



CITY SECURITY CONSULTANT, INC

2010 Kendall Street N.E. Washington DC 20002

Office (202)635-2968 Fax (202)832-0906

Application for Employment

City Security Consultants, Inc is an Equal Opportunity Employer committed to excellence through diversity. Employment offers are made based on qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age veteran status, or sexual orientation.

<u>PERSONAL INFORMATION</u>		
Name:		Date:
Street Address:		City, State, Zip:
Last four of Social Security:		Phone:
E-Mail:		
Valid Driver's License#		
<u>EMPLOYMENT ELIGIABILITY</u>		
A position with City Security Consultants, Inc will require you to work various shifts. Are you available to work, Day, Evening and Overnight shifts? Yes <input type="checkbox"/> No <input type="checkbox"/> If no please explain:		
<u>Position Applying For:</u> <input type="checkbox"/> SPO <input type="checkbox"/> SO <input type="checkbox"/> CLERICAL	<u>Employment Desired:</u> <input type="checkbox"/> Full -Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	<u>Shift Applying For:</u> <input type="checkbox"/> SPO <input type="checkbox"/> SO <input type="checkbox"/> CLERICAL
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your date of birth? Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you currently have a Security or Special Police Officer License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of license and expiration date? Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: Do you have any physical condition which may limit your ability to perform security work? Yes <input type="checkbox"/> NO <input type="checkbox"/>		

If yes, please explain:

Are you able to pass a drug screen? (Note this is a requirement of employment) Yes No

EDUCATION

High School	<input type="checkbox"/> Yes <input type="checkbox"/> No	Graduated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year:
GED	<input type="checkbox"/> Yes <input type="checkbox"/> No	Graduated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year:
College	<input type="checkbox"/> Yes <input type="checkbox"/> No	Graduated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year:

SKILLS: Please list any technical skills, clerical skills, trade skills relevant to this position.

WORK HISTORY

Please detail your entire work history. Begin with your current or most recent employer.

Dates Employed (most recent position) From: To: <table border="1"><tr><td>Starting Salary:</td></tr><tr><td>Ending Salary:</td></tr></table>	Starting Salary:	Ending Salary:	Organization Name and Address Supervisor Name and Phone#	Title: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time
Starting Salary:				
Ending Salary:				
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Starting Salary:				
Ending Salary:				

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that the failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment is discovered. I authorize City Security Consultants, Inc. to investigate, without liability, all statements contained in this application and supporting material.

Applicant Signature:

Date:



METROPOLITAN POLICE DEPARTMENT
Security Officers Management Branch

Arrest Affidavit

PLEASE READ THE FOLLOWING CAREFULLY

I certify that all documents and information that I have provided regarding my arrest history to be true and correct. I understand the making for false statements is punishable by criminal penalties as listed: **D.C. Code, Section 22-2405** states in part "A person who commits the offense of making false statements, if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true; provided, that the writing indicates that the making of a false statement is punishable by criminal penalties" **D.C. Code, Section 22-2404** states "A person commits the offense of false swearing if under oath or affirmation he or she willfully makes a false statement, in writing, that is in fact material and the statement is one which is required by law to be sworn or affirmed before a notary public or other person authorized to administer oaths." *Violations of these two statutes can result in your application being disapproved.*

I acknowledge that I have read the above statutes: _____

INITIALS

The undersigned applicant hereby certifies to never having been arrested for a criminal offense anywhere in the United States in the past, except for the following:

CHARGE	CITY & STATE OF OFFENSE	DATE	DISPOSITION

Name (Please print) _____ Signature _____

Date of Birth _____ AGE: _____ Social Security Number _____

Affiliated Security Agency _____ Security License Number _____

Subscribed and sworn to before me, a Notary Public, this ____ day of _____, 20____

(Seal)

Notary Public: _____

Commission Expiration: _____

RESIDENCE AND EMPLOYMENT HISTORY

1. Places and dates of residence for the last 10 years:

DATE	STREET ADDRESS	CITY	STATE

2. Places and dates of employment in the last 10 years:

START DATE	END DATE	POSITION	ORGANIZATION	ADDRESS