

Gilyard Protection Service

Application for Security Guard Position

General Responsible: Gilyard Protection Service Guard is responsible for access control, patrol, Fire watch services, protecting the client lives and their property while under his/her supervision. Making sure you provide professionalism, quality service to the client(s) and guest, and operate in a fast and consistent manner with all rules, policies and procedures. Utilize your training everyday and every time you see safety of lives and property is at risk. Check each customer driver's license and provide passes to every visitor

Qualification: Social Security Card, Driver License, Florida Division of Licensing Class D Security License, Background Check, 5 Panel Drug Screening, 5 years of Work History, 5 References, and Complete a Company Personality Quiz.

Duties to be performed:

- Knowledgeable of Gilyard Protection Service General Operating Policies & Procedures at all times.
- Learn, Remember, and know the client's property and community details.
- Make sure you are in proper uniform and have the proper Gilyard Protection Service I D Card, D license, G license, and Driver's license at all time while on duty.
- Be able to take verbal and written command. Follow post orders, policies and procedures on a daily basis
- Be ready to take on site training courses at any given time.
- Make sure you're prompt to work and properly check-in.
- Report writing is one of the most important parts of your duties along with other site forms. Make sure you complete all of these forms as needed properly and completely.
- Provide the best customer service to the client and guest at all times.
- Know your work schedule at least 2 weeks in advance each. Schedules are subject to change due to call out, new hire, laid off and/ or client's needs.
- Know where your site Fire Extinguisher, First Aid Kit, and General Operating Policies and Procedures are located.
- All clients' meeting with you or changes in policies must be immediately reported to your supervisor.
- Clean and maintain your Work Area, Gatehouse and/ or Patrol Vehicle.
- Be prepared to work weekends, holidays, nights, inclement weather conditions and 40 plus hours when necessary.
- In the event of a "call out" you must be able to stay until the proper relief arrive. Abandon post will result in lost of security license and job. Call your immediate supervisor.
- Assist in the recruitment of qualified security officers
- Through a work relation only develop a strong work related environment with your shift and client.

Are you able to perform the essential functions of the position you are applying for: Yes or No

Officer's signature: _____ Date: ____/____/_____

Officer's Information

Officer's Name: _____ Date: ____/____/____

Address: _____ City: _____ State: _____

Zip Code: _____ Social Security #: _____ - _____ - _____ D.O.B. ____/____/____

Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Driver License # _____ State: _____

Date Available to Work: ____/____/____ Do you have any Experience: Yes or No

What shift are you available: First Second Third Can you work Overtime: Yes or No

Pay Desired: _____ Do you have a Security License: Yes or No

Security License Number: _____ When your D or G License Expires: ____/____

I am legally eligible for employment in the U.S.? Yes or No

Education Background

High School Name: _____ Highest Level Completed: 9 10 11 12

College Name: _____ College Degree: ____ Yes or ____ No

Type of Degree: _____ other academies: _____

Business/Technical: _____ Years Completed: _____

Field of Study: _____ Type of Degree: _____

Skills & Qualifications

Other qualifications such as Special Skills, Abilities or Honors that should be considered:

Professional Licenses, Certifications or Registrations: _____

Additional Skills, including Supervision Skills or other Languages: _____

Security Experience

Company Name: _____ Position: _____

If employed by Gilyard Protection Service Site Name: _____

Date Hire: ____/____/____ Years Service: _____ Training Received: _____

Supervisor's Name: _____

Qualification (Reason for Applying): _____

May we contact your past employer? Yes or No

Law Enforcement Experience

Company Name: _____ County: _____ State: _____

Highest Position: _____ Position/Department worked: _____

Year Service: _____ Date: ____/____/____ End Date: ____/____/____

Special Training: _____

May we contact your past employer? Yes or No

Military Experience

Branch of Service: ____ Air Force ____ Army ____ Coast Guard ____ Navy ____ USMC

Years Service: _____ Primary MOS: _____ Highest Rank: _____

Are you a veteran: Yes or No

Combat Tour: _____ Discharge and Date: _____

Special Training: _____

Other Job Experience

Company Name: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Year Service: _____ Start Date: _____/_____/_____ End Date: _____/_____/_____

Job Description: _____

Company Name: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Year Service: _____ Start Date: _____/_____/_____ End Date: _____/_____/_____

Job Description: _____

Company Name: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Year Service: _____ Start Date: _____/_____/_____ End Date: _____/_____/_____

Job Description: _____

Company Name: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Year Service: _____ Start Date: _____/_____/_____ End Date: _____/_____/_____

Job Description: _____

Company Name: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Year Service: _____ Start Date: _____/_____/_____ End Date: _____/_____/_____

Job Description: _____

May we contact your past employer? Yes or No

References (5 references: Only 2 family member and 3 friends/neighbors)

Name: _____ Relation: _____ Years Known: _____

Address: _____ Phone: _____ - _____ - _____

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Address: _____ Phone: _____ - _____ - _____

Name: _____ Relation: _____ Years Known: _____

Address: _____ Phone: _____ - _____ - _____

Name: _____ Relation: _____ Years Known: _____

Address: _____ Phone: _____ - _____ - _____

Name: _____ Relation: _____ Years Known: _____

Address: _____ Phone: _____ - _____ - _____

Officer Signature: _____ Date: ____/____/____

Management Evaluation

If employed by Gilyard Protection Service:

Supervisor's Comments: _____

Supervisor's Signature: _____ Date: ____/____/____

Hiring/Interviewing Manager Comments: _____

Signature: _____ Date: ____/____/____