

Applicant Qualification & Screening Application

CONFIDENTIAL | Complete every applicable section. Enter N/A when a field does not apply. Use additional pages when necessary.

01 Applicant identification & contact

Legal first name	Middle name / initial	Legal last name
Company / Business Name		Preferred phone number
Email address	SSN or EIN	
Street / mailing address		Apartment / unit
City	State	ZIP code

Preferred method of contact: ☐ Phone ☐ Text ☐ Email

02 Position or service requested

Applicant category: ☐ Independent business / non-licensed support provider ☐ Independent business / licensed support provider

Select areas of interest.

Desired work / service area(s)

Earliest availability date

Type of availability: ☐ Occasional events ☐ As-needed / per-project

03 Basic eligibility

Are you at least 18 years of age? ☐ Yes ☐ No

Are you legally authorized to perform the proposed work or services in the United States? ☐ Yes ☐ No

Where the role requires it, eligibility, age, educational credentials, licensing, and statutory disqualifications will be verified before assignment.

Do you have a minimum of a Highschool Diploma or GED? ☐ Yes ☐ No

Do you have General Liability Insurance? ☐ Yes ☐ No

If No, are you able to obtain? ☐ Yes ☐ No

Do you have a valid Concealed Pistol License? ☐ Yes ☐ No

Qualifications & professional credentials

Applicant name:

04 Education & training

Highest completed education: ☐ High school diploma ☐ GED / equivalent ☐ Trade / technical ☐ Some college ☐ Associate ☐ Bachelor+

School or institution	City / state	Graduation / completion year

Relevant program, major, or specialized coursework

List applicable licenses, certificates, courses, and their expiration dates. Do not include sensitive identification numbers unless requested securely after selection.

Credential / course 1	Issuing body	Issued / expires
Credential / course 2	Issuing body	Issued / expires
Credential / course 3	Issuing body	Issued / expires

Training completed (mark all applicable): ☐ First aid / CPR / AED ☐ Stop the Bleed ☐ De-escalation ☐ Crisis intervention

☐ Report writing ☐ Use-of-force law / policy ☐ Defensive tactics ☐ Radio procedure

☐ Emergency vehicle / EVOC ☐ Fire safety / evacuation ☐ Customer service ☐ Other:

05 Licensing, authorization & relevant capabilities

Do you hold a current, valid driver license? ☐ Yes ☐ No ☐ Not relevant to requested role

If the assignment requires driving, can you provide an acceptable driving record and proof of required vehicle coverage? ☐

Yes ☐ No ☐ N/A

Prior security, public safety, or related experience: ☐ Private security ☐ Law enforcement ☐ Corrections ☐ EMS / first responder ☐ Military ☐ None

Have any professional security-related licenses or credentials you held been suspended, revoked, or restricted?

☐ No ☐ Yes (explain below) ☐ N/A

If yes, provide credential, jurisdiction, approximate date, and current status:

Weapons-related licenses or prior training do not independently authorize carrying a weapon on a Code 3 assignment. Authorization, equipment, and training are subject to applicable law and written client approval.

Work history & experience

Applicant name:

06 Relevant work / business history

Provide the three most recent engagements or past projects, including self-employment. Include security-related work even if not among your three most recent positions.

Position / engagement 1

Organization / client	Your position / service	City / state
Start (month / year)	End (month / year)	Supervisor / client contact & phone
Primary responsibilities or service scope		
Reason for leaving / ending engagement		

May Code 3 contact this customer / organization? ☐ Yes ☐ No

Position / engagement 2

Organization / client	Your position / service	City / state
Start (month / year)	End (month / year)	Supervisor / client contact & phone
Primary responsibilities or service scope		
Reason for leaving / ending engagement		

May Code 3 contact this customer / organization? ☐ Yes ☐ No

Position / engagement 3

Organization / client	Your position / service	City / state
Start (month / year)	End (month / year)	Supervisor / client contact & phone
Primary responsibilities or service scope		
Reason for leaving / ending engagement		

May Code 3 contact this customer / organization? ☐ Yes ☐ No

Assignment availability & operational readiness

Applicant name:

07 Availability

Mark availability for each day. Enter preferred time ranges or limitations in the final column.

Day	Day shift	Evening	Overnight	Preferred hours / limits
Monday	☐	☐	☐	
Tuesday	☐	☐	☐	
Wednesday	☐	☐	☐	
Thursday	☐	☐	☐	
Friday	☐	☐	☐	
Saturday	☐	☐	☐	
Sunday	☐	☐	☐	

Schedule preferences and restrictions are collected to evaluate availability; actual scheduling and classification depend on the engagement and applicable requirements.

Travel radius from home / business: ☐ 0-15 miles ☐ 16-30 miles ☐ 31-50 miles ☐ Over 50 milesAvailable for: ☐ Weekends ☐ Holidays ☐ Short-notice openings ☐ Overnight assignments ☐ Travel outside Metro Detroit

Maximum preferred weekly hours / service capacity

Known recurring conflicts

08 Equipment, technology & reliability

I have access to: ☐ Reliable transportation ☐ Smartphone ☐ Consistent email ☐ Internet accessComfortable using: ☐ Mobile scheduling apps ☐ Electronic incident reporting ☐ CAD / dispatch tools ☐ Body camera☐ Radio communications ☐ Email / PDF documents ☐ Two-factor authentication ☐ GPS / navigationFor any lawfully approved business-to-business arrangement, I can provide required registration, insurance, and tax documentation if requested: ☐ Yes ☐ No ☐ N/A

Professional standards & relevant experience

Applicant name:

09 Experience with security operations

Check the areas in which you have direct experience. Checking an item does not represent a certification or authorization.

Field tasks: ☐ Foot patrol ☐ Property checks ☐ Access control ☐ Visitor screening

☐ Trespass documentation ☐ Crowd management ☐ Conflict de-escalation ☐ Emergency scene safety

Reporting: ☐ Incident reports ☐ Daily activity reports (DAR) ☐ Medical assistance reports ☐ Maintenance reports

☐ Witness statements ☐ Evidence preservation ☐ Photos / video documentation ☐ Client notifications

Communications: ☐ Dispatch acknowledgment ☐ Radio discipline ☐ Public-safety liaison ☐ Confidential records handling

10 Judgment & written communication

Respond briefly and factually. These prompts assess communication and situational judgment; do not include confidential information about former clients.

A. A client requests removal of someone from a site, but you are unsure of the person's legal authority to remain. What do you do?

B. Two people begin arguing and one threatens violence. What are your first steps, including when to request police or emergency assistance?

C. You discover an incident report was not submitted before the end of an assignment. What do you do to preserve accuracy and notify the appropriate contact?

Professional judgment & references

Applicant name:

10 Judgment & written communication (continued)

D. A person appears to need urgent medical assistance. Explain how you would initiate help, communicate details, and document the event without exceeding your training.

E. A civilian asks you to share private footage or incident details about a recent incident that happened on a client's property. How do you respond?

11 Professional references

List three professional references who can speak to reliability, judgment, writing, or customer-facing work. Do not list relatives.

Reference 1

Name	Professional relationship	Years acquainted
Organization / title	Phone	Email

Reference 2

Name	Professional relationship	Years acquainted
Organization / title	Phone	Email

Reference 3

Name	Professional relationship	Years acquainted
Organization / title	Phone	Email

May Code 3 contact these references as part of the application review? ☐ Yes ☐ No; contact me first

12 Additional information

Describe any relevant language skills, specialized training, business services, or experience you would like considered:

Applicant certifications & signature

Applicant name:

13 Applicant acknowledgments

Read each statement carefully. Initial each acknowledgment to confirm you understand it. These statements concern the application process only; any approved engagement requires separate written terms.

Initials: **Accuracy:** I certify that the information I provided in this application is true and complete to the best of my knowledge. I understand that material misrepresentations or omissions may affect eligibility or an existing engagement, subject to applicable law.

Initials: **Qualification verification:** I understand that Code 3 may verify my education, references, credentials, experience, eligibility for the particular assignment, and other job-related information as permitted by law.

Initials: **Uniforms and Equipment:** I understand that I will be responsible for purchasing my own uniform and duty gear prior to beginning work.

Initials: **Background screening:** I understand that a separate disclosure and written authorization will be provided before Code 3 requests a consumer report from a third-party screening company. Any state or federal fingerprint process will use the required authorized procedure.

Initials: **Confidentiality:** I understand that client, applicant, incident, surveillance, and database information must be handled only for authorized business purposes and under applicable confidentiality requirements.

Initials: **Standards of conduct:** I understand that assignments may involve incident reporting, prompt emergency notifications, lawful de-escalation, professional communications, and compliance with site-specific policies and approved scope of work.

Initials: **No guarantee:** I understand that submitting this application does not guarantee an offer, a contract, a particular assignment, or a specific schedule.

14 Signature

By signing, I certify that I personally completed or reviewed this application and that the information provided is accurate and complete to the best of my knowledge.

Applicant signature	Date
Printed legal name	Application reference / ID (if provided)

Return this application through email to Operations@code3securityllc.com