



PRINT LEGIBLY

FIRST NAME MIDDLE INITIAL LAST NAME

Phone: _____

Email Address: _____

DOS Security Guard License#: _____

CURRENT STATUS; THE APPROPRIATE BOXES:

Active NYPD, Date Hired: _____

Retired NYPD, Date Hired: _____ Date Retired: _____

Active Law Enforcement Agency Name: _____

Date Hired: _____

Retired Law Enforcement Agency Name: _____

Date Hired: _____ Date Retired: _____

Civilian Security Guard

If retired and worked less than 20 years, reason for retirement:

Availability, CHECK ALL THAT APPLY:

- | | | | |
|-----------|-------------------------------|---------------------------------|-------------------------------------|
| MONDAY | <input type="checkbox"/> DAYS | <input type="checkbox"/> NIGHTS | <input type="checkbox"/> OVERNIGHTS |
| TUESDAY | <input type="checkbox"/> DAYS | <input type="checkbox"/> NIGHTS | <input type="checkbox"/> OVERNIGHTS |
| WEDNESDAY | <input type="checkbox"/> DAYS | <input type="checkbox"/> NIGHTS | <input type="checkbox"/> OVERNIGHTS |
| THURSDAY | <input type="checkbox"/> DAYS | <input type="checkbox"/> NIGHTS | <input type="checkbox"/> OVERNIGHTS |
| FRIDAY | <input type="checkbox"/> DAYS | <input type="checkbox"/> NIGHTS | <input type="checkbox"/> OVERNIGHTS |
| SATURDAY | <input type="checkbox"/> DAYS | <input type="checkbox"/> NIGHTS | <input type="checkbox"/> OVERNIGHTS |
| SUNDAY | <input type="checkbox"/> DAYS | <input type="checkbox"/> NIGHTS | <input type="checkbox"/> OVERNIGHTS |