



**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: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 \_\_\_\_\_

Are you an employed security guard?    Yes                      No                      Never                      No longer employed

**Did you complete the Eight-Hour Pre-Assignment Training Course for Security Guards?**    Yes    No  
 If yes, continue

Date(s) of training: \_\_\_\_\_ Time of Training: \_\_\_\_ a.m. to \_\_\_\_ p.m. **OR** \_\_\_\_ p.m. to \_\_\_\_ p.m.

Name of School: \_\_\_\_\_

Address of training: \_\_\_\_\_

Names of instructor(s): \_\_\_\_\_

How many hours of training did you receive?    \_\_\_\_ hours

How was the training conducted? (Check all that apply)    All Lecture            Some Lecture            All Video            Some Video

Were handouts provided?            Yes    No

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 Sixteen Hour On-The-Job Training Course for Security Guards?**    Yes    No  
 If yes, continue

Training began on: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ **and finished on:** Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Time of training: \_\_\_\_ a.m. to \_\_\_\_ p.m. **OR** \_\_\_\_ p.m. to \_\_\_\_ p.m.

Name of School: \_\_\_\_\_

Address of training: \_\_\_\_\_

Names of instructor(s): \_\_\_\_\_

How many hours of training did you receive:    \_\_\_\_ hours

How was the training Conducted? (Check all that apply) All lecture      Some Lecture      All Video      Some Video

Did you receive handouts?      Yes      No

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-Service Training Course for Security Guards?**      Yes      No

If yes, continue

Date(s) of training: \_\_\_\_\_ Time of Training: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. **OR** \_\_\_\_\_ p.m. to \_\_\_\_\_ p.m.

Name of School: \_\_\_\_\_

Address of training: \_\_\_\_\_

Names of instructor(s): \_\_\_\_\_

How many hours of training did you receive?      \_\_\_\_\_ hours

Did you receive handouts?      Yes      No

How was the training conducted? (Check all that apply) All Lecture      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 additional information on the security guard training you completed.

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Thank you for completing this questionnaire. If you have any questions, please contact the Office of Public Safety, Security Guard Program at (518) 457-4135.

**Forward the completed questionnaire either by mail to:**

NYS Division of Criminal Justice Services  
Office of Public Safety  
Security Guard Program  
4 Tower Place  
Albany, NY 12203  
By fax: (518) 485-7639  
Or by e-mail to: [Mary.O'Connell@dcjs.state.ny.us](mailto:Mary.O'Connell@dcjs.state.ny.us)