

TRITON PROTECTION GROUP LLC
1503 W JACKSON ST, PENSACOLA FL 32501
B3100397



TRITON PROTECTION GROUP LLC

Security Officer Independent Contractor Application (1099)

1503 W. Jackson St. | Pensacola, FL 32501
850-684-8426 | Info@TritonProtectionGroup.com

POSITION TYPE

- Armed Security Officer (1099)
- Unarmed Security Officer (1099)
- Executive Protection Operator (1099)
- Event Security Officer (1099)
- Mobile Patrol Officer (1099)

IMPORTANT NOTICE:

This is an **Independent Contractor (1099) position**, not W-2 employment. Contractors are responsible for their own taxes, insurance, and equipment unless otherwise agreed in writing.

SECTION 1: APPLICANT INFORMATION

Full Legal Name: _____
DOB: _____
Phone: _____
Email: _____
Social Media: _____

Current Address: _____
City: _____ State: _____ Zip: _____

Driver's License #: _____ State: _____

Expiration Date: _____
Do you own a reliable vehicle? Yes No
Vehicle Make/Model/Year: _____

SECTION 2: LICENSING & CERTIFICATIONS (FLORIDA)

Class D License #: _____ Exp: _____
Class G License #: _____ Exp: _____
Concealed Weapon License #: _____ Exp: _____
First Aid/CPR/AED Certified? Yes No
Other Certifications (EP, Military, Law Enforcement, etc.):



SECTION 3: PROFESSIONAL EXPERIENCE

Have you served in:

- Law Enforcement
- Military
- Corrections
- Private Security
- None of the above

List your last three security-related positions:

Employer #1:

Company: _____
Position: _____
Dates: _____ to _____
Supervisor: _____
Reason for Leaving: _____

Employer #2:

Company: _____
Position: _____
Dates: _____ to _____

Employer #3:

Company: _____
Position: _____
Dates: _____ to _____

SECTION 4: PROFESSIONAL COMPETENCY

1. Have you ever been terminated from a security or law enforcement position? Yes No
If yes, explain: _____
 2. Have you ever been arrested or charged with a violent offense? Yes No
If yes, explain: _____
 3. Are you physically capable of:
 - Standing 8–12 hours? Yes No
 - Wearing a duty belt/vest? Yes No
 - Responding to physical altercations? Yes No
 4. Can you lawfully possess a firearm under federal and Florida law? Yes No
-



SECTION 5: REQUIRED TRAINING AGREEMENT

All Triton Protection Group contractors must agree to:

- Annual 4-Hour Defensive Tactics Training (\$75 annual training fee)
- Annual Firearms Qualification (Armed positions only)
- Use of Force & Legal Update Training
- Report Writing & Documentation Standards
- Communications Protocol (Zello / 10-Codes)

Failure to complete annual requirements will result in removal from active contractor roster.

Applicant Initials: _____

SECTION 6: EQUIPMENT REQUIREMENTS

Contractors must provide and maintain their own:

- Duty belt & holster
- Firearm (if armed position)
- Body armor/carrier vest
- Handcuffs
- Baton
- OC Spray
- Flashlight (500+ lumens)
- Body-Worn Camera w/ SD card
- Reliable cell phone

Some uniform items and specialty gear may be provided at the company's discretion.

- I understand I am responsible for maintaining my own equipment.

Initials: _____

SECTION 7: VEHICLE USE ACKNOWLEDGEMENT

Certain assignments (Mobile Patrol, EP, Emergency Response) require the use of a personal vehicle.

- I agree to use my personal vehicle when required.
- I do not agree to use my vehicle
- I understand I must maintain valid insurance and registration.

Initials: _____



SECTION 8: PROFESSIONAL STANDARDS

Triton Protection Group LLC maintains a professional, law-enforcement style command structure. Contractors are expected to:

- Maintain clean, professional appearance
- Wear approved uniform and ID
- Submit timely incident reports
- Follow lawful orders from Supervisors
- Operate within Florida Statutes 493 and 776

Violation of standards may result in immediate contract termination.

SECTION 9: PERSONAL STATEMENT (REQUIRED)

Why do you want to work with Triton Protection Group?
What separates you from other security officers?

SECTION 10: REFERENCES (3 REQUIRED)

- | | | |
|----------------|--------------|--------------|
| 1. Name: _____ | Phone: _____ | Email: _____ |
| 2. Name: _____ | Phone: _____ | Email: _____ |
| 3. Name: _____ | Phone: _____ | Email: _____ |

SECTION 11: CERTIFICATION

I certify that the information provided is true and complete. I understand that falsification, omission, or misrepresentation may result in denial of the contract or immediate termination.

