

**Manhattan Office**477 Madison Avenue 6<sup>th</sup> Floor

New York, NY 10022

E: [Info@phoenixsecuritynyc.com](mailto:Info@phoenixsecuritynyc.com)**SECURITY GUARD APPLICATION FORM****PERSONAL INFORMATION**

Full Name \_\_\_\_\_ Nicknames \_\_\_\_\_  
Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_  
Name & Relationship: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

*Please check all that apply:*

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Daytime (8am - 6pm)							
Nighttime (6pm - 5am)							

**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? Yes or No

How did you hear about us? \_\_\_\_\_

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## EMPLOYMENT HISTORY

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List your last three jobs even if you have a resume:

<u>COMPANY</u>	<u>EMPLOYMENT DATE</u>	<u>MANAGER</u>	<u>PHONE</u>	<u>POSITION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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## EDUCATION

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Highest level of education you have completed and name of school?

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List any other training you have received (i.e martial arts, Self-defense, CPR, Loss Prev., etc.)

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Please select *Yes or No* to each question below:

Are you 21 or over?

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?

Would you submit to a background check?

Have you ever been convicted of a crime?

If yes, what was the offense? \_\_\_\_\_

Desired Salary: \$\_\_\_\_\_ Hourly

Comments/Personal References:

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\* By digitally signing this application for employment, I certify that the information I have given is true and accurate to the best of my knowledge. I am applying for this job at will and understand that if hired, I can be terminated for any reason. I further authorize Allstar Security & Consulting Inc. to perform a background check application in order to establish qualification for employment in this company.

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Signature

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Date