

APPLICATION FOR EMPLOYMENT

INTERCEPT SECURITY, LLC



110 Traders Cross, Bluffton, S.C. 29909
Phone (843) 226-0940 Email: interceptsc@gmail.com
SLED LICENSE #2600

Helpful Hints Regarding Your Application

1. Be sure that all information is complete, accurate, and legible. If a question does not pertain to you, print N/A in the space.

2. Provide copies of all required documents:
 - a. One copy of your birth certificate,
 - b. One copy of your drivers license,
 - c. One copy of your high school diploma or GED Certificate,
 - d. One copy of your college diploma or diplomas if applicable,
 - e. One official copy of your ten year driving record from all states where you have been licensed to drive,
 - f. One copy of your DD214 if you have served in the military,
 - g. One copy of your Social Security Card,
 - h. One passport size color photograph (Approximately 2"x2")

3. Provide references as requested with telephone numbers where they can be reached between the hours of 8:00am and 4:30pm, Monday through Friday.

Intercept Security Appearance Policy Advisory

1. Hair Regulations: All employees shall maintain their hair in a professional manner. All haircuts and facial hair must meet the approval of Intercept Security. No facial hair except for approved mustache will be worn while in uniform. To ensure a professional appearance and the safety of female officers, hair must not exceed past the first seam on the back of the uniform shirt. Non-uniform officers must conform to the same equal length in the back as the uniform shirt requirement. It is recommended that hair be in a bun, rolled up, or a pony tail. Bangs cannot extend below the eyebrows. Hair cannot be worn loosely around the face. It must be behind the ears. Hair color must not be an unnatural color (i.e. blue, purple, etc). Hair accessories should be black or match the color of the hair. Employees must be groomed in a manner befitting their work assignments.
2. Only female officers may wear one (1) earring in each ear on the lower ear lobe or by male officers upon approval of Intercept Security. Any earrings worn must be “stud earrings” and of such a size and character as not to be easily grasped by an assailant. No other body piercing is approved that is visible while in uniform or plainclothes.
3. Fingernails – All personnel will keep fingernails clean and neatly trimmed. Males will keep nails trimmed so as not to extend beyond the fingertip. Females will not exceed a nail length of 1/8 inch, as measured from the tip of the finger.
4. Females will not wear shades of lipstick and nail polish that distinctly contrast with their complexion, that detract from the uniform, or that are extreme. Some examples of extreme colors include, but are not limited to, purple, gold, blue, black, white, bright (fire-engine) red, khaki, camouflage colors, and fluorescent colors.

Tattoo or Body Art:

1. While on duty or otherwise representing Intercept Security, personnel are prohibited from exhibiting any tattoos, branding, or other form of body art, which may be seen by another.
2. Personnel who may have a tattoo or body art as referenced shall completely cover the tattoo or body art with a long sleeved shirt or blouse, a skin toned patch, or other material, which is approved by Intercept Security or his designee.
3. Intercept Security may grant exceptions to this rule, if necessary, to further a legitimate law enforcement interest when presented and responded to in writing.

TO: APPLICANTS

FROM: PERSONNEL DIVISION - INTERCEPT SECURITY

SUBJECT: PRE-EMPLOYMENT REQUIREMENTS

On behalf of Intercept Security, we welcome your application. For you to be considered for employment, the following qualifications must be met and all sections of application must be completed.

**ARMED SECURITY PATROL
REQUIREMENTS:**

- 1) Minimum Twenty-One (21) Years of Age
- 2) No criminal history
- 3) Valid S.C. Driver's License (no violations in past 5 years)
- 4) **DRUG FREE BACKGROUND**
- 5) Satisfactory background and investigation
- 6) Satisfactory interview, polygraph examination, psychological, drug testing
- 7) **YOU MUST FURNISH PHOTOSTATIC COPIES OF YOUR DRIVER'S LICENSE, SOCIAL SECURITY CARD, BIRTH CERTIFICATE, HIGH SCHOOL/GED AND COLLEGE DIPLOMAS, DD 214 (IF PRIOR MILITARY), AND CERTIFIED DRIVING RECORD OF ALL LICENSES POSSESSED IN THE LAST 10 YEARS.**
- 8) Meet physical fitness standards of the job description.

• APPLICATION MUST BE COMPLETE WITH ITEMS LISTED ABOVE

INTERCEPT SECURITY

**APPLICATION FOR EMPLOYMENT
Equal Opportunity Employer**

**INTERCEPT SECURITY
110 Traders Cross
Bluffton, South Carolina 29909**

(843) 226-0940

APPLICATION FOR EMPLOYMENT: EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS: Fill out the entire application. PRINT or TYPE in black or blue ink.

NOTE: Filing an application with us does not imply that you will be interviewed or hired, only that you will be considered for vacancies based upon the stated occupation preference identified, when vacancies exist. Applications are considered active for six months unless we are contacted by you. If you are offered employment, it will be necessary to complete a physical examination (at your own expense), the results of which must be satisfactory to the Office. Return application to 110 Traders Cross, Bluffton SC 29909 qt 'd{ 'go ck'cu'cp'cwcej o gpv.'vq'interceptsc@gmail.com

Initial

Position(s) applied for _____ **Date** _____

PERSONAL DATA

1. Name: _____
Last First Middle

2. Address: _____
Number Street City State Zip County

3. Contact: _____
Home phone Business phone Cell phone Email

4. If you have worked under another name, please indicate: _____

5. Are you a U.S. citizen? Yes No **If no, give Visa type:** _____

Immigration number: _____

6. Date available to start work: _____

**7. Is there any reason known to you, as to why you could not consistently perform the job you have applied for?
If yes, explain:**

8. How many days have you missed from work in the last year due to sickness or injury? _____

RECORD OF EDUCATION

School	Name & Address	Attendance Dates	Years Completed	Did You Graduate	List Degrees
High School					
Technical School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Seminars, Institutes, Etc.				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/University Undergraduate				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/University Graduate				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Education				Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. If you did not graduate from high school, have you passed the General Educational Development (GED) Test? Yes No If yes, when and where did you complete the GED:

10. Indicate Languages you speak, read or write: _____

11. List professional license you hold: _____ License Number: _____

12. List scholarships, academic honors, awards: _____

13. List courses that you have taken that would be particularly useful to the position for which you are applying.

14. List training skills, and experience you feel would especially fit you for work with our organization.

15. Typing speed (WPM) _____ List equipment or office machines you can operate.

d. List complete name of person with whom you are residing and the person's relationship to you:

Last	First	Middle	Relationship
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e. Parents Name:

Father	Last	First	Middle	Nickname
	Last	First	Middle	Nickname
Mother	Last	First	Middle	Nickname
	Last	First	Middle	Nickname

3. DOB _____ **Place of Birth** _____

a. Has your date of birth ever been changed on a legal document? If yes, explain _____

4. Social Security No. _____

5. Sex: Male _____ Female _____

6. Marital Status: Single _____ Engaged _____ Divorced _____
 Married _____ Separated _____ Widowed _____

a. Name of Spouse _____
 Last First Middle Widowed

b. Spouse's Occupation _____ **Where Employed** _____

c. Name of former spouse _____
 Last First Middle Relationship

d. List all your children, including any adopted or stepchildren:

Name	DOB	Name with whom resides	Address
1.			
2.			
3.			
4.			

MILITARY SERVICE Yes No **Branch** _____

Total Years _____ **Highest Grade** _____

Type of Discharge _____ **Court Martials/punishment** _____

a. Are you registered for Selective Service? Yes No

b. What is the date and location of your last discharge? _____

c. List all medals and decorations awarded you during your military service _____

d. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation. _____

e. Have you ever illegally used any of the following drugs? Yes No

If yes, explain. _____ Date _____

- | | |
|----------------------------|-----------------------------|
| Amphetamines _____ | Marijuana _____ |
| Barbiturates _____ | Morphine _____ |
| Cocaine _____ | Nerve Medicine _____ |
| Hallucinogens _____ | Pep Pills _____ |
| Hashish _____ | Sleeping Pills _____ |
| Heroin _____ | Steroids _____ |

f. When was the last time you used any of the above? _____

g. Are you presently in a physical fitness program? Yes No **List type** _____

WORK HISTORY

a. Have you ever been or are you currently engaged in a private business? Yes No

If yes, list your capacity and give name of business _____

b. Have you ever been discharged or asked to resign from a job? Yes No

If yes, explain. _____ Date _____

CRIMINAL RECORDS

a. Have you ever been arrested by law enforcement? Yes No

If yes, give details. _____

Offense Charged	Police Agency	State	Date	Disposition

b. Have you ever been convicted of a felony? Yes No

If yes, give details _____

c. Have you ever been bonded? Yes No If yes, list jobs. _____

d. Have you ever been placed on probation? Yes No

If yes, explain. _____

e. Have you ever had any traffic violations? Yes No

If yes, explain.

f. Have you ever stolen anything? Yes No If yes, explain _____

g. Have you ever been court martialled or a subject of disciplinary action while a member of the armed forces?

Yes No If yes, explain.

h. Can you operate a motor vehicle? Yes No

i. Do you possess a valid South Carolina driver's license? Yes No

a. Driver's License Number _____ **b. Date Issued** _____

j. Do you possess a driver's license issued by another state? Yes No

If yes, give state and number _____

k. Was your license ever suspended or revoked? Yes No

State	Reason	Date
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If yes, give details _____

l. Was your license restored? Yes No **Date Restored** _____

m. Are your driving privileges restricted? Yes No **List Restrictions** _____

n. Are you attempting to conceal any information about your background? Yes No

INTERCEPT SECURITY

I hereby certify that all statements on this form are true and complete and any misstatement or omission of information will subject me to disqualification or dismissal.

This the _____ **day of** _____ **20** _____

Full Signature of Applicant

CONFIDENTIAL

EMPLOYMENT HISTORY

List all present and past employment, beginning with most recent.

1. Employment dates from _____ to _____ Ending Salary _____				
Company Name _____		Telephone Number _____		
Address _____				
Street or P.O. Box		City	State	Zip
Supervisor(s) name: _____				
Job Title _____		Reason for Leaving _____		
Job Duties _____				
2. Employment dates from _____ to _____ Ending Salary _____				
Company Name _____		Telephone Number _____		
Address _____				
Street or P.O. Box		City	State	Zip
Supervisor(s) name: _____				
Job Title _____		Reason for Leaving _____		
Job Duties _____				
3. Employment dates from _____ to _____ Ending Salary _____				
Company Name _____		Telephone Number _____		
Address _____				
Street or P.O. Box		City	State	Zip
Supervisor(s) name: _____				
Job Title _____		Reason for Leaving _____		
Job Duties _____				
4. Employment dates from _____ to _____ Ending Salary _____				
Company Name _____		Telephone Number _____		
Address _____				
Street or P.O. Box		City	State	Zip
Supervisor(s) name: _____				
Job Title _____		Reason for Leaving _____		
Job Duties _____				

5. Employment dates from _____ to _____ Ending Salary _____				
Company Name _____		Telephone Number _____		
Address _____				
Street or P.O. Box _____		City _____	State _____	Zip _____
Supervisor(s) name: _____				
Job Title _____		Reason for Leaving _____		
Job Duties _____				

May we contact the employers listed above? _____ If no, which company do you not wish us to contact?

Explain _____

PERSONAL REFERENCES (No relatives or former employees)

Name	Occupation	Address	Telephone No.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Neighbors: Name	Address	Telephone No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I hereby represent that the information provided is correct and complete to the best of my knowledge. I understand that any incorrect, incomplete or false statements or information, furnished by me may void this application or subject me to discharge at any time after employment.

Signature of applicant _____ Date _____

Intercept Security

Release for Background Checks

I understand that the employment background check *requires* my full name, social security number, and date of birth. I authorize Intercept Security to perform a background check and release those parties supplying such information from all liability or responsibility with respect to the information provided. The permissive background checks will be Fair Credit Reporting Act (FCRA) compliant.

I certify that the entries made by me on this form are true, complete and accurate to the best of my knowledge and are made in good faith and voluntarily. I understand that any false statements or answers by me may disqualify me for consideration or will be sufficient grounds for termination. Moreover, I understand that failure to complete this form will preclude me from employment opportunities with **Intercept Security**.

Print Name

Date

Sign Name

Date of Birth

Social Security Number

**APPLICANT
CONSENT TO DRUG TESTING**

The undersigned applicant for employment understands and acknowledges that Intercept Security requires all applicants who are tentatively selected for employment to submit to and pass a drug test, and that failure to take the test, failure to cooperate in taking the test, failure to follow test procedures, or testing positive for the use of illegal drugs or substances will result in disqualification from employment.

The drug test will be by urinalysis and if the collector of the test sample believes that there is a reasonable possibility that the applicant has or will tamper with or substitute the urine sample, the sample or an additional sample may be collected under conditions in which a person of the same gender of the applicant may witness the collection.

The applicant consents to the foregoing.

Applicant

Date

Intercept Security
Release of Liability and Hold Harmless Agreement

I, _____, hereby request permission to attend the Pre-Employment Physical Fitness Evaluation to be conducted by Intercept Security.

In consideration of, permission being granted me to attend this Physical Fitness Evaluation, I hereby acknowledge the risks and potential for injury inherent in such instruction and do hereby represent that my undertaking of the Pre-Employment Fitness Evaluation is free and voluntary with full awareness of those risks and the potential for injury.

Furthermore, in consideration of permission being granted me to attend the Pre-Employment Physical Fitness Evaluation, I hereby release from liability and hold harmless Intercept Security and its employees for any acts or omissions, which may cause direct or indirect injury to my person or property during the Pre Employment Physical Fitness Evaluation.

Signature

Date

Intercept Security Pre Employment Physical Fitness Evaluation

Please print when filling out both pages of this form.

Name: _____ Date: _____

Social Security # _____ - _____ - _____

1. Are you fit for duty (without restrictions)? Yes No

If no, please explain:

2. Are you currently being treated for a medical condition or chronic health problem?

Yes No

If yes, please explain:

3. Are you currently using any type of prescription drugs? Yes No

If yes, please describe:

4. Do you have: Any known allergies? Yes No

Difficulty breathing? Yes No

High blood pressure? Yes No

Diabetes? Yes No

If yes to any of the above conditions, please describe:

5. Which of the following activities do you regularly participate in?

Martial Arts

Baseball

Basketball

Weight Lifting

Aerobics

Football

Jogging

Swimming

Bicycling

Volleyball

Soccer

Other Sports (identify below)

Please describe how often you participate in the above stated activities:

6. How would you describe your current physical fitness level?
 Excellent Good Fair Poor

7. Have you ever been hospitalized? Yes No
If yes, please describe: