VILLAGE OF CLAYCOMO SECURITY LICENSE

NEW/RENEWAL SECURITY LICENSE PROCEDURE:

- 1. The new officer will need to fill out a "Village of Claycomo" application for employment to work in the Village. It must be signed by the new hire and by a company representative. It must contain the address to be worked (i.e.Ford KCAP-Claycomo, MO). You must include employment history for the preceding 3 years.
- 2. Application must be turned in with: a photocopy of a valid Dr. License; two passport style color photos of applicant size 2"x2"; a company check for \$25.00
- 3. Please allow up to 2 weeks for criminal history check to be completed and a license to be created.

CLAYCOMO SECURITY LICENSES EXPIRE ONE YEAR FROM THE DATE OF ISSUE. NO NOTIFICATION WILL BE SENT TO YOU. IT IS YOUR RESPONSIBILITY TO SUBMIT RENEWAL APPLICATION IN A TIMELY MANNER SO YOUR LICENSE DOES NOT EXPIRE.

SECURITY OFFICERS MUST HAVE THEIR SECURITY ID AND DR. LICENSE ON THEIR PERSON WHILE WORKING IN THE VILLAGE OF CLAYCOMO.

QUESTIONS MAY BE DIRECTED TO THE OFFICE STAFF AT CITY HALL/POLICE DEPARTMENT, (816)452-5539



Village of Claycomo

Application for Employee Permit to Work

| Employee Full | Legal Nam | ie: | · · · · · · · · · · · · · · · · · · · | | |
|--|-------------------------------|-----------------------|---|----------|--|
| Employee Add | ress: | | | | |
| Employee Pho | ne Number: | Employee I | Date of Birth: | Empl | oyee SS#: |
| Weight: | Hei | ght: | Color of ha | l ir: | Color of eyes: |
| Name of Emplo | oyer: | Employer A | ddress: | Emple | oyer Phone: |
| Employer Cont | Employer Contact: | | Contact Phone: | | |
| Name of busine (indicate if this is an | sses/proper | rties, and/or lo | cations emplo | yee wil | l be assigned to |
| Business, occup preceding the date of the second sec | /er been convicted a state | nvicted of any | crime except | .h | mediately raffic violations? in which the conviction |
| Documents required to Written evide One (1) portra | be attached: nce that applica | ant is at least 18 ye | ars old or 21 years othes by two (2) inch | | |
| APPLICATION MUS. APPLICATION BEIN By signing below the a conduct an investigatio applicant for the license | T BE COMPLE OF DENIED. | TED IN FULL. | ANY FALSE STAT | EMENTS | |
| Applicant Signature | | | Date | B | |
| Employer Signature | - | | Date | | |
| Office Use Only: Date Submitted: | | | | | |