BLUE LINE
SECURITY SERVICES

Security Officer Employment Application

Confidential applicant intake

POSITION

- ○ Unarmed Security Officer
- ○ Armed Security Officer
- ○ Certified Peace Officer

APPLICANT IDENTITY

First name *

Middle name *

Last name *

Suffix

Preferred name

Date of birth (MM/DD/YYYY) *

Social Security number *

Place of birth - city *

State *

Country *

Gender *

- ○ Male
- ○ Female

☐ Military spouse or transitioning service member

CONTACT INFORMATION

Personal email address *

Mobile telephone *

Current residential street address - no P.O. box *

City *

County *

State *

ZIP code *

AVAILABILITY AND WORK PREFERENCES

Availability (days and hours)

Preferred shifts

Earliest start date (MM/DD/YYYY)

Maximum travel radius (miles)

Reliable transportation? (Yes / No)

Citizenship and Licensing History

CITIZENSHIP / LAWFUL PRESENCE

Select one *

- ○ U.S. citizen, age 18 or older
- ○ Lawful permanent resident / qualified alien or non-immigrant

Alien number or I-94 number (if applicable)

SEVIS number (if applicable)

A current secure and verifiable identity document is required. Non-U.S. citizens must also provide current immigration documentation.

GEORGIA POST AND LAW-ENFORCEMENT STATUS

Do you now, or have you ever, held Georgia POST certification? *

○ Yes ○ No

Georgia POST number (if applicable)

Current law-enforcement agency (if applicable)

Are you currently an active/sworn Georgia law-enforcement officer? *

○ Yes ○ No

Active/sworn applicants must provide a current police identification card and current POST transcript.

PRIOR GEORGIA REGISTRATION

Have you ever been registered in Georgia as a private detective or security-guard employee? *

○ Yes ○ No

Registration number

Company

Approximate date

TRAINING STATUS

Have you completed the required Georgia basic security training? *

○ Yes ○ No

Have you completed the applicable firearms training and range qualification? *

○ Yes ○ No

If you answer No, Blue Line will determine whether training can be scheduled. You may not perform armed duties until all training and licensing requirements are satisfied.

BLUE LINE
SECURITY SERVICES

Employment History

Account for the entire preceding five years, including unemployment

List your current or most recent employer first. There must be no gaps. Enter "Unemployed" as the employer for any period of unemployment. If additional rows are needed, attach a continuation sheet.

EMPLOYMENT PERIOD 1

From (MM/YYYY) * | **To (MM/YYYY) *** | **Employer / Unemployed ***

Position held * | **Supervisor *** | **Telephone**

EMPLOYMENT PERIOD 2

From (MM/YYYY) * | **To (MM/YYYY) *** | **Employer / Unemployed ***

Position held * | **Supervisor *** | **Telephone**

EMPLOYMENT PERIOD 3

From (MM/YYYY) * | **To (MM/YYYY) *** | **Employer / Unemployed ***

Position held * | **Supervisor *** | **Telephone**

EMPLOYMENT PERIOD 4

From (MM/YYYY) * | **To (MM/YYYY) *** | **Employer / Unemployed ***

Position held * | **Supervisor *** | **Telephone**

EMPLOYMENT PERIOD 5

From (MM/YYYY) * | **To (MM/YYYY) *** | **Employer / Unemployed ***

Position held * | **Supervisor *** | **Telephone**

BLUE LINE
SECURITY SERVICES

Residential Address History

Account for the entire preceding five years with no gaps

Start with your current address, then list each previous address necessary to cover five complete years. Do not use P.O. boxes.

ADDRESS PERIOD 1

From (MM/YYYY) * | **To (MM/YYYY) *** | **Street address ***

City * | **State *** | **ZIP code *** | **County**

ADDRESS PERIOD 2

From (MM/YYYY) * | **To (MM/YYYY) *** | **Street address ***

City * | **State *** | **ZIP code *** | **County**

ADDRESS PERIOD 3

From (MM/YYYY) * | **To (MM/YYYY) *** | **Street address ***

City * | **State *** | **ZIP code *** | **County**

ADDRESS PERIOD 4

From (MM/YYYY) * | **To (MM/YYYY) *** | **Street address ***

City * | **State *** | **ZIP code *** | **County**

ADDRESS PERIOD 5

From (MM/YYYY) * | **To (MM/YYYY) *** | **Street address ***

City * | **State *** | **ZIP code *** | **County**

Background Questionnaire

Every question must be answered truthfully

For Questions 1-2, answer Yes even if the matter was dismissed, expunged, pardoned, deferred, handled under First Offender, or you were advised it may not appear on your record.

