

PHOENIX SECURITY NYC.

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Applicant's Photo					

SECURITY GUARD APPLICATION FORM

PERSONAL INFORMATION

Full Name_				
Nicknames_		Address		
Apt#	City	State	Zip	
Home Phone	e #:			
Emergency	Contact#:			
Name & Re	lationship:			
Cell Phone#	:			
Email Addro	ess:			
Please check	c all that apply (F	Please circle one):		
Availability:				

Daytime (8am -6pm)- Yes or No Nighttime (6pm -5am)- Yes or No

Monday- Yes or No Tuesday- Yes or No Wednesday- Yes or No Thursday- Yes or No Friday- Yes or No Saturday- Yes or No Sunday- Yes or No

LICENSES AND CERTIFICATION

(Please circle one)	State # License # Expiration Date
NYS Driver's License? Yes or No	•
NYS Identification Card? Yes or No	
NYS Security License? Yes or No	
8 Hour Certificate? Yes or No	
16 Hour Certificate? Yes or No	
Gun Permit? Yes or No	
Gun Carrier Permit? Yes or No	
Fire Guard License? Yes or No	Card No.
Other Licenses	
Do you have access to a computer? Ye	es or No
How did you hear about us?	
EMPLOYMENT HISTORY List your last three jobs even if you COMPANY EMPLOYMENT DATE-MANAGER PHONE POSITION More details:	
EDUCATION Highest level of education you have	completed and name of school?
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List any other training you have receiv Loss Prev., etc.):	

Please give Yes or No answer to each question below:

Are you 21 or over?	maniad of 6 hayma an langar)			
Are you able to stand for a period of 6 hours or longer? Would you submit to a physical exam? Would you submit to a drug test?					
Have you ever been convic	C				
If yes, what was the offense	e?				
Desired Salary: \$	Hourly				
Comments/Personal Refe	rences:				
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and accurate to the best of my knowle terminated for any reason. I further au	lication for employment, I certify that to dge. I am applying for this job at will a thorize Phoenix Security NYC. to perform action for employment in this compan	and understand that if hired, I can be form a background check			
Signature	Date				