



# ARIZONA SECURITY AGENCY

5060 North 19th Avenue, Suite 206  
Phoenix, Arizona, 85015-3212  
Valleywide 602-252-6100  
State Lic. 1003963 ASAI

[www.arizonasecurityagency.com](http://www.arizonasecurityagency.com)

## Application for employment

### IMPORTANT:

Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Arizona Security Agency Inc. to provide employment opportunities without regard to race, color, religion, sex, national origin, age, physical disability, medical conditions, sexual orientation, mental disability, marital status, handicap, veteran status, or any other status protected by law.

### MINIMUM REQUIREMENTS

- Be a United States Citizen, or able to provide proof of right to work.
- Be at least 18 and a half years of age at the time of application, 21 years of age prior to completion of armed guard training.
- Be in sound physical and mental health.
- Have fewer than 8 driving violation points, fewer than two chargeable accidents, no convictions for DUI and no loss of license within the previous 36 months.
- Have not been dishonorably discharged from the United States Armed Forces.
- Must be able to effectively read, write and speak the English Language.
- Must be willing to work irregular hours, shifts, weekends, holidays and evenings.
- Must have a high school diploma or GED equivalency.
- Must have good moral character and personal integrity.
- Must meet AZ Department of Public Safety drug standards.
- Must possess an Arizona State Drivers License at the time of appointment to a position.
- Must successfully pass a background investigation.
- No commission or conviction of a felony. Misdemeanor arrests are discretionary.
- No history of criminal or improper conduct.
- No poor employment irresponsibility.



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## ESSENTIAL FUNCTIONS

**Communication:** Communicates verbally in person and by radio. Mediates disputes and conducts interviews while performing patrol activities and investigations. Presents testimony and evidence in both civil and criminal court proceedings when necessary. Records information and prepares detailed reports of investigative findings.

**Manual/Physical:** Operates a patrol vehicle, pursues offenders by patrol vehicle and on foot, stops offenders, subdues resisting offenders using force where appropriate, including deadly force, and arrests offenders. Searches persons, places, and things. Performs crowd and riot control activities. Maintains proficiency in operating a variety of law enforcement tools including weapons, vehicles, and computers. Observes criminal behavior, and conducts law enforcement type investigations to include the following critical tasks: protects crime and traffic accident scenes; measures and diagrams crime and traffic accident scenes; seizes and processes evidence; administers first aid to sick and injured persons for a wide variety of illnesses and injuries; assists distressed motorists; directs traffic; assists and refers mentally ill, indigent, and other persons in need; performs evacuations; and moves persons, vehicles, and other property from unsafe locations. Complies with scheduled working hours in order to perform required duties.

**Mental:** Comprehends and makes inferences from written materials including federal and state statutes, City codes and ordinances, and company policies and operating procedures in order to enforce laws. Learns job related material through oral instruction, observation on the job, structured lecture in a classroom setting and reading in regard to company procedures and methods, case law, federal and state statutes and company policies and procedures.

## PERSONAL DATA

<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>LAST NAME</b>	<b>MIDDLE NAME</b>	<b>FIRST NAME</b>	<b>SOCIAL SECURITY NUMBER</b>		
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>PRESENT ADDRESS (IN FULL)</b>			<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>PRESENT ADDRESS (IN FULL)</b>			<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>HOME PHONE</b>	<b>CELL PHONE</b>	<b>VOICEMAIL</b>	<b>PAGER</b>		
<b>BEST TIME TO CALL</b> <input type="checkbox"/> MORNING <input type="checkbox"/> EVENING <input type="checkbox"/> AFTERNOON			<b>TYPE OF TRANSPORTATION: (CHECK ALL THAT APPLY)</b> <input type="checkbox"/> MY VEHICLE <input type="checkbox"/> BUS <input type="checkbox"/> OTHER <input type="checkbox"/> FRIEND <input type="checkbox"/> TAXI		



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## POSITION INFORMATION

POSITION APPLYING FOR:

REFERRAL SOURCE -ADVERTISMENT (specify):

AD NUMBER:

OTHER:

WILL YOU BE AVAILABLE TO WORK:  FULL TIME? (33-40 HRS.)  PART TIME? (6-32 HRS.)  TEMPORARY?

ARE YOU WILLING TO WORK ANY SHIFT, INCLUDING WEEKENDS AND HOLIDAYS? |  YES  NO

HOW SOON FOLLOWING NOTIFICATION CAN YOU START WORKING?

