

C.O.P. Security Inc  
1835 North Union Street  
P.O. Box 166  
Spencerport, NY 14559

Submit application to:  
application@copsecuritycorp.com



## ***Employee Statement and Security Guard Application***

### **Applicant Information**

**APPLICATION AS** (Check only one):      Security Guard                      Armed Security Guard

**Applicant's Name:**

LAST NAME

FIRST NAME

MIDDLE NAME

HOME ADDRESS

APT/UNIT/PO BOX

CITY

STATE

ZIP

COUNTY

APPLICANT'S PHONE NUMBER

E-MAIL ADDRESS

**Social Security Number**

**Birth Date**

**NYS DMV ID NUMBER**

### **BACKGROUND QUESTIONS**

*Answer the following questions by checking the appropriate box.*

1. **Are you an active or retired peace officer? IF "YES,"**                      ACTIVE                      RETIRED  
→ Please read the attached Security Guard Training Advisory.  
→ IF you qualify for an exemption, you must submit the documentation described in the Advisory. If you DO NOT qualify, you must submit training certificates.
2. **Are you an active or retired police officer? IF "YES,"**                      ACTIVE                      RETIRED  
→ Please read the attached Security Guard Training Advisory.  
→ IF you qualify for an exemption, you must submit the documentation described in the Advisory. If you DO NOT qualify, you must submit training certificates.
3. **Has any license or permit issued to you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied?**                      YES                      NO  
→ IF "YES," you must submit an explanation.
4. **Have you ever been discharged from a correctional or law enforcement agency for incompetence or misconduct as determined by a court of competent jurisdiction, administrative hearing officer, administrative law judge, arbiter, arbitration panel or other duly constituted tribunal, or resigned from such an agency while charged with misconduct or incompetence?**                      YES                      NO  
→ IF "YES," you must submit an explanation or request a waiver.
5. **Have you ever applied in this state for a registration/license as a security guard?**                      YES                      NO  
→ IF "YES," please provide the license number.  
→ IF "YES," you do not need to re-take the 8-hour pre-assignment training course.

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## *Employee Statement and Security Guard Application*

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### **CHILD SUPPORT STATEMENT**

By signing this application, I certify that as of the date of this application, I am not under an obligation to pay child support OR if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by a plan agreed to by the parties or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

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### **CRIMINAL HISTORY**

The Department of State will be receiving and reviewing information on any prior criminal arrests or convictions. If you have pending criminal charges or a prior conviction, please provide a statement explaining same and copies of any records received from the criminal court.

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**A completed application must include:** (Use this checklist to make sure you have included/completed all requirements.)

The completed, signed application;

Receipt that provides proof of electronic fingerprinting by an approved vendor;

A copy of the 8-hour pre-assignment training certificate;

Any additional documentation requested in response to specific questions on the application form;

Notice of Employment section must be completed by your employer if employment will commence with filing of your application;

If applying for an armed security guard registration, a course completion certificate for 47 hours of firearms training, or a copy of the waiver issued by the Division of Criminal Justice Services (if waived – please see Security Guard Training Advisory);

Statement explaining circumstances surrounding any prior convictions

**Note:** Security guard employers should maintain one copy of each item listed above in personnel files for each of their guards.

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### **APPLICANT AFFIRMATION**

I affirm, under the penalties of perjury, that the statements made in this application are true and correct. I further affirm that I have read and understand the provisions of Article 7A of General Business Law and the rules and regulations promulgated thereunder.

In addition, I hereby authorize the NYS Department of State and NYS Department of Motor Vehicles to produce an ID card bearing my DMV photo. I understand that DOS and DMV will use my DMV photo to produce all subsequent ID cards for as long as I maintain my license with the Department of State.

x \_\_\_\_\_

Applicant's Signature

\_\_\_\_\_ Date Signed

Print Name: \_\_\_\_\_

### **NOTICE OF EMPLOYMENT**

If employment will commence with the filing of your application, this section **MUST** be completed by your employer.

DATE OF HIRE: \_\_\_\_\_

TRANSACTION NUMBER: \_\_\_\_\_

TRANSACTION DATE: \_\_\_\_\_

GUARD'S NAME: \_\_\_\_\_

GUARD'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

EMPLOYER'S UID: \_\_\_\_\_

EMPLOYER'S BUSINESS NAME: \_\_\_\_\_

I, (Please Print) \_\_\_\_\_

,swear and affirm that I am the representative for the company identified

as the employer and that I have verified the statements made by this employee and determined that these statements are true and correct to the best of my ability. I

further attest that, based on my verification of these statements, I find that the employee listed hereon is qualified for employment under the provisions of Articles 7 and 7-A of the General Business Law.

x \_\_\_\_\_

Employer's Signature

\_\_\_\_\_ Date Signed

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## *Employee Statement and Security Guard Application*

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Please list all periods of employment, beginning with the most recent, and include all prior experiences with any state or local government. You must include all concurrent employment. Resumes will not be accepted in lieu of completing this Section. If you need extra space, please attach additional sheets. Agencies reserve the right to contact any or all of your employers to verify the information provided.

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Name of Present or Last Employer:

Address:

Date Employed:

Supervisor's Name:

To:

Supervisor's Title:

Area Code/Telephone:

Your Title and Duties:

Reason(s) for Leaving:

If this is your current employer, when may we contact them?

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Name of Present or Last Employer:

Address:

Date Employed:

Supervisor's Name:

To:

Supervisor's Title:

Area Code/Telephone:

Your Title and Duties:

Reason(s) for Leaving:

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Name of Present or Last Employer:

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Supervisor's Title:

Area Code/Telephone:

Your Title and Duties:

Reason(s) for Leaving:

If this is your current employer, when may we contact them?

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Additional Sheets Attached?    Yes        No

Name: \_\_\_\_\_