1. Have you ever been arrested? ○ Yes ○ No

2. Have you ever been arrested for a crime involving the illegal use, carrying, or possession of a dangerous weapon? ○ Yes ○ No

3. Are you currently on probation that prohibits firearm possession, or have you been convicted of a crime restricting your right to possess, carry, or own a firearm? ○ Yes ○ No

4. Are you subject to a court order restraining you from harassing, stalking, or threatening your child, an intimate partner, or a child of that partner? ○ Yes ○ No

5. Have you been discharged from the Armed Forces under dishonorable conditions? ○ Yes ○ No

6. Has any licensing authority or certifying body, including POST, ever denied, revoked, suspended, placed on probation, refused renewal, fined, censured, reprimanded, accepted surrender of, or otherwise disciplined a license or certificate held by you or a company in which you were a principal? ○ Yes ○ No

7. Are you, or a company in which you are or were a principal, currently under investigation or facing a pending disciplinary action involving any license or certification? ○ Yes ○ No

Required Explanations and Additional Experience

BACKGROUND EXPLANATION

If you answered Yes to any background question, identify the question number and explain each incident completely. Include dates, jurisdiction, charges or allegations, outcome, and current status. Certified final dispositions or agency orders must be submitted separately.

ADDITIONAL QUALIFYING EXPERIENCE

Describe additional law-enforcement, military, security, investigative, firearms, first-aid, supervisory, or other experience relevant to this position.

PROFESSIONAL REFERENCES

Reference 1 - name *	**Relationship ***	**Telephone / email ***
Reference 2 - name *	**Relationship ***	**Telephone / email ***
Reference 3 - name *	**Relationship ***	**Telephone / email ***
Reference 4 - name *	**Relationship ***	**Telephone / email ***

Training and Firearms Information

BASIC SECURITY TRAINING

Training company/facility and location

Completion date

Instructor name

Instructor license number

WEAPONS TRAINING

Training company/facility and location

Completion date

Instructor name

Instructor license number

FIREARM QUALIFICATION

Qualification date

Weapon type

Make and model

Caliber

Range score

Qualification instructor / license number

Documents and Applicant Certification

DOCUMENTS TO SUBMIT SECURELY

- [ ] Current driver license, state ID, passport, or other secure and verifiable identity document
- [ ] Citizenship affidavit / lawful-presence documentation, as applicable
- [ ] Basic security-officer training certificate (non-LEO applicants)
- [ ] Firearms training and range-qualification documentation
- [ ] Current Georgia POST transcript, if currently or previously POST-certified
- [ ] Current police identification card, if applying as an active/sworn officer
- [ ] Certified court dispositions, agency orders, and detailed explanation letters for any required disclosures

PRIVACY NOTICE

Do not send Social Security numbers, identity documents, banking data, or criminal-history records through unsecured email. Submit sensitive documents only through the secure method provided by Blue Line Security Services.

APPLICANT CERTIFICATION AND AUTHORIZATION

I certify that the information supplied in this application and any attachments is true, complete, and accurate. I understand that omissions or false statements may disqualify me from employment, cause withdrawal of an offer, result in termination, or lead to denial or discipline of a State registration. I authorize Blue Line Security Services to verify employment, training, licensure, references, and information relevant to my suitability for employment and registration, consistent with applicable law. I understand that separate notices and authorizations may be required before a consumer report or criminal-background report is obtained.

- [ ] I have read, understand, and agree to the certification above.

Applicant typed legal name (electronic signature) *

Date *

Anything else Blue Line should know?

Name-Based Criminal History Record
Information Consent/Inquiry Form

Blue Line Security Services

I hereby authorize_____to conduct a Criminal History Background inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Please be advised that if any other AKA names are provided for this criminal background check with regards to you, or if any other AKA names are identified by a credit bureau as belonging to you, if a credit report is included in this background check, your signature on this form constitutes your consent for these names to also be checked as part of this specific request. These authorized names will be added to this form.

** ALL FIELDS ARE REQUIRED

FULL NAME (PRINT) MUST BE CURRENT FULL LEGAL NAME AS IT APPEARS ON GOVERNMENT ID	
_____ **LAST NAME, FIRST NAME MIDDLE NAME**	
PLEASE ENTER ALIASES/AKA NAMES BELOW (LAST, FIRST MIDDLE)	

ADDRESS	
STREET	
CITY, STATE ZIP	

SEX	**RACE**	**DATE OF BIRTH**	**SOCIAL SECURITY NUMBER**
☐ MALE ☐ FEMALE ☐ UNKNOWN	☐ WHITE ☐ BLACK ☐ ASIAN ☐ HISPANIC ☐ UNKNOWN		☐ I HAVE NEVER BEEN ISSUED A SOCIAL SECURITY NUMBER

CHECK ONE BOX

☐ This authorization is valid for_____ days from the date of signature.

☒ I give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

_____ _____

Signature Date

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
☒	**E** – Employment / Volunteer Work / Tenancy
☐	**M** - Working with Mentally Disabled PROVIDING 24/7 CARE – NOT for Volunteer work
☐	**N** - Working with Elderly – NOT for Volunteer work
☐	**W** - Working with Children NOT A VOLUNTEER – NOT for Volunteer work

PLEASE ENTER ADDITIONAL ALIASES/AKA NAMES BELOW (LAST, FIRST MIDDLE)	