ENTER DATE:

WAGE DESIRED?

ARE YOU WILLING TO RELOCATE? |

YES

NO

DO YOU HAVE AN ARIZONA GUARD CARD?

YES

NO

GUARD CARD NUMBER:

EXPIRATION DATE:

HAVE YOU EVER BEEN EMPLOYED BY OUR COMPANY BEFORE? |

YES

NO

IF SO, WHEN?

WHERE?

WHAT POSITION?

ARE ANY RELATIVES, INCLUDING IN-LAWS, EMPLOYED AT OUR COMPANY? |

YES

NO

IF YES, GIVE NAME, RELATIONSHIP,  
POSITION AND LOCATION:

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH OUR COMPANY BEFORE? |

YES

NO

## PROFESSIONAL REFERENCES

(Give Three Professional References Persons Not Related To You Whom You Have Known At Least One Year.)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME	PHONE NUMBER	YEARS KNOWN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME	PHONE NUMBER	YEARS KNOWN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME	PHONE NUMBER	YEARS KNOWN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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## EDUCATION HISTORY

<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	<input type="text"/>
HIGH SCHOOL	CITY   STATE	GRADUATED	YEAR	DEGREE
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	<input type="text"/>
COLLEGE / UNIVERSITY	CITY   STATE	GRADUATED	YEAR	DEGREE
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	<input type="text"/>
TECHNICAL / TRADE SCHOOL	CITY   STATE	GRADUATED	YEAR	DEGREE

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS:

ARE YOU FLUENT IN LANGUAGES OTHER THAN ENGLISH?  YES  NO

LANGUAGE:  LANGUAGE:  LANGUAGE:

## EMPLOYMENT HISTORY

Important! Starting with your present or most recent employer, list in consecutive order all employment and periods of unemployment since you graduated from or last attended high school. Additional employment may be listed on a separate page(s) if necessary.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME OF COMPANY	POSITION	PHONE	DATES FROM / TO	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS		CITY	STATE	ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>	
DUTIES		SALARY	SUPERVISOR	
<input type="text"/>				
REASON FOR LEAVING				



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## EMPLOYMENT (CONTINUED)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>NAME OF COMPANY</b>	<b>POSITION</b>	<b>PHONE</b>	<b>DATES FROM / TO</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>DUTIES</b>	<b>SALARY</b>	<b>SUPERVISOR</b>	
REASON FOR LEAVING <input type="text"/>			

## EMPLOYMENT (CONTINUED)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>NAME OF COMPANY</b>	<b>POSITION</b>	<b>PHONE</b>	<b>DATES FROM / TO</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>DUTIES</b>	<b>SALARY</b>	<b>SUPERVISOR</b>	
REASON FOR LEAVING <input type="text"/>			

## EMPLOYMENT (CONTINUED)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>NAME OF COMPANY</b>	<b>POSITION</b>	<b>PHONE</b>	<b>DATES FROM / TO</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>DUTIES</b>	<b>SALARY</b>	<b>SUPERVISOR</b>	
REASON FOR LEAVING <input type="text"/>			



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## OTHER EMPLOYMENT

LIST PART-TIME EMPLOYMENT WHILE IN SCHOOL, INCLUDING COMPANY NAME(S), ADDRESSES, DATES OF EMPLOYMENT:

<b>COMPANY NAME:</b>	<b>ADDRESS:</b>	<b>DATES:</b>	<b>PHONE:</b>	
<b>COMPANY NAME:</b>	<b>ADDRESS:</b>	<b>DATES:</b>	<b>PHONE:</b>	

## SKILLS

LIST ANY SKILLS YOU THINK MAY BE OF VALUE TO OUR COMPANY, SUCH AS POLICE OFFICER, ETC. INDICATE EXPERIENCE IN YEARS AND MONTHS FOR EACH AREA:

<b>SKILL OR EXPERIENCE:</b>	<b>YEARS:</b>
<b>SKILL OR EXPERIENCE:</b>	<b>YEARS:</b>
<b>SKILL OR EXPERIENCE:</b>	<b>YEARS:</b>

## DRIVERS LICENSE INFORMATION

DO YOU HAVE A VALID DRIVERS LICENSE? |  YES  NO | LICENSE NUMBER  STATE   
EXPIRATION:  HAS YOUR LICENSE EVER BEEN SUSPENDED?  YES  NO | WHEN:

## CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? |  YES  NO  
HAVE YOU EVER BEEN SENTENCED FOR ANY VIOLATION OF THE LAW? |  YES  NO WHEN:

### IF YES, GIVE FULL PARTICULARS

The existence of a criminal record does not necessary disqualify you for employment with us. But may disqualify from getting a guard card with DPS.



