

## SUPPLEMENTAL SECURITY GUARD APPLICATION

1. Legal Name \_\_\_\_\_

2. How many years in the security business? \_\_\_\_\_

3. Describe the types of security services provided including the establishments where services are provided?

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4. Describe the training the guards must go through? (i.e. incident reporting procedures, physical confrontation policies, carrying and maintaining weapons)

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5. Are background investigations and checks conducted on all employees?  Yes  No If yes, mark below:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Criminal Background Checks       | <input type="checkbox"/> Previous Employer | <input type="checkbox"/> Motor Vehicle Report |
| <input type="checkbox"/> Fingerprints                     | <input type="checkbox"/> Drug Screening    | <input type="checkbox"/> Personal References  |
| <input type="checkbox"/> Background Cleared Prior to Hire | <input type="checkbox"/> Other _____       |   |

6. How many guards? \_\_\_\_\_ How many locations? \_\_\_\_\_

7. What is the typical background of the employees? (i.e. military, police) \_\_\_\_\_

8. Are armed personnel used in any current jobs?  Yes  No

a. How many armed guards? \_\_\_\_\_

b. What certifications and training is required? \_\_\_\_\_

c. List all clients to whom you assign armed personnel (**Please list on page 2**)

9. Do you anticipate using armed personnel in any future jobs?  Yes  No If yes, please provide details:

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10. Are any weapons besides guns used (stun guns, tear gas, etc)?  Yes  No If yes, please provide details:

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11. Is any mobile equipment (security carts, bicycles, golf carts, ...) used?  Yes  No

a. If yes, what type of mobile equipment is being used? \_\_\_\_\_

b. What controls are in place to make sure MVR is clean and up to date? \_\_\_\_\_

12. Are there guards at fast food restaurants, convenience stores, or mini marts open between the hours of 11 p.m. and 6 a.m.?  Yes  No If yes, please provide details:

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13. Please provide a list of your five largest clients, along with a description of services provided to each:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

14. If marked  Yes for question #8, please list all clients to whom you assign armed personnel:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_
- h. \_\_\_\_\_
- i. \_\_\_\_\_
- j. \_\_\_\_\_

*(Attach separate paper if necessary)*

To the best of my knowledge all the information I have given about my business is true and correct.

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Officer or Owner of business

Date