

**FRONTLINE EXECUTIVE PROTECTIVE SERVICES**

Tel: 612-389-6999

Website: www.frontlineexecutiveprotectionservices.com



**EMPLOYMENT APPLICATION – ARMED SECURITY GUARD**

**PERSONAL INFORMATION**

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

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

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

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

Date Available: \_\_\_\_\_

Desired Pay (Hourly): \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Employment Desired (circle): Full-Time / Part-Time / Flex \_\_\_\_\_

**EMPLOYMENT ELIGIBILITY**

Are you legally eligible to work in the U.S.? Yes  No

Have you ever worked for this employer? Yes  No  If yes, dates: \_\_\_\_\_ to \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No  If yes, explain: \_\_\_\_\_

Have you ever been convicted of a misdemeanor? Yes  No  If yes, explain: \_\_\_\_\_

Have you ever been convicted of theft? Yes  No  If yes, explain: \_\_\_\_\_

Have you ever been convicted of any traffic violations? Yes  No  If yes, explain: \_\_\_\_\_

**EDUCATION**

School	City/State	From	To	Details
High School				
College				

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**PREVIOUS EMPLOYMENT**

Employer 1

Company Name:	
Address:	
Dates Employed:	
Supervisor Name:	
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Phone:	
Starting Pay / Ending Pay:	
Responsibilities / Reason for Leaving:	

Employer 2

Company Name:	
Address:	
Dates Employed:	
Supervisor Name:	
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Phone:	
Starting Pay / Ending Pay:	
Responsibilities / Reason for Leaving:	

Employer 3

Company Name:	
Address:	
Dates Employed:	
Supervisor Name:	
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Phone:	
Starting Pay / Ending Pay:	
Responsibilities / Reason for Leaving:	

**MILITARY SERVICE**

Are you a veteran of the U.S. Armed Forces? Yes  No

Branch of Service: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

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

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**LICENSES & PERMITS**

MN Protective Agent License #: \_\_\_\_\_

Firearm Permit #: \_\_\_\_\_

Other Security Certifications: \_\_\_\_\_

**REFERENCES**

Name	Phone	Relationship

**APPLICANT CERTIFICATION**

I certify that all information is true and complete to the best of my knowledge. False information may result in termination.

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