

**STATEWIDE SECURITY ENFORCEMENT  
AND INVESTIGATIONS INC.**

13460 RICKENBACKER PKWY  
877 234 7533

SUITE 1

FORT MYERS, FLORIDA 33913  
FAX 877 248 4349



**EMPLOYMENT APPLICATION**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ID#: \_\_\_\_\_

## PERSONAL INFORMATION

NAME LAST, FIRST		DATE OF BIRTH	SOCIAL SECURITY NO.	SEX	DATE
ADDRESS			CITY	STATE	ZIP CODE
YOUR HOME <input type="checkbox"/> OWN <input type="checkbox"/> RENT		YEARS AT PRESENT LOCATION:	NAME AND PHONE NUMBER OF LANDLORD		
HOME PHONE		WORK PHONE	BEEPER	CELL PHONE	
NEXT OF KIN		RELATIONSHIP	CONTACT NUMBER		

## EMPLOYMENT

*List Most Recent First*

FROM	TO	OCCUPATION	EMPLOYER
ADDRESS		PHONE	REASON FOR LEAVING
FROM	TO	OCCUPATION	EMPLOYER
ADDRESS		PHONE	REASON FOR LEAVING
FROM	TO	OCCUPATION	EMPLOYER
ADDRESS		PHONE	REASON FOR LEAVING

## VEHICLE INFORMATION

YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

## TRAINING & CERTIFICATIONS

<input type="checkbox"/> GUARD "D"	LICENSE #. _____	EXPIRATION DATE. _____	STATE: _____
<input type="checkbox"/> GUARD "G"	LICENSE #. _____	EXPIRATION DATE. _____	STATE: _____
<input type="checkbox"/> INVESTIGATOR	LICENSE #. _____	EXPIRATION DATE. _____	STATE: _____
<input type="checkbox"/> INVESTIGATOR	LICENSE #. _____	EXPIRATION DATE. _____	STATE: _____
<input type="checkbox"/> MANAGER "MA"	LICENSE #. _____	EXPIRATION DATE. _____	STATE: _____
<input type="checkbox"/> MANAGER "MB"	LICENSE #. _____	EXPIRATION DATE. _____	STATE: _____
<input type="checkbox"/> MANAGER "M"	LICENSE #. _____	EXPIRATION DATE. _____	STATE: _____
<input type="checkbox"/> DRIVERS LICENSE	LICENSE #. _____	EXPIRATION DATE. _____	STATE: _____
<input type="checkbox"/> FIRST AID	LICENSE #. _____	EXPIRATION DATE. _____	STATE: _____
<input type="checkbox"/> CPR	LICENSE #. _____	EXPIRATION DATE. _____	STATE: _____
<input type="checkbox"/> EMT	LICENSE #. _____	EXPIRATION DATE. _____	STATE: _____

Other Training & Skills

(Please Write Details in Section Below)


**NARRATIVE WHY DO YOU WANT TO WORK FOR STATEWIDE SECURITY ENFORCEMENT& INVESTIGATIONS INC.?**


**APPLICANTS SIGNATURE**

I HEREBY DECLARE THAT BY AFFIXING MY SIGNATURE TO THIS DOCUMENT I ATTEST ALL STATEMENTS MADE IN THE DOCUMENT ARE TRUE. I ALSO ACKNOWLEDGE THAT FALSIFYING ANY INFORMATION HEREIN ARE GROUNDS FOR IMMEDIATE DISMISSAL AND POSSIBLE LEGAL ACTION.

APPLICANTS SIGNATURE	DATE
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**DO NOT WRITE BELOW THIS LINE**

Review 1:	<input type="checkbox"/> ACCEPTED	<input type="checkbox"/> DENIED	DATE:_____	REVIEWED BY:_____
Review 2:	<input type="checkbox"/> ACCEPTED	<input type="checkbox"/> DENIED	DATE:_____	REVIEWED BY:_____
Probation:	<input type="checkbox"/> ACCEPTED	<input type="checkbox"/> DENIED	DATE:_____	REVIEWED BY:_____
Review 4:	<input type="checkbox"/> ACCEPTED	<input type="checkbox"/> DENIED	DATE:_____	REVIEWED BY:_____
Overall:	<input type="checkbox"/> ACCEPTED	<input type="checkbox"/> DENIED	DATE:_____	REVIEWED BY:_____

**EQUIPMENT**

I UNDERSTAND THAT UPON TERMINATION OF MY LEGAL EMPLOYMENT THAT I MUST SURRENDER ALL OF THE ITEMS LISTED BELOW THAT WERE ISSUED TO ME BEFORE RECEIVING MY FINAL PAYCHECK. I UNDERSTAND THAT IF I FAIL TO SURRENDER THESE ITEMS I AM RESPONSIBLE FOR PAYMENT OF THOSE ITEMS.

<input type="checkbox"/> ID CARD	AMT:_____	ISSUED ON:_____	INIT.:_____	RETURNED ON:_____	INIT.:_____
<input type="checkbox"/> JACKET	AMT:_____	ISSUED ON:_____	INIT.:_____	RETURNED ON:_____	INIT.:_____
<input type="checkbox"/> SHIELD	AMT:_____	ISSUED ON:_____	INIT.:_____	RETURNED ON:_____	INIT.:_____
<input type="checkbox"/> COLLAR PINS	AMT:_____	ISSUED ON:_____	INIT.:_____	RETURNED ON:_____	INIT.:_____
<input type="checkbox"/> UNIFORM	AMT:_____	ISSUED ON:_____	INIT.:_____	RETURNED ON:_____	INIT.:_____
<input type="checkbox"/> RULE BK,	AMT:_____	ISSUED ON:_____	INIT.:_____	RETURNED ON:_____	INIT.:_____
<input type="checkbox"/> _____	AMT:_____	ISSUED ON:_____	INIT.:_____	RETURNED ON:_____	INIT.:_____

**NOTES**


