoulders JPEG digital photo.

*The photo must have been taken in the past five (5) years*

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**BY SIGNING BELOW, YOU ARE CONFIRMING THAT ALL STATEMENTS, CERTIFICATIONS AND INFORMATION PROVIDED ABOVE ARE HELD TO BE TRUE AND ACCURATE.**

**APPLICANT SIGNATURE:**

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**DATE:**

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**PLEASE SIGN, DATE AND EMAIL BACK TO [GUARDSOFANGELS@GMAIL.COM](mailto:GUARDSOFANGELS@GMAIL.COM). THANK YOU FOR YOUR INTEREST IN WANTING TO BECOME A PART OF GAPS – THE GUARDIAN ANGELS PROTECTIVE SERVICES ORGANIZATION.**

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