

VANGUARD PROTECTION

PLEASE COMPLETE **ALL** FIELDS

E-MAIL YOUR APPLICATION TO JOIN@VANGUARDPROTECTIONGROUP.COM

Employment Application

Applicant Information								
Full Name:					Date:			
	Last	First			M.I.			
Address:	Charact Andreas					A 11 - 2 14 12 - 2 14 1/1 1/2	· · · ·	
	Street Address					Apartment/Uni	τ #	
	City				State	ZIP Code		
Dhana			:I					
Phone:		t	Email					
Date Available: So		cial Security No.:		Desired Salary: <u>\$</u>				
Position Applied for:								
Are you a citizen of the United States?		YES NO						
Have you ever worked for this company?		YES NO	If yes,	when?_				
Have you ever been convicted of a felony?		YES NO						
		Educa	ation					
High School:		Address:_						
From:	To:	Did you graduate?	YES	NO	Diploma:			
College:		Address:_						
From:	To:	Did you graduate?	YES	NO	Degree:			
Other:		Address:						
From:	To:	Did you graduate?	YES	NO	Degree:			
References								
Please list three professional references.								
Full Name:					Relatio	nship:		
Company:					P	Phone:		
Address:								

Addross:				Relationship:Phone:	
Company:				Relationship:Phone:	
	Previous	Employme	nt		
A alaba a a a				Phone:Supervisor:	
Job Title:	Starting	Salary:\$		Ending Salary:\$	
Responsibilities:					
	To:				
	previous supervisor for a reference?	YES	NO 🗆		
Addross:				Phone:Supervisor:	
			Ending Salary:		
Responsibilities:					
_	To:		for Leaving:_		
May we contact your p	previous supervisor for a reference?	YES	NO 🗆		
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting Salary:			Ending Salary:	
Responsibilities:					
	To:				
May we contact your p	previous supervisor for a reference?	YES	NO		

Military Service								
Branch:	From:	To:						
Rank at Discharge:	Type of Discharge:							
If other than honorable, explain:								
Minimum Requirements, Permits, Availability								
Are you at least 21 years old?	Yes	No						
Have you received either an Associate's or Bachelor's degree?	Yes	No						
If not, have you completed at least ½ the units required for a degree	e? Yes	No N/A						
Have you received your P.O.S.T. certificate before?	If so, when? _							
Do you have your State of California BSIS Guard Card?	Yes	No						
Do you have your State of California BSIS Exposed Firearm Permit?	? Yes	No						
Do you have your baton permit?	Yes	No						
Do you have your OC (pepper spray) permit?	Yes	No						
Do you have your current CPR/AED/certificate?	Yes	No						
Do you have a First Responder First Aid certificate?	Yes	No						
Are you available to work any shift on any day?	Yes	No						
If no, what shift and days are you available to work?								
Disclaimer and	Signature							
I certify that my answers are true and complete to the best of my knowledge.								
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release from employment.								
Signature:	Date	ə:						