Applicant Signature: _____ Date: _____

OPTIONAL – COMMAND REVIEW SECTION (INTERNAL USE ONLY)

Background Verified:

License Verified:

Social Media Reviewed:

Driving Record Reviewed:

Interview Score: _____ / 10

Approved for Contract: Yes No

Chief / Supervisor Signature: _____



TRITON PROTECTION GROUP LLC

USE OF FORCE ACKNOWLEDGEMENT ADDENDUM

(Florida Statute Compliant – F.S. 493, F.S. 776, F.S. 784)

Applicant Name: _____

Date: _____

1. LEGAL AUTHORITY

I acknowledge that, as a 1099 Independent Contractor providing security services for Triton Protection Group LLC, I am governed by:

- Florida Statute 493 – Private Security Licensing
- Florida Statute 776 – Justifiable Use of Force
- Florida Statute 784 – Assault and Battery
- Applicable local ordinances and civil liability standards

I understand that I am **not a law enforcement officer** and possess only the authority granted to private citizens and licensed security personnel under Florida law.

2. USE OF FORCE STANDARD

I acknowledge that:

- Force may only be used when objectively reasonable and legally justified.
- The level of force must match the subject's level of resistance.
- Deadly force is authorized only under F.S. 776 when there is an imminent threat of death or great bodily harm.
- All uses of force must be immediately reported and documented via Connecteam app

3. PROHIBITED ACTIONS

I understand that the following may result in immediate contract termination and possible criminal charges:

- Excessive or punitive force
- Chokeholds are not legally justified
- Firearm brandishing without legal justification
- Abandonment of the post without relief or proper authorization
- Use of force while impaired

4. REPORTING REQUIREMENT

All uses of force must include:

- Immediate supervisor notification
- Written incident report before the end of shift
- Body cam footage submission to evidence folder via Google Drive (if equipped)
- Cooperation in any internal or external investigation

5. CIVIL LIABILITY ACKNOWLEDGEMENT

I understand improper use of force may expose:

- Myself personally to civil litigation
- Triton Protection Group LLC to vicarious liability
- Clients to negligent security claims

I have read and understand Triton's Use of Force policy and agree to comply fully.

Applicant Signature: _____

Date: _____



PSYCHOLOGICAL / INTEGRITY SCREENING QUESTIONNAIRE

(Pre-Contract Evaluation – Confidential)

This section is used for candidate evaluation and professionalism screening.

SECTION A: STRESS & EMOTIONAL CONTROL

1. When insulted by a subject, I typically:
 Remain calm
 Verbally respond
 Feel anger rising
 Escalate the situation
 2. Describe how you handled your last high-conflict situation:
-

3. Have you ever lost your temper on duty?
 Yes No
If yes, explain:
-

SECTION B: AUTHORITY & ETHICS

4. If a supervisor gives an order you disagree with:
 Refuse immediately
 Follow and address later
 Argue publicly
 Ignore it
 5. Would you report a fellow officer for excessive force?
 Yes No
Explain your reasoning:
-

SECTION C: PERSONAL RESPONSIBILITY

6. Have you ever:
 Used illegal drugs
 Driven under the influence
 Lied on an official report
 Been disciplined for dishonesty
 None of the above
 7. What does "professionalism" mean to you?
-

SECTION D: WEAPON RESPONSIBILITY (ARMED APPLICANTS)

8. Have you ever negligently discharged a firearm? Yes No
 9. What is your personal standard for drawing your firearm?
-

Evaluator Score (Internal): _____ / 25



TRAINING REQUIREMENTS (UPDATED)

All 1099 Contractors must complete:

Annual Requirements:

- 4-Hour Defensive Tactics Course (\$75 Annual Fee)
- Firearms Qualification (Armed Positions)
- Use of Force Legal Update
- Incident Report Writing & Articulation
- Tactical Communications (Zello Protocol)
- Active Shooter Response
- De-escalation / CIT

Connecteam Course Requirements:

All officers must complete and maintain an active status in:

- Triton Orientation Course
- Use of Force Certification Module
- Communications SOP Course
- Mental Health Response Module
- EP/Patrol Operations (if applicable)
- Annual First Aid/CPR & Bloodborne Pathogens Course

Failure to maintain Connecteam training compliance results in inactive contractor status. Some training is provided to the contractor at no cost.

Applicant Initials: _____

BACKGROUND CHECK AUTHORIZATION

I authorize Triton Protection Group LLC to:

- Conduct criminal history checks via FDLE
- Verify licensing through FDACS
- Verify employment history
- Review driving record
- Conduct a social media review
- Verify firearm eligibility

I understand refusal will result in disqualification.

Applicant Signature: _____

Date: _____

DRUG-FREE WORKPLACE ACKNOWLEDGEMENT

Triton Protection Group LLC maintains a Drug-Free Workplace policy.

I acknowledge:

- Random drug testing may be conducted
- Post-incident drug testing may be required
- Refusal to test will result in termination
- Marijuana use remains prohibited for armed contractors under federal firearm law

I agree to comply with Triton's Drug-Free Workplace Policy.

Applicant Signature: _____

Date: _____