

COMPANY LICENSE NUMBER

**SECURITY OFFICER/R.P.I.
ORIGINAL EMPLOYEE
APPLICATION**

FOR OFFICE USE ONLY
EFFECTIVE 11-2011
EXPIRES: _____

PLEASE TYPE OR PRINT LEGIBLY

NAME OF COMPANY: _____

NAME: _____ SSN: _____ - _____ - _____
Last First MI

MAILING ADDRESS: _____
& Street or P.O. Box City County State/ZIP

RACE: _____ SEX: _____ HGT: _____ WGT: _____ HAIR: _____ EYES: _____ DOB: _____

DRIVER'S LICENSE: _____ HOME PHONE: (____) _____
State Number CELL PHONE: (____) _____

PLACE OF BIRTH: _____
City County State Country

IF BORN OUTSIDE THE UNITED STATES, PLEASE SUBMIT ONE OF THE FOLLOWING: **WORK PERMIT, PERMANENT RESIDENT CARD OR NATURALIZATION PAPERS.**

PLACE AN "X" IN THE SQUARE NEXT TO THE TYPE OF REGISTRATION FOR WHICH YOU ARE APPLYING. **A TOTAL OF \$41.25 FOR BOTH, THE STATE BACKGROUND CHECK (\$22.00), FEDERAL BACKGROUND CHECK (\$17.25 + \$2.00), AND TWO FINGERPRINT CARDS, MUST BE INCLUDED WITH THE APPLICATION FEES.**

- | | | | | |
|--------------------------|---------------------------------|-----|----------|-----------|
| <input type="checkbox"/> | COMMISSIONED SECURITY OFFICER | FEE | \$40.00 | CODE 2005 |
| <input type="checkbox"/> | PRIVATE SECURITY OFFICER | FEE | \$40.00 | CODE 2005 |
| <input type="checkbox"/> | REGISTRANT PRIVATE INVESTIGATOR | FEE | \$450.00 | CODE 2003 |
| <input type="checkbox"/> | STATE BACKGROUND CHECK FEE | FEE | \$22.00 | CODE 8206 |
| <input type="checkbox"/> | FEDERAL BACKGROUND CHECK FEE | FEE | \$17.25 | CODE 8005 |
| <input type="checkbox"/> | FEDERAL BACKGROUND CHECK FEE | FEE | \$2.00 | CODE 8006 |

DATE EMPLOYMENT BEGAN WITH THIS COMPANY IN THE POSITION FOR WHICH THIS APPLICATION IS BEING SUBMITTED: _____

DATE THIS APPLICATION WAS COMPLETED: _____

**WARNING TO APPLICANT:
PROVIDING FALSE INFORMATION ON THIS FORM IS A VIOLATION OF
ARKANSAS LAW AND PUNISHABLE AS SET FORTH IN ARKANSAS CODE
5-53-103.**

LIST "ALL" EMPLOYERS DURING THE PAST TEN YEARS, STARTING WITH THE MOST RECENT. IF YOU HAVE NOT ACQUIRED TEN YEARS OF EMPLOYMENT, PLEASE LIST "ALL" "EDUCATIONAL INSTITUTIONS" (NAME, ADDRESS, CITY, STATE AND YEAR YOU GRADUATED). **USE A COPY OF THIS PAGE FOR ADDITIONAL SPACE IF NEEDED.**

PREVIOUS EMPLOYER:

NAME: _____

ADDRESS: _____
& Street or P.O. Box City State/Zip Phone

Date employed: ____/____/____ Date employment ended: ____/____/____

Reason for leaving: _____

NAME: _____

ADDRESS: _____
& Street or P.O. Box City State/ZIP Phone

Date employed: ____/____/____ Date employment ended: ____/____/____

Reason for leaving: _____

NAME: _____

ADDRESS: _____
& Street or P.O. Box City State/Zip Phone

Date employed: ____/____/____ Date employment ended: ____/____/____

Reason for leaving: _____

NAME: _____

ADDRESS: _____
& Street or P.O. Box City State/ZIP Phone

Date employed: ____/____/____ Date employment ended: ____/____/____

Reason for leaving: _____

NAME:

ADDRESS:

_____ / _____ / _____
& Street or P.O. Box City State/ZIP Phone

Date Employed: ____/____/____ Date employment ended: ____/____/____

Reason for leaving: _____

LIST ALL RESIDENCES FOR THE LAST TEN YEARS BEGINNING WITH THE MOST RECENT.
USE A COPY OF THIS PAGE FOR ADDITIONAL SPACE IF NEEDED"

_____ / _____
& Street or P.O. Box City State/Zip From: To:

_____ / _____
& Street or P.O. Box City State/Zip From: To:

_____ / _____
& Street or P.O. Box City State/Zip From: To:

_____ / _____
& Street or P.O. Box City State/ZIP From: To:

THE APPLICANT MUST LIST ALL CONVICTIONS OF A **FELONY, CLASS "A" MISDEMEANOR, CRIME INVOLVING AN ACT OF VIOLENCE OR CRIME INVOLVING MORAL TURPITUDE**. IF THE APPLICANT HAS BEEN CONVICTED, HE OR SHE MUST ATTACH DOCUMENTATION CERTIFIED BY THE COURT AS TO THE DISPOSITION OF THE CHARGE. THE APPLICANT MUST ALSO LIST ANY CRIMINAL CHARGES NOW PENDING OR ON APPEAL. **DO NOT LIST TRAFFIC VIOLATIONS EXCEPT FAILURE TO APPEAR.**

CHECK APPLICABLE BOX:

NONE, I HAVE NO CONVICTIONS TO REPORT.

YES, I HAVE A CONVICTION(S) TO REPORT. SEE BELOW FOR INFORMATION REGARDING CONVICTION(S).

Charge	Location	Date	Disposition

THE APPLICANT STATES ON OATH THAT THE REPRESENTATIONS MADE HEREIN ARE TRUE AND CORRECT AND THAT THE APPLICANT WILL UPHOLD THE CONSTITUTIONS OF THE UNITED STATES AND THE STATE OF ARKANSAS.

SIGNED: _____ **DATE:** _____

STATE OF _____

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COUNTY OF _____

Subscribed and sworn to before me, a Notary Public in and for the county and state

aforesaid, this the _____ day of _____ 20_____.

Notary Public

GIVE A STATEMENT OF EXPERIENCE IN THE FIELD IN WHICH THE APPLICANT IS APPLYING:

NOTICE TO APPLICANT AND TRAINING ADMINISTRATOR OF LICENSEE:

PROVIDING FALSE INFORMATION ON THIS FORM IS A VIOLATION OF ARKANSAS LAW AND IS PUNISHABLE TO THE LIMITS SET FORTH IN ARKANSAS CODE 5-53-103.

CORE SUBJECTS: This section must be completed by the Training Administrator, Assistant Training Administrator or Training Instructor.

SUBJECTS:

1. LEGAL AUTHORITY Two (2) Hours Required Date Completed: _____

INSTRUCTOR'S SIGNATURE: Sign: _____

Print: _____

2. ACT 429 - RULES Two (2) Hours Required Date Completed: _____

INSTRUCTOR'S SIGNATURE: Sign: _____

Print: _____

3. FIELD NOTES & REPORTS Two (2) Hours Required Date Completed: _____

INSTRUCTOR'S SIGNATURE: Sign: _____

Print: _____

FIREARMS TRAINING:

4. LEGAL LIMITATIONS One (1) Hour Required Date Completed: _____

INSTRUCTOR'S SIGNATURE: Sign: _____

Print: _____

5. WEAPONS SAFETY One (1) Hour Required Date Completed: _____

INSTRUCTOR'S SIGNATURE: Sign: _____

Print: _____

6. MARKSMANSHIP One (1) Hour Required Date Completed: _____

INSTRUCTOR'S SIGNATURE: Sign: _____

Print: _____

DO NOT WRITE IN THE SPACES BELOW

FOR BOARD USE ONLY

I.D. BUREAU

RECORD

NO RECORD

C.I.D.

NCIC

WANTED

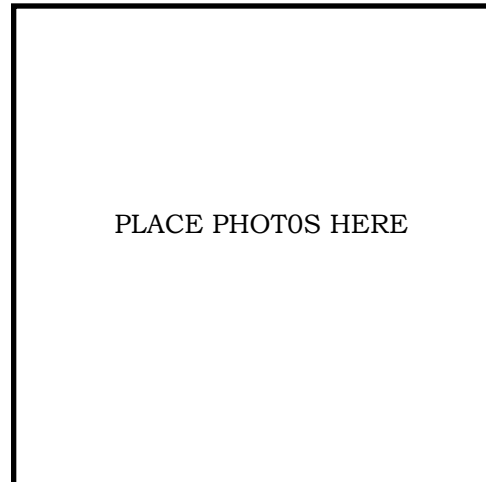
NOT WANTED

TRAFFIC RECORD

NO TRAFFIC RECORD

Signature of person making inquiry: _____ Date: _____

PLEASE INSURE THAT PHOTOS ARE FIRMLY ATTACHED



AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN

I understand that the Arkansas State Police for the Arkansas Board of Private Investigators and Private Security Agencies will conduct a thorough background investigation before rendering a final decision regarding my eligibility for licensure and/or registration and this investigation will include, but not be limited to, inquiries as to my abilities, character, reputation, criminal record and past employment record.

To facilitate this investigation, I do, hereby, give my consent and authority for any educational institution, hospital, mental institution, including specifically the Arkansas State Hospital and Veterans Administration Hospital, medical doctor, police agencies, the Arkansas Crime Information Center, National Crime Information Center, Interstate Information Index, credit reporting agencies, former employers, and former business associates to furnish information from their records to the Arkansas State Police and the Arkansas Board of Private Investigators and Private Security Agencies and I do, hereby, give my consent and authority that any information and/or evidence gathered or received by the aforementioned agencies may be submitted to any court, board or commission in open hearing or court in any judicial or administrative proceeding.

With regard to any credit reporting agencies which might be contacted by the Arkansas State Police, I understand that I may inquire as to the identification of those credit reporting agencies contacted, and the Arkansas State Police will advise me as to the identity and the nature and scope of information they furnished.

NOTE: THIS RELEASE IS VALID AS LONG AS I AM UNDER THE JURISDICTION OF THE ARKANSAS BOARD OF PRIVATE INVESTIGATORS AND PRIVATE SECURITY AGENCIES (ARKANSAS CODE ANNOTATED 17-40-101 ET. SEQ.)

A COPY OF THIS AUTHORITY TO RELEASE SHALL SERVE IN PLACE OF THE ORIGINAL.

PLEASE TYPE

FULL NAME: _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER: _____

SIGNATURE: _____

State of _____)

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County of _____)

Subscribed and sworn to before me a Notary Public in and for the County and State aforesaid, this the

_____ day of _____, 20_____.

Notary Public