



# Security & Public Safety Training Institute

<b>CREDIT APPLICATION</b>		
<b>APPLICANT INFORMATION</b>		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
<b>EMPLOYMENT INFORMATION</b>		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:
<b>PERSONAL REFERENCES (3 MANDATORY)</b>		
Name:		
Current address:		
City:	State:	ZIP Code:
Phone Number:	Alt. Phone #:	e-mail:
Name:		
Current address:		
City:	State:	ZIP Code:
Phone Number:	Alt. Phone #:	e-mail:
Name:		
Current address:		
City:	State:	ZIP Code:
Phone Number:	Alt. Phone #:	e-mail:
<b>APPLICATION INFORMATION CONTINUED</b>		
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
I authorize Security & Public Safety Training Institute to verify the information provided on this form as to my credit and employment history.		
Signature of applicant		Date