

EXPERIENCE VERIFICATION - GUARD

Access this form via website at: cca.hawaii.gov/pvl

PART I. TO BE COMPLETED BY APPLICANT

Fill in your NAME, DATE and ADDRESS only. Your supervisor/employer must complete the other sections and have the form notarized. After it is completed, ATTACH it to your application form.

Name of Applicant:	Mailing Address of Applicant:
Date:	

PART II. TO BE COMPLETED BY LICENSED GUARD SUPERVISOR OR EMPLOYER OF APPLICANT OR APPLICANT IF SELF-EMPLOYED

Your assistance as a licensed guard or a former or current employer is necessary to provide valid and accurate verification of experience and guard duties. The Board requires that applicants shall have had experience reasonably equivalent to at least four years of full-time guard work. For Guards, the Board may accept employment: as a guard under the supervision of a licensed guard; as a guard by a private employer; as a police officer with a police department of a state or political subdivision; or as a guard with any federal, state, county, or municipal government agency. Acceptable verification is from a licensed guard (if employed by a guard agency); or an employer (attorney, insurance company, hotel, retail establishment, etc.) working with and/or responsible for the applicant who can attest to the guard work the applicant performed.

NOTE: If self-employed please provide verification of a valid guard or other appropriate license that allowed you to contract to provide guard services. **Please sign before a Notary Public.** Please return this completed "Experience Verification" form to the **APPLICANT** who must attach it to the application form for submittal to the Board.

Name and Address of Supervisor	Employer's Name and Address
Title: _____	Type of Business: <input type="checkbox"/> Law Enforcement (federal, state, county, etc.) <input type="checkbox"/> Guard Agency <input type="checkbox"/> Government (federal, state, county, etc.) <input type="checkbox"/> Other (please list): _____
Guard License No. (if applicable): _____	Guard Agency License No. (if applicable): _____ (Attach copy of current license)
Years Licensed: _____	Years Licensed: _____

Applicant's Employment Information:			
Employment Date:	Termination Date:	Total Length of Employment:	Average Hours Per Week:
		yrs. mos.	

(CONTINUED ON PAGE 2)

*** NOTARIZED SIGNATURE REQUIRED ON PAGE 2 ***

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Print Name of Applicant: _____

Date: _____

EXPERIENCE: 1. Describe in detail the guard work and duties performed by the applicant. (i.e. citizens arrest, case classification, safekeeping of persons or property, incident investigation and documentation, screening of individuals, securing of a premise or property, etc.)

AFFIDAVIT:

I certify that the information provided is true and correct. I understand that any misrepresentation is grounds for refusal to grant or possible disciplinary action against the licensee.

Signature of Supervisor, Employer, or Applicant if Self-Employed in front of a Notary Public

Date

Subscribed and sworn to before me this
_____ day of _____ A.D. 20 _____.
Notary Signature: _____
Notary Public, State of: _____
My commission expires: _____
Print Name: _____

Doc. Date: _____ No. of Pages: _____
Notary Name: _____ Circuit Court: _____
Doc. Description _____
Notary Signature: _____
Date _____