Vanguard Security, LLC

Employment Application – Security Officer (Armed/Unarmed)

Thank you for your interest in joining our team. Please complete all sections accurately and thoroughly. Incomplete applications may not be considered. (Applying for a position does not guarantee employment)

Position Applying For

☐ Armed Security Officer

☐ Unarmed Security Officer

Personal Information

Full Name: _____

Date of Birth: ___ / ___ / _____

Social Security Number (Last 4 digits): _____

Address: _____

City/State/ZIP: _____

Phone Number: _____

Email: _____

Employment Eligibility

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Are you at least 18 years of age (21 for Armed)? ☐ Yes ☐ No

Do you have a valid Driver's License? ☐ Yes ☐ No

State: _____ License #: _____ Exp. Date: _____

Licensing & Certifications

Tennessee Security Guard License (Unarmed): ☐ Yes ☐ No

Tennessee Armed Guard License: ☐ Yes ☐ No

Guard License #: _____ Exp. Date: _____

CPR/First Aid Certified: ☐ Yes ☐ No

State Certified Trainer:_____ Do you have access to your training certificate? Yes ___ No ___

Other Certifications:

(Baton, Chemical Spray, Handcuffs, Taser/Stun Gun, Deescalation, Safe-Restraint, Active Shooter)-will need proof of training dates and state certified trainer for each certification

_____
_____
_____

Employment History (Last 5 Years)

Company Name: _____

Position Held: _____

Supervisor Name & Contact:

_____
_____

Dates Employed: ___ / ___ / ___ to ___ / ___ / ___

Reason for Leaving: _____

Company Name: _____

Position Held: _____

Supervisor Name & Contact:

_____
_____

Dates Employed: ___ / ___ / ___ to ___ / ___ / ___

Reason for Leaving: _____

Military Service (if applicable)

Branch: _____

Rank at Discharge: _____

Dates of Service: _____

Type of Discharge: ☐ Honorable ☐ Other

Specialized Training:

_____

_____

Background Information

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If yes, please explain:

_____

_____

Are you willing to submit to a background check and drug test? ☐ Yes ☐ No

Availability

Available Start Date: ___ / ___ / _____

Shift Preference: ☐ Days ☐ Nights ☐ Weekends ☐ Flexible

Desired Hours: ☐ Full-Time ☐ Part-Time

References (Do not include relatives)

1. Name: _____ Phone: _____
Relationship: _____

2. Name: _____ Phone: _____
Relationship: _____

3. Name: _____ Phone: _____
Relationship: _____

Skills/Attributes/Special Training (relevant to position applying for)

_____

_____

_____

Acknowledgment & Signature

I certify that the information provided in this application is true and complete. I understand that false or misleading information may result in disqualification or termination. I authorize Vanguard Security, LLC. to verify all information provided, including employment history, education, and background checks.

Applicant Signature: _____ Date: ___ / ___ / _____