

COMPANY LICENSE NUMBER

# ORIGINAL EMPLOYEE APPLICATION

FOR OFFICE USE ONLY

EFFECTIVE 8/13/05

EXPIRES \_\_\_\_\_

## PLEASE TYPE

NAME OF COMPANY \_\_\_\_\_

NAME \_\_\_\_\_ SS# \_\_\_\_\_  
Last First MI

MAILING ADDRESS: \_\_\_\_\_  
# & Street or P.O. Box City County State/ZIP

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ HGT: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_ SEX: \_\_\_\_\_ WGT: \_\_\_\_\_

DRIVER'S LICENSE: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_  
State Number

PLACE OF BIRTH: \_\_\_\_\_  
City County State Country

PLACE AN "X" IN THE SQUARE NEXT TO THE TYPE OF REGISTRATION FOR WHICH YOU ARE APPLYING:

COMMISSIONED SECURITY OFFICER	FEE	\$40.00	CODE 20005
PRIVATE SECURITY OFFICER	FEE	\$40.00	CODE 20005
REGISTRANT PRIVATE INVESTIGATOR	FEE	\$450.00	CODE 20003

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.  
(Use additional pages, if necessary)

PREVIOUS EMPLOYER:

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

ADDRESS: \_\_\_\_\_  
# & Street City State/Zip Phone

Date employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date employment ended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_  
# & Street City State/ZIP Phone

Date employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date employment ended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_  
# & Street City State/Zip Phone

Date employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date employment ended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_  
# & Street City State/ZIP Phone

Date employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date employment ended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_  
# & Street 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 additional pages, if necessary.)

_____	_____	_____	From: / /	To: / /
# & Street	City	State/Zip		
_____	_____	_____	From: / /	To: / /
# & Street	City	State/Zip		
_____	_____	_____	From: / /	To: / /
# & Street	City	State/Zip		
_____	_____	_____	From: / /	To: / /
# & Street	City	State/ZIP		

THE APPLICANT MUST LIST ALL CONVICTIONS OF A **FELONY, CLASS "A" MISDEMEANOR, CRIME INVOLVING AN ACT OF VIOLENCE OR 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.**

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 \_\_\_\_\_ §

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 or assistant Training Administrator.

**SUBJECTS:**

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

INSTRUCTOR'S SIGNATURE: \_\_\_\_\_

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

INSTRUCTOR'S SIGNATURE: \_\_\_\_\_

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

INSTRUCTOR'S SIGNATURE: \_\_\_\_\_

**FIREARMS TRAINING:**

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

INSTRUCTOR'S SIGNATURE; \_\_\_\_\_

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

INSTRUCTOR'S SIGNATURE: \_\_\_\_\_

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

INSTRUCTOR'S SIGNATURE: \_\_\_\_\_

7. RANGE FIRING One (1) Hour Required Date Completed: \_\_\_\_\_

INSTRUCTOR'S SIGNATURE: \_\_\_\_\_

WEAPON: TYPE: \_\_\_\_\_ CALIBER: \_\_\_\_\_ MAKE: \_\_\_\_\_

Was each student aware of the safety Rules and were these rules enforced at all times? \_\_\_\_\_

Was the range officer present at all times during the firing? \_\_\_\_\_

**STATEMENT OF OATH:**

THE APPLICANT AND TRAINING ADMINISTRATOR STATE ON OATH THAT THE REPRESENTATIONS MADE HEREIN ARE TRUE AND CORRECT.

\_\_\_\_\_  
Signature of Applicant

State of                    )  
                                  §  
County of                 )

Subscribed and sworn to before me, a Notary Public in and for the County and State  
aforesaid, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

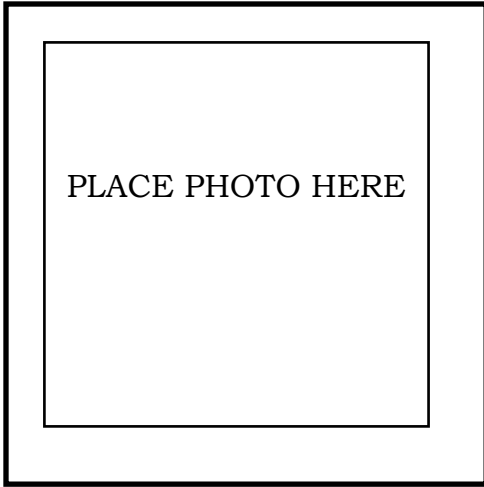
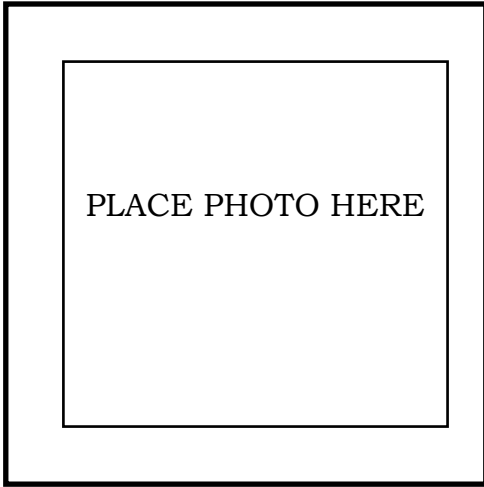
\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature of Training Administrator

State of                    )  
                                  §  
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



PLEASE INSURE THAT PHOTOS ARE FIRMLY ATTACHED

DO NOT WRITE IN THE SPACES BELOW

FOR BOARD USE ONLY

I.D. BUREAU

C.I.D.

RECORD

NCIC

NO RECORD

WANTED

NOT WANTED

TRAFFIC RECORD

NO TRAFFIC RECORD

Signature of person making inquiry: \_\_\_\_\_ Date: \_\_\_\_\_

