



APPLICATION FOR EMPLOYMENT

Security Officer and/or Private Investigator Requirements

Dear Applicant,

Thank you for taking the time to apply for a position with Bill Perry & Associates, Inc. as a Security Officer and / or Private Investigator.

It is very important that your application be filled out completely and accurately as the information provided gives us the opportunity to determine where your unique talents may be used within our company.

Requirements of the Position/s for which you are applying:

- A valid Florida Security Guard License "D"
- A valid Florida Private Investigators License "C"
- A valid Florida Drivers License
- A vehicle in good working condition to use to travel to scheduled assignments
- The ability to speak and write in English
- A working cell phone
- The ability to stand and / or sit for long periods of time
- The ability to arrive at scheduled assignments on time
- Must be in physically good health

Acknowledgement: I have read and understand the requirements of the position for which I am applying.

Print Name

Date

Signature

Good Luck!

William R. Perry
President
Bill Perry & Associates, Inc.



Bill Perry & Associates, Inc.
1505 SE 40th Street, 2nd Floor
Cape Coral, Fl 33904
239-462-8778 or Toll Free: 800-564-7954

TO: ALL EMPLOYMENT CANDIDATES/EMPLOYEES

AS A CANDIDATE, YOU ARE RESPONSIBLE TO:
Notify your Investigator or the Applicant Investigation Unit if you:

1. Change your address
2. Change your phone number
3. Change your employment
4. Change your marital status
5. Change any other pertinent information
6. Receive any traffic violations, have a motor vehicle accident, or ANY involvement with a law enforcement agency. (Includes ANY contact: arrest/summons, citations/warnings, detention without charges)
7. Remember that failing to provide the required documents listed on the instruction sheet may postpone any hiring you may be in contention for.

I HAVE READ THE ABOVE STIPULATIONS AND I UNDERSTAND THEM. MY PARTICIPATION IN THIS BACKGROUND INVESTIGATION IS VOLUNTARY.

Print Name

Signature

Date

APPLICATION OF EMPLOYMENT

It is our policy to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

Note: Please type or print your answers. If you print, please do so in **black ink** and write neatly. An illegible application may preclude you from consideration.

POSITION APPLYING FOR: Event Security Bodyguard Boat Operator Private Investigator
 Uniformed Security Guard Support Staff Bouncer

PERSONAL INFORMATION

First Name Middle Initial Last Name

Current Address:

Street and Apt. # City State Zip Code

Telephone: _____ E-mail: _____

D.O.B: _____

Social Security #: _____ - _____ - _____ Driver's License #: _____ State: _____

I am a Citizen or otherwise authorized to work in the United States on an unrestricted basis:

Yes No

If applicable, please list your visa type, visa # and expiration:

Have you ever been convicted of a felony or a misdemeanor?

Yes No

If you answered yes, please explain:

Have you ever served in the Military? Yes No

If yes, please provide the following information:

Branch of Service: _____ Rank at time of separation: _____

I served from _____ to _____.

Special Honors:

EMPLOYMENT HISTORY:

Present or Most Recent Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No
Name Title

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No
Name Title

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No
Name Title

Reason for leaving: _____

EDUCATION

High School

Name and Address

Did you graduate? Yes NO Attended from _____ to _____.

If you did not graduate, did you receive your GED? Yes No

Special honors or awards: _____

Technical or Vocational School including Police, Sheriff, Correctional Academies

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

College or University

Name and Address

Did you graduate? Yes NO Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

College or University

Name and Address

Did you graduate? Yes NO Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

POSITION INFORMATION:

Position Specifications

Position Applying For: _____

How did you hear about this job? _____

What hours are you willing to work? _____

Would you be able to work weekends? Yes No

Are you willing to travel for the job? Yes No

When would you be able to start? _____

Desired salary: _____ per _____

Skills

Please describe any skills you have in the following areas:

Computers, firearms, baton, defensive tactics, diver certifications, EMT, CDL licenses, captain license, narcotics investigations, interview techniques, or ANY other advanced training:

Do you possess a valid pistol permit? If yes, provide the jurisdiction and permit number & type:

Do you possess a valid security guard certification? If yes, provide your Unique ID No. If you are exempt, pursuant to law, please explain below:

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize you to investigate any aspect of my prior educational, employment history, and other relevant matters. Furthermore, I understand that if I am hired, employment is "at will," which means that either you or I can terminate my employment for any reason not prohibited by law.

Signature: _____ **Date** _____

STATEMENT OF CONFIDENTIALITY

I, the undersigned, understand that if I am employed by you in any capacity, I am going to be entrusted with confidential information and the preservation of such confidence as prescribed by law. In the contemplation of the certainty of this fact, I hereby agree to the following:

Protection of Confidential Information. I will not, directly or indirectly, use, make available, sell, disclose or otherwise communicate to any third party, other than in my assigned duties and for the benefit of this company, any of the Company's Confidential Information, either during or after my employment with this company. In the event I desire to publish the results of my work for the Company through literature or speeches, I will submit such literature or speeches to the C.E.O of the Company at least 10 days before dissemination of such information for a determination of whether such disclosure may be highly prejudicial to the interests of this company, or may constitute an invasion of its privacy. I agree not to publish, disclose or otherwise disseminate such information without prior written approval of the C.E.O of this company. I acknowledge that I am aware that the unauthorized disclosure of Confidential Information of the Company may be highly prejudicial to its interests, an invasion of privacy, and an improper disclosure of confidential information.

Delivery of Confidential Information. Upon request or when my employment with this company terminates, I will immediately deliver to the C.E.O all copies of any and all materials and writings received from, created for, or belonging to this company including, but not limited to, those which relate to or contain Confidential Information.

- a. Location and Reproduction. I shall maintain at my work station and/or any other place under my control only such Confidential Information as I have a current "need to know." I shall return to the appropriate person or location or otherwise properly dispose of Confidential Information once that need to know no longer exists. I shall not make copies of or otherwise reproduce Confidential Information unless there is a legitimate business need of the Company for reproduction.

Third-Party Information. I acknowledge that this company has received and in the future will receive from third parties their confidential information subject to a duty on this company's part to maintain the confidentiality of such information and to use it only for certain limited purposes. I agree that, during the Period of Employment and thereafter, I will hold all such confidential information in the strictest confidence and not to disclose or use it, except as necessary to perform my obligations hereunder and as is consistent with the this company's agreement with such third parties.

For Cause. Notwithstanding anything herein to the contrary, this company may terminate my employment hereunder for cause for any one of the following reasons: (1) conviction of a felony, or a misdemeanor where imprisonment is imposed, (2) commission of any act of theft, fraud, or falsification of any employment or this company's records in any material way, (3) my failure or inability to perform any material reasonable assigned duties after written notice from this company, and a reasonable opportunity to cure, such failure or inability, or (4) material breach of this Agreement which breach is not cured within one day following written notice of such breach. Upon termination of employment with this company for cause, this company shall be under no further obligation to me for salary or bonus, except to pay all accrued but unpaid base salary, accrued bonus (if any) and accrued vacation to the date of termination thereof.

Exclusive Employment. During employment with this company (a) I will not do anything to compete with the Company's present or contemplated business, nor will I plan or organize any competitive business activity and (b) I will not enter into any agreement which conflicts with my duties or obligations to this company I will not during his employment or within one (1) year after it ends, without this company's express written consent, solicit or encourage any employee, agent, independent contractor, supplier, consultant, investor, or alliance partner to terminate or alter a relationship with this company.

Candidate Signature: _____ Date: _____

Candidate Name (printed) _____

Authorization to Release Information

I hereby authorize _____ to conduct a background investigation to include my prior employment, educational history, credit history, driving record, and criminal history. This information will assist them in their assessment of my qualifications.

I hereby authorize my present and past employers and schools that I have attended to release any employment information (including attendance records, performance evaluations, etc), references, academic records (including transcripts, credentials, etc.) and any other confidential information that _____ may request. I authorize any credit agency, credit bureau or reporting agency to release my credit information to _____.

I hereby authorize the release of information related to any criminal action, proceeding, and dispositions thereto. I authorize the custodian of records of any police department, or official law enforcement agency to release my records to _____. This release does *NOT* include sealed records or youthful offender records. I release to _____ and its representatives, agents and investigators all pertinent information regarding my character including any negative police contacts when a summons was issued in lieu of arrest, or the filing of a "field interview card" was filed in connection with the listed candidate.

I hereby waive any right I may have to review the information collected through the above authorization.

I hereby release _____, their agents, investigators, employees, executors, and assigns from any and all liability that may be incurred by the signing of this form and or liability incurred as a result of the information collected and its use. I expressly waive any right I may have to sue _____, their board members, agents, investigators, employees, executors, assigns for any claim arising out of or related to the collection of information listed in this release or my application _____.

I have carefully read and reviewed all the provisions above and have voluntarily agreed to sign this authorization.

Date: _____

(Signature of Candidate)

(Printed Name of Candidate – Driver License Number)

***This form must be notarized in order for it to be valid.**

***Photocopies of this form are valid when all signatures are affixed.**

Bill Perry & Associates, Inc.
Employee Contact Information

Employee Name: _____ D.O.B: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Nearest Relative Name: _____ Phone: _____

Nearest Relative Address: _____

Vehicle Type: _____ Vehicle Year: _____ License Plate: _____

Driver License#: _____ Expiration: _____

Employee Availability

Monday	Day __	Evening __	Midnights __
Tuesday	Day __	Evening __	Midnights __
Wednesday	Day __	Evening __	Midnights __
Thursday	Day __	Evening __	Midnights __
Friday	Day __	Evening __	Midnights __
Saturday	Day __	Evening __	Midnights __
Sunday	Day __	Evening __	Midnights __



Post Abandonment Policy

I, _____, having been offered employment for the position of _____ with Bill Perry & Associates, Inc., I fully understand that if I am employed by Bill Perry & Associates, Inc. and assigned to any facility, post, business, or other designated location, that I am **NOT** authorized to abandon my post under any circumstances. If an emergency arises, I will immediately notify my supervisor, **PRIOR**, to departing from my post. I agree and I fully understand that if I abandon my post, that my position with Bill Perry & Associates, Inc. will immediately be terminated and I will not be paid for that particular tour of duty. I further understand that I may be liable for incidents, which occur as a result of me abandoning my assigned post.

Employee Name Printed: _____

Signature of Employee: _____ Date: _____

Witness: _____

A copy of this policy shall be placed in the employee's personnel file as a permanent record.