



## PRIVATE SECURITY APPLICATION

Please complete this packet and submit the following documents:

- Copy of Current Drivers License
- Copy of Current PERC Card
- Copy of Current FOID Card (Armed security only)

Send completed documents to:

**Blue Line Elite Security Services Inc.**  
**24047 W Lockport St Suite 209**  
**Plainfield, IL. 60544**  
**Email: Dluciano@blelite.com**  
**Telephone: (815) 704-5007    Fax: (312) 674-7269**

### Applicant Information

TYPE OR PRINT Name (Last, First, Middle)			Date of Birth	
Residence address				
City	State	ZIP code	Social Security Number	
Telephone Number	Cellular Telephone Number		EMAIL address	
Drivers License Number	Do You have a PERC Card <input type="radio"/> Yes <input type="radio"/> No		Do You have a FOID Card <input type="radio"/> Yes <input type="radio"/> No	
	PERC Card #		FOID Card #	

### Current Employment

Name				
Agency address				
City	State	ZIP code	(Area Code) telephone number	
Years with agency	Current rank/position	Rate of Pay	Employment status <input type="checkbox"/> Full time <input type="checkbox"/> Part time	

### Skills and Training

Please list any specialized training or skills you may be certified in. Please include copies of all certification listed below.


## Previous Employment

Name			
Agency address			
City	State	ZIP code	(Area Code) telephone number
Years with agency	Reason for leaving	Employment status <input type="checkbox"/> Full time <input type="checkbox"/> Part time	

Name			
Agency address			
City	State	ZIP code	(Area Code) telephone number
Years with agency	Reason for leaving	Employment status <input type="checkbox"/> Full time <input type="checkbox"/> Part time	

Name			
Agency address			
City	State	ZIP code	(Area Code) telephone number
Years with agency	Reason for leaving	Employment status <input type="checkbox"/> Full time <input type="checkbox"/> Part time	

## Employment & Availability

Preferred Position <input type="radio"/> Gate duties <input type="radio"/> Roving Patrol <input type="radio"/> Both Gate & Roving Patrol	Number of Hours per week you would like to work:
List preferred day and hours you would like to work	
( ) Monday	( ) Friday
( ) Tuesday	( ) Saturday
( ) Wednesday	( ) Sunday
( ) Thursday	( ) 0600 - 1400
	( ) 1400 - 2200
	( ) 2200 - 0600

## Certification

<b>Certification</b> I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that false statements on this application shall be grounds for dismissal.	
_____ Date	<b>X</b> _____ Signature of Applicant



RECORD CHECK  
RELEASE FORM

I, \_\_\_\_\_, give Blue Line Elite Security Services Inc., my permission to run my Driving Record and conduct a criminal background check using my name and personal information. I also give Blue Line Elite Security Services permission to check employment and personal references. I understand the information given and received will be kept confidential.

Full Name \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Other Former Names (list all, if applicable) \_\_\_\_\_

\_\_\_\_\_

Birth Date \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License # / Issuing state \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date