



Civilian Safety  **Awareness Program**
 BY **SABRE**

Date _____

SABRE Instructor Certification Course Application

By submitting the following application, you understand that you are applying solely for the opportunity to participate in a training class designed to educate you and certify you to teach the Sabre Civilian Safety Awareness Program (CSAP). This is not an application for employment, and your attendance at or completion of the training does not constitute or create an employment relationship with Security Equipment Corporation (SEC). By submitting this application, you consent to SEC running a background check on your criminal record, and also understand that SEC reserves the right to reject any application for any non-discriminatory reason that it, in its sole discretion, deems appropriate.

Name _____

Other Names or Pseudonyms _____

Street _____

City, State & Zip _____

E-mail Address _____

Daytime # _____ Evening # _____ Cell # _____

Occupation _____

Current Employer (Name, address & phone):

Length of time with this employer: _____

In case of emergency, please contact: (include name, address and phone)



Have you ever been convicted of a felony? Yes ____ No ____

Have you had a criminal conviction (except a minor traffic offense)? Yes ___ No ___

Are you currently charged with the commission of a felony? Yes ____ No ____

Are you currently on probation for any criminal offense? Yes ___ No ____

For any "Yes" answer, please state nature of the crime(s), when and where convicted, and the disposition of the case.

Where do you plan to teach the course?

How many courses per year do you anticipate teaching?

List any relevant training classes that you have previously attended: (Self-defense, Pepper-spray, Firearms, etc.)

<u>Course Title</u>	<u>Length of Course</u>	<u>Location</u>



List any relevant Instructor Courses that you have previously attended and/or Instructor Certifications you've held or currently hold:

<u>Course Title</u>	<u>Length of Course</u>	<u>Location</u>

Briefly describe any previous teaching experience (formal or non-formal):

Please list any qualifications that you feel will make you a quality instructor (i.e. former or current police/safety officer, prior self-defense experience, etc.)

Briefly explain any previous experience with pepper-spray (as an instructor or user):

Any other information you think is important for us to know?



Each applicant must provide two references or recommendations:

Name/Title _____

Address _____

Phone _____

Name/Title _____

Address _____

Phone _____

You understand that SEC is providing this class to persons who have met SEC's selection standards, which are designed to ensure a high quality end-user program. Being accepted into the class does not mean that SEC will allow the applicant to complete the class or that the applicant will be certified. At the conclusion of the class, if the applicant is still a part of the class, the applicant will have an opportunity to test for instructor certification.

Along with covering the course material, the program will also feature segments of generic instructor development. The certification process includes teaching demonstrations and a written test.

I certify that information contained in this application is true and complete. I understand that this application is not a contract for employment and that my attendance at or completion of the training does not constitute or create an employment relationship. I understand that false information may be grounds for SEC not accepting the application or for immediate termination of instructor certification at any point in the future. I authorize the verification of any or all information listed above.

Printed Name _____

Signature _____

Date _____



**CONSENT BY APPLICANT ALLOWING SECURITY EQUIPMENT CORPORATION
TO CONDUCT BACKGROUND CHECKS**

SEC requires screening for all applicants who desire to teach its Civilian Safety Awareness Program. SEC may conduct additional screening of applicants as circumstances or law require. The screening may consist of an investigation of employment history and a criminal record check. SEC reserves the right to conduct more extensive screening as circumstances dictate.

Signing the consent form is a condition of acceptance into the instructor training class. By your signature below, you hereby authorize SEC to perform background screening. You further agree to release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization.

NAME: _____

DATE: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____

COUNTY OF RESIDENCE: _____

**Please fax this completed application, 30 days prior to the class date to 636-343-1318 –
Attention Aimee Johnson or mail to Aimee at the address shown below.**

If your application is approved, an Instructor contract will be forwarded and must be returned 14 days prior to the class date. Attendance is not allowed unless the contract is signed and submitted to Aimee Johnson prior to the class. All Instructor Contracts are final and no refunds will be given to candidates who fail to attend the CSAP Instructor Course which you have signed up to attend.

If as a result of the review of your application, you are not admitted to the CSAP Instructor Candidate Certification Program, you will receive a full refund of \$300.00.

Payment Method: Visa Master Card American Express

Credit Card #: _____ Name on Card: _____

Expiration Date: _____ 3 Digit Security Code: _____

