NEW YORK STATE Division of Criminal Justice Services Office of Public Safety Security Guard Program

SECURITY GUARD TRAINING QUESTIONNAIRE

In an effort to assess the quality of security guard training being provided by NYS approved security guard training schools, the Division of Criminal Justice Services is requesting the completion of this questionnaire.

Name:	Date:			
Signature:	Date of Birth: Telephone Number:			
Address:				
•••••	•••••	•••••	•••••	
Are you an employed security guard? Yes	s No	Never	No longer employed	
Did you complete the Eight-Hour Pre-Ass If yes, continue	ignment Training C	ourse for Security	Guards? Yes No	
Date(s) of training:	Time of Training	: to	_	
Name of School:				
Address of training:				
Names of instructor(s):				
How was the training conducted? (Check all the Were handouts provided? Yes No		e Some Lecture	All Video Some Video	
Were you required to take notes? Yes	s No			
Did you take a final written examination?	Yes No.			
Did you receive a certificate of completion?	Yes No			
Did you complete the Sixteen Hour On-Th	e-Job Training Cou	ırse for Security Gu	uards? Yes No	
Training began on: MonthDayY	ear and finish	ned on: Month	DayYear	
Time of training: to		_		
Name of School:				
Address of training:				
Names of instructor(s):				

How was the training Conducted? (Check all that Did you receive handouts? Yes No	t apply) Al	l lecture	Some Lecture	All Video	Some Video
Were you required to take notes? Yes.	No				
Did you take a final written examination?	Yes	No			
Did you receive a certificate of completion?	Yes	No			
Did you complete the Eight Hour Annual In-Self yes, continue	ervice Tra	ining Cour	se for Security	Guards? Yes	No
Date(s) of training:	Time of T	raining:	a.m. to	p.m. OR	_p.m. top.m.
Name of School:			 		
Address of training:					
Names of instructor(s):					
How many hours of training did you receive?	hou	ırs			
Did you receive handouts? Yes No					
How was the training conducted? (Check all that a	pply) All I	_ecture	Some Lecture	All Video	Some Video
Were you required to take notes? Yes	No				
Did you take a final written examination?	Yes	No			
Please use the space below to provide any addit	ional infor	mation on th	e security guard	d training you co	ompleted.

Thank you for completing this questionnaire. If you have any questions, please contact the Office of Public Safety, Security Guard Program at (518) 457-2667.

Forward the completed questionnaire either by mail to:

NYS Division of Criminal Justice Services Office of Public Safety Security Guard Program 80 South Swan Street Albany, NY 12210

By fax: (518) 485-7639 Or by e-mail to: dcjsopssecurityguard@dcjs.ny.gov