



Solaris Security Solutions, LLC

Solarisprotect.com

solarisprotect@gmail.com

Applicant Information:

Full Name: _____

Phone Number: _____

Email Address: _____

Address: _____

City, State, ZIP: _____

Security License Information:

Do you have a valid Florida Security License? ☐ Yes ☐ No

License Type(s) (Check all that apply):

☐ Class D (Unarmed Security)

☐ Class G (Armed Security)

☐ Other (Please specify): _____

Security License Number: _____



Additional Requirements:

Do you have a valid driver's license? ☐ Yes ☐ No

Driver's License Number: _____

Do you have reliable transportation? ☐ Yes ☐ No

Employment History (At least the last 12 Months):

Employer: _____

Position: _____

Dates of Employment: _____

Reason for Leaving: _____

Employer: _____

Position: _____

Dates of Employment: _____

Reason for Leaving: _____

Employer: _____

Position: _____

Dates of Employment: _____

Reason for Leaving: _____



Explanation for any times of no employment within the last 12 months:

References (At least one professional reference):

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

Availability:

Days and Hours Available: _____



Background Check & Drug Testing Authorization

Upon employment, or at any time therein, I, _____, authorize Solaris Security Solutions, LLC to conduct a background check as part of the hiring process. I understand that this may include verification of my criminal history, employment history, and any other relevant records. I acknowledge that this information will be used solely for employment purposes.

I also consent to submit to drug testing if requested by Solaris Security Solutions, LLC as a condition of employment. I understand that refusal to take a drug test or a positive test result may result in disqualification from employment consideration or termination if already employed.

Applicant Signature: _____

Date: _____