

**CONTINENTAL SECRET SERVICE BUREAU, INC.  
 SECURITY SOLUTIONS GROUP, LLC  
 EMPLOYMENT APPLICATION**



**Security  
 Solutions  
 Group, Ltd**

<b>OFFICE USE ONLY</b>
Interviewed by _____ Date _____
Action taken _____
Comment: _____

(ALL questions must be answered)

DATE \_\_\_\_\_

NAME \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle Initial

WHERE CAN YOU BE CONTACTED:

ADDRESS \_\_\_\_\_  
Number Street City State Zip Code

PHONE \_\_\_\_\_ ARE YOU 18 OR OLDER? \_\_\_\_\_ YES \_\_\_\_\_ NO

POSITION(S) DESIRED \_\_\_\_\_

Type of Employment: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary.

If part time, list hours available \_\_\_\_\_ Date available \_\_\_\_\_

Experience \_\_\_\_\_

Special Training \_\_\_\_\_

Do you have adequate transportation to and from work? \_\_\_\_\_

Referred to this company by: \_\_\_\_\_

**Education  
 Record**

TYPE OF SCHOOL	NAME & ADDRESS	How many years attended?	Graduated?		Course or Major
			Yes	No	
Grammar or Grade			Yes	No	
High School			Yes	No	
College			Yes	No	
Post Graduate			Yes	No	
Business or Trade			Yes	No	
Other			Yes	No	

**CONTINENTAL SECRET SERVICE BUREAU, INC.  
SECURITY SOLUTIONS GROUP, LLC**

Have you ever served in the armed forces? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, what branch? \_\_\_\_\_

Date of duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at Discharge \_\_\_\_\_  
What were your duties in the Service (include special training and duty station).  
\_\_\_\_\_

Have you ever been charged with a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, charge \_\_\_\_\_

Where, when and details \_\_\_\_\_

Are you a United States Citizen? \_\_\_ Yes \_\_\_ No. If no, are you a legal resident of the U.S. \_\_\_\_\_ Yes \_\_\_\_\_ No.

List personal references we may contact: (Excluding former employers or relatives)

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

List below all present and past employment, beginning with your most recent:

Dates		Name & Address of Employer	Phone Number	Rate of Pay		Supervisor's Name & Title	Reason for Leaving
From	To			Start	Finish		

Give description of work you did:

Dates		Name & Address of Employer	Phone Number	Rate of Pay		Supervisor's Name & Title	Reason for Leaving
From	To			Start	Finish		

Give description of work you did:

Dates		Name & Address of Employer	Phone Number	Rate of Pay		Supervisor's Name & Title	Reason for Leaving
From	To			Start	Finish		

Give description of work you did:

May we contact the employers listed above? \_\_\_ Yes \_\_\_ No. If no, please indicate which one(s) you do not wish us to contact and why.

**EQUAL OPPORTUNITY EMPLOYERS**

**CONTINENTAL SECRET SERVICE BUREAU, INC.  
SECURITY SOLUTIONS GROUP, LLC**

List below all present and past employment, beginning with your most recent (continued):

Dates		Name & Address of Employer	Phone Number	Rate of Pay		Supervisor's Name & Title	Reason for Leaving
From	To			Start	Finish		

Give description of work you did:

Dates		Name & Address of Employer	Phone Number	Rate of Pay		Supervisor's Name & Title	Reason for Leaving
From	To			Start	Finish		

Give description of work you did:

Dates		Name & Address of Employer	Phone Number	Rate of Pay		Supervisor's Name & Title	Reason for Leaving
From	To			Start	Finish		

Give description of work you did:

May we contact the employers listed above? \_\_\_\_\_. If not, indicated below which one(s) you do not wish us to contact and the reason.

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TO THE APPLICANT: Please use the space below for any additional information you wish to volunteer about yourself.

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In the event of an emergency, notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYERS**

**CONTINENTAL SECRET SERVICE BUREAU, INC.  
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I certify that the information given is correct and truthful. I realize that falsification of any information on this application may be grounds for rejection of this application, or termination of employment. I consent for you to check with previous employers and release your company and previous employers from any liability arising from disclosure of information concerning my employment history.

I understand that this form does not constitute an employment agreement. If employed I understand it will be for a probationary period of ninety (90) days if I am recognized as fully experienced or one hundred eighty (180) days if otherwise classