FLORIDA S.R.O.

License No: B1900193

614 E HWY 50 STE# 270
Phone: (352) 751 - 4686
Fax: (407) 259 - 2861
Email: info@florida-sro.com
Web:

Employee Statement & Application

In accordance with applicable law, this company is an equal opportunity employer and does not discriminate because of race, religion, color, age, gender, national origin, marital status, disability, genetic information, veteran status, sexual orientation, or any other status protected by law. No question on this application is intended to secure information to be used for such discrimination.

Applicant's Statement of Understanding and Authorization

I understand that this application will be given every consideration, but its receipt does not imply that the applicant will be employed. I understand that I may choose to leave any portion of the application incomplete or blank and that the following information is given voluntarily. I understand and authorize the company to obtain a consumer report of my financial and credit record as well as an investigative consumer report whereby information is obtained through personal interviews with neighbors, friends and others to whom I am acquainted with. This investigation includes information about my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a report. I give my permission to Florida S.R.O, INC to contact any of my former employers to release all records of my employment including assessments of my job performance, ability and fitness. I understand that the company may require a motor vehicle record (MVR) report. I understand that Florida S.R.O, INC reserves the right to require a medical examination as well as periodic physical and medical examinations and pre-employment as well as post-employment drug and alcohol testing, to the extent permitted by law. I hereby state that the dismissed from Florida S.R.O, INC. If I am employed, I understand that such employment is at will and will not result in an employment contract for any specific term unless otherwise specified.

Instructions: Forms must be completed in blue or black ink. Incomplete forms will not be processed.

Application as (Check only One): ❒ **Non-Commissioned Officer** ❒ **Commissioned Officer**

APPLICANT INFORMATION

Social Security Number---------- **Date of Birth**---------- _____
(Must be at least 18 years old to apply.) M M D D Y Y Y

Place of Birth: _____ **Gender:** ❒ Male ❒ Female
City State Country

First Name: _____ **Middle:** _____ **Last Name:** _____

DL/ID #: _____ **State:** _____ **Expires:** _____ **Restrictions:** _____

Race: ❒ White ❒ Black ❒ American Indian/Alaskan Native ❒ Asian or Pacific Islander ❒ Other ❒ Unknown

Home Address: (Required)

_____
_____
City State Zip Code

Mailing Address: (P.O. Box may be added to ensure delivery.)

_____
_____
City State Zip Code

Phone Number: _____ **Email:** _____

1. If employed, how soon can you report to work?_____

2. Type of employment: ❒ Full-Time ❒ Part-Time ❒ Temporary **3. Desired Salary?** _____

4. Preferred work days/time:

	MON	TUES	WED	THUR	FRI	SAT	SUN
SHIFT I							
SHIFT II							

5. Are you currently employed? ❒ **YES** ❒ **NO**

➔ ***_IF "YES,"*** *you must submit an explanation for your desire to make a change of employment.*

6. Please provide a description of your security experience, including type of business and your duties.

7. Have you ever worked for this company before? ❒ **YES** ❒ **NO**

➔ ***_IF "YES,"*** *give dates and position held*

8. Are you able to meet attendance requirements for this job? ❒ **YES** ❒ **NO**

9. Do you have means of transportation to get to and from work? ❒ **YES** ❒ **NO**

EMPLOYMENT

☞ **Please enter the complete record of your occupation for your previous two employments.**

Company Two Information:

Name of Company: Employment Status: (Full/Part Time)

Hours/Week Worked: Dates of Employment: (From - To)

Company Address: Supervisor:

Business Telephone: Position/Duties:

Company Two Information:

Name of Company: Employment Status: (Full/Part Time)

Hours/Week Worked: Dates of Employment: (From - To)

Company Address: Supervisor:

Business Telephone: Position/Duties:

EDUCATION

Classification	Name / Location	Major	Diploma / Degree
High School or Equivalent			
College / University			
Other			

REFERENCES

Name	Occupation	Relationship	Phone No.	Years Known

GENERAL INFORMATION

☞ **Check all uniform items owned:**

❒ Flash Light
❒ Small Light
❒ Baton
❒ Tactical Boots
❒ Black Shoes
❒ Nylon Sec. Belt
❒ Leather Sec. Belt
❒ Firearm
❒ Firearm Holster
❒ Handcuffs
❒ Handcuff Key
❒ S.O.'s
❒ Nameplate
❒ Security Badge
❒ Black Work Pants
❒ Dark Blue Shirt
❒ Pepper Spray
❒ Taser
❒ Bullet Proof Vest
❒ Shotgun
❒ Patrol Vehicle
❒ Security Lights
❒ Other: _____
❒ Other: _____

☞ **Check all Certifications that apply:**

❒ Level 1 and 2 Time Held? _____ Exp.Date: _____
❒ Level 3 Commission Time Held? _____ Exp.Date: _____
❒ PPO (Personal Protection Officer) Time Held? _____ Exp.Date: _____
❒ P.I. (Private Investigator) Time Held? _____ Exp.Date: _____
❒ Armored Vehicle Time Held? _____ Exp.Date: _____
❒ Manager's License Time Held? _____ Exp.Date: _____
❒ Supervisor's License Time Held? _____ Exp.Date: _____
❒ Salesperson License Time Held? _____ Exp.Date: _____
❒ Shotgun Time Held? _____ Exp.Date: _____
❒ O.C. Spray Time Held? _____ Exp.Date: _____
❒ Baton Time Held? _____ Exp.Date: _____
❒ CPR Time Held? _____ Exp.Date: _____
❒ First Aid Time Held? _____ Exp.Date: _____

BACKGROUND QUESTIONNAIRE

Answer the following questions by checking either "YES" or "NO"

1. Are you a citizen of the United States or a legal resident of the United States in possession of a valid alien registration card? ❒ YES ❒ NO

➔ ***IF "NO,"*** *you must submit an explanation.*

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2. Are you a peace officer? ❒ YES ❒ NO

➔ ***IF "YES,"*** *and if you qualify for an exemption, you must submit further documentation. If you DO NOT qualify, you must submit training certificates*

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3. Are you a retired police officer? ❒ YES ❒ NO

➔ ***IF "YES,"*** *and if you qualify for an exemption, you must submit further documentation. If you DO NOT qualify, you must submit training certificates.*

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4. Have you ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony? ❒ YES ❒ NO

➔ ***IF "YES,"*** *you must submit with this application a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must submit a copy with this application.*

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5. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere? ❒ YES ❒ NO

➔ ***IF "YES,"*** *you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).*

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6. Has any license or permit issued to you or a company in which you are or were a principal in Texas State or elsewhere ever been revoked, suspended or denied? ❒ YES ❒ NO

➔ ***IF "YES,"*** *you must submit an explanation.*

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7. Have you ever been discharged from a correctional or law enforcement agency for incompetence or misconduct as determined by a court of competent jurisdiction, administrative hearing officer, administrative law judge, arbiter, arbitration panel or other duly constituted tribunal, or resigned from such an agency while charged with misconduct or incompetence? ❒ YES ❒ NO

➔ ***IF "YES,"*** *you must submit an explanation.*

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8. Have you ever been declared to be incompetent by reason of mental disease or defect, which has not been removed by any court of competent jurisdiction? ❒ YES ❒ NO

➔ *IF "YES," you must submit an explanation.*

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9. Have you ever applied in this state or elsewhere for a registration/license as a security guard; watch, guard or patrol agency; private investigator? ❒ YES ❒ NO

➔ ***IF "YES,"*** *please provide the UID # or Reg. #.*

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10. Have you ever served in one of the US Military components, including Reserves, National Guard, or Air National Guard? ❒ YES ❒ NO

➔ *IF "YES," Where you discharged in any other means than honorable? Submit an explanation.*

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11. Are you still currently serving as a military member? ❒ YES ❒ NO

➔ *IF "YES," you must provide a copy of your DD214 and an explanation of branch and position you served.*

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APPLICANT AFFIRMATION

I certify that the information I have given in this application is true and completed to the best of my knowledge and understand that falsification, omissions, or misrepresentations of this information is grounds for rejection of my employment application and if employed by Florida S.R.O, INC or may be terminated immediately. I authorize the character references, previous employers and education institutions listed above to give you any information concerning my previous employment and any pertinent information they may have, personal or otherwise, and all parties from all liability, claims, or for and damage that may result from me. I also release Florida S.R.O, INC from all liability of whatever kind and nature, which, at any time, could result from obtaining and having an employment, based on such information. I agree to conform to the rules and regulations of the company. Furthermore, I understand that if an offer of employment is extended, it is conditioned upon completing the federal I-9 Form and providing documents establishing identity and work authorization. I understand that my employment can be terminated with or without cause and with or without notice, at any time, at the option of either the company or myself. I understand that only the owner, manager, or representative of the company has the authority to enter into any agreement contrary to the foregoing.

I represent that I am able to meet the attendance requirements as required by the company. I understand that by maintaining a current commission, license and operable mobile phone may be necessary for continued employment.

I have read and fully understood the applicant's affirmation of understanding and authorization (refer to page one of Employee Statement and Security Guard Application.)

X _____ _____

Printed name will be use as Applicant's Printed Name — Date

NOTICE OF EMPLOYMENT

☞ **If employment will commence with the filing of your application, this section MUST be completed by your employer. DO NOT WRITE ON THIS SECTION.**

Hire Date: _____ Assigned to: _____ Termination Date: _____

Start Pay Rate: _____ Status: ❒ F/T ❒ P/T ❒ Other_____ End Pay Rate: _____

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DRUG AND/OR ALCOHOL TESTING CONSENT FORM

EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of Florida S.R.O, INC, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have Florida S.R.O, INC and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Florida S.R.O, INC to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test. I also authorize Florida S.R.O, INC to field test my specimen. If evidence is found, further testing may be required.

I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

X _____ _____

Printed name will be use as Applicant's Signature | Date Signed

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UNIFORM AGREEMENT

First Name: _____ **Middle:** _____ **Last Name:** _____

Reg. I.D. #:_____

Each member of staff will be issued with corporate wear based on the Florida S.R.O, INC policy.

Qty	Item (Type/Color/Size)	Date Issued	Employee Initials	Date Returned	Amount Deducted	Mgr.'s Initials

I promise to return the above listed items that were loaned to me upon termination of my employment or if requested by management. I acknowledge that these loaned items have been issued to me for use during work related functions and not for personal use. It is my responsibility to care for and maintain these items in a responsible manner. I agree that I will be held financially responsible for the payment of the item(s) loaned to me in the event I fail to return them or lost/stolen. I further agree that my employer, Florida S.R.O, INC, has the right to deduct the cost of each item from my earnings and/or report me to the Private Security Bureau for the items I fail to return from the above list.

_____
Employee's Signature

_____
Date

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INFORMATION SHEET

OFFICER INFORMATION

First Name: _____ **Middle:** _____ **Last Name:** _____

Address: _____

Phone: _____ **DOB:** _____ **Nationality:** _____

DL/ID #: _____ **State:** _____ **Restrictions:** _____

PSB Reg. #: _____ **State:** _____ **Reg. Type:** _____

VEHICLE INFORMATION

Make: _____ Model: _____ Year: _____ Color: _____ Lic.Plate #: _____

WEAPON INFORMATION

Primary
Type: _____ Model: _____ Caliber: _____ Serial #: _____

Shot Gun
Type: _____ Model: _____ Caliber: _____ Serial #: _____

Stun Gun
Type: _____ Model: _____ Caliber: _____ Serial #: _____

Other
Type: _____ Model: _____ Caliber: _____ Serial #: _____

Image: