



Greeley Police Records
2875 West 10th Street
Greeley, CO 80634
(970)350-9677
FAX (970)350-9686

Application for Security Guard License

New License

Renewal

Unarmed

Armed

Official Use Only

Forwarded to DC by _____ on _____

Approved by _____ on _____

Denied by _____ on _____

Reason for Denial: _____

Applicant Information

1. Name of Applicant: _____

2. Date of Birth: _____

3. Race: _____ Sex: _____ Height: _____ Weight: _____

4. Social Security Number: _____ Driver's License Number: _____ Place of Birth: _____

5. Address of Applicant: _____

City: _____ State: _____ Zip Code: _____

6. Home Telephone Number: _____ Business Telephone Number: _____

7. Email Address: _____

8. Previous Employment for Previous Ten (10) Years:

9. List all of your arrests, felony, misdemeanor, and traffic charges. Please list dates, charge, location, convictions, dispositions, and sentences:

10. List details if you have ever had a judgment or conviction for fraud, deceit, or misrepresentation:

IF APPLYING AS AN ARMED SECURITY GUARD, COMPLETE THE BELOW SECTION:

Firearm Furnished By: _____

Firearm Make: _____ Model: _____ Caliber: _____ Serial Number: _____

PLEASE CONTINUE TO THE NEXT PAGE OF THIS APPLICATION

Business Information

1. Name of Company Employing Applicant: _____
2. Address of Company: _____ City: _____ State: _____ Zip Code: _____
3. Address of Primary Job Site: _____ City: _____ State: _____ Zip Code: _____
4. Job Site Supervisor Name: _____ Email Address: _____
5. Please list any additional job sites and/or supervisors below:

Security Guard Checklist

Initial Unarmed Security Guard Application

Completed Application with Notarization
Training Documentation for 24 Hours of Training
Fingerprint Documentation
Payment of \$17.00

Initial Armed Security Guard Application

Completed Application with Notarization
Training Documentation for 24 Hours of Training
Additional Training Documentation for 16 Hours of Training
Specific to Firearms
Fingerprint Documentation
Physician's Certificate of Ability to Perform Duties
Payment of \$17.00

Renewal for Unarmed Security Guard Application

Completed Application with Notarization
Training Documentation for 24 Hours of Training
Fingerprint Documentation
Payment of \$17.00

Renewal Armed Security Guard Application

Completed Application with Notarization
Training Documentation for 24 Hours of Training
Additional **4** Hours of Firearms Training
Fingerprint Documentation
Physician's Certificate of Ability to Perform Duties
Payment of \$17.00

Applicant Signature: _____ Date: _____



Greeley Police Records
2875 West 10th Street
Greeley, CO 80634
(970)350-9677
FAX (970)350-9686

Application for Security Guard License

AUTHORITY FOR RELEASE OF INFORMATION

Name _____
(Last) (First) (Middle)

Sex _____ Date of Birth _____
Month/Day/Year

I, _____, do hereby authorize a review and full disclosure of all records specified below, or any part thereof, concerning myself, by and to ANY duly authorized agent of the City of Greeley, Greeley Police Department, or Private investigator working as an agent of the City of Greeley for purposes of the application, whether the said records are of Criminal Justice, public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, whosoever located.

I understand that all information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for licensing by the City of Greeley, Finance Department. I understand that all materials pertaining to this background investigation become the property of the City of Greeley, Finance Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is not approved, the sources of confidential information will not be revealed to me.

A photocopy of this signed release form will be considered valid as an original hereof.
MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Affiant's Signature

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

Expiration Date

(Notary Seal)



AFFIDAVIT OF LAWFUL PRESENCE

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

____ I am a United States citizen, or

____ * I am a Permanent Resident of the United States, or

____ * I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute § 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

*If Affiant affirms that he/she is either a Permanent Resident or otherwise lawfully present in the United States, please have Affiant complete the S.A.V.E. verification form and forward both forms to H.R. for verification of lawful presence in the S.A.V.E. program.

For internal use only:

**IDENTIFICATION
PROVIDED**

- ____ Current Colorado Driver's License or Permit
- ____ United States passport
- ____ Current Colorado Identification Card Issued by Department of Motor Vehicles
- ____ United States Military ID/Common Access Card
- ____ United States Military Dependent Identification Card
- ____ United States Coast Guard Merchant Mariner Card
- ____ Native American Tribal Document
- ____ Out of State DL/ID from any state except Alaska, Illinois, New Mexico, Utah, or Washington.
- ____ Out of State DL/ID that says "Enhanced"
- ____ Foreign passport with photo, US Visa, I-94
- ____ Certificate of Naturalization w/photo less than 20 years old
- ____ Certificate of Citizenship w/photo less than 20 years old

For internal use only:

ALTERNATE I.D. REQUIREMENTS

If applicant can not produce one of the identification documents listed at left, please refer to Attachments A and B of the Department of Revenue's "Rules for Evidence of Lawful Presence" located at U:\City Attorney\Immigration

Questions? contact the City Attorney's office.

S.A.V.E. VERIFICATION FORM

Pursuant to Section 24-76.5-103 of the Colorado Revised Statutes, the City of Greeley must verify that individuals who apply for public services from the City are lawfully present in the United States. If an Applicant executes the Affidavit stating that he or she is an Alien lawfully present in the United States, the City of Greeley must verify such lawful presence through the federal Systematic Alien Verification of Entitlement program ("SAVE program"). This verification program is operated by the United States Department of Homeland Security.

The following information is required in order for the City to perform the SAVE program verification. In addition, please affix to this form a legible copy of your identification or other documentation which demonstrates lawful presence in the United States.

Name _____

Telephone Number _____

Social Security Number _____

Date of Birth _____

City Benefit requested:

- ☐ Food Tax Rebate
- ☐ Water and Sewer Department Rebate
- ☐ Commercial/Professional License
- ☐ Liquor License
- ☐ Loan (including Historic Preservation loans)
- ☐ Grant
- ☐ Emergency Assistance

For internal use only:

Requesting Department _____

Staff contact _____

Forward the Affidavit, SAVE Verification form, and copy of appropriate identification documents to H.R.

H.R. use only:

___ S.A.V.E. verification performed

___ Affiant is lawfully present in the United States

___ Affiant is not lawfully present in the United States

___ Documents returned to originating Department.