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## MILITARY SERVICE AND STATUS

BRANCH OF SERVICE (IF NONE, STATE NONE):  MILITARY OCCUPATION:

DATE OF ENTRY:  DATE OF SEPARATION:  RANK:

Please note: final processing prior to employment will require a review of the original or a copy of your military discharge and/or a review of your dd form 214.

## EMERGENCY CONTACT INFORMATION

LAST NAME

MIDDLE NAME

FIRST NAME

RELATIONSHIP

CURRENT ADDRESS

CITY

STATE

ZIP

HOME PHONE

CELL PHONE

VOICEMAIL

PAGER

DOES THIS PERSON HAVE TRANSPORTATION?  YES  NO

## ADDITIONAL EMERGENCY CONTACT

LAST NAME

MIDDLE NAME

FIRST NAME

RELATIONSHIP

CURRENT ADDRESS

CITY

STATE

ZIP

HOME PHONE

CELL PHONE

VOICEMAIL

PAGER

DOES THIS PERSON HAVE TRANSPORTATION?  YES  NO



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## ACKNOWLEDGMENT OF POLICIES

This is to acknowledge that I have had the opportunity to read, review and ask questions in regards to the following information and policies. I also understand that these policies are always available for my review at the office:

**Drug testing policy and procedure**

**Worker's compensation program**

**Sexual harassment and harassment and discrimination policy**

**Conflict of interest guidelines**

**Employee rules of conduct**

I agree to read these policies and the information contained to become more familiar with its contents. I understand that my failure to read and understand these policies does not exempt me from their provisions and requirements. I also understand that no employee or representative of Arizona Security Agency Inc. Has any authority to make any oral or implied agreement which changes or contradicts these policies



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**SIGNATURE**

---

**PRINT NAME**

---

**DATE**





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## ESSENTIAL FUNCTIONS

**I HEREBY CERTIFY** that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information, which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

**I HEREBY AFFIRM** that by execution of the application, I acknowledge that Arizona Security Agency Inc. has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to Arizona Security Agency Inc. made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

**I HEREBY AUTHORIZE** Arizona Security Agency Inc. to request, and **I ALSO AUTHORIZE AND REQUEST** each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

**I HEREBY AFFIRM** that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by Arizona Security Agency Inc. And as often as directed during employment.

**I HEREBY AUTHORIZE** the medical examiner to disclose to Arizona Security Agency Inc. any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

**I UNDERSTAND** that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by Arizona Security Agency Inc. without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the **[Company Officer]** of Arizona Security Agency Inc. has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

**I UNDERSTAND** that as part of my application for employment that at any time during the course of such employment, I may be required to be examined concerning my ability to perform the job(s) in the manner that does not endanger my own health and safety and the health of other employees of the general public.

**I AUTHORIZE** all providers of the health care industry who examine me to disclose to my employer Arizona Security Agency Inc. or any of the corporation officers including the corporation attorneys and all medical information revealed during such examinations. I further my employer to disclose such information to persons if at any time others or myself put my medical condition to an issue in any proceeding. I understand this authorization will remain in effect for five (5) years after my employment terminates. I understand that I have the right to receive a copy of this authorization

**I UNDERSTAND** that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by Arizona Security Agency Inc.

Arizona Security Agency Inc. operates under the principles of affording equal employment opportunity through affirmative action for qualified handicapped individuals, qualified veterans of the Vietnam era and qualified disabled veterans.

All applicants and employees who believe themselves to be members of one or more of these groups, and who wish to identify themselves as such for the purpose of affirmative action consideration are invited to do so.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) governmental officials investigating compliance will be informed.

I wish to volunteer the following information (check one)

I do not qualify

Vietnam Era Veteran I do qualify under the following: \_\_\_\_\_ Handicapped \_\_\_\_\_ Disabled Veteran

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six-month period. Your interest in Arizona Security Agency Inc. is appreciated.

Two empty rectangular boxes for additional information or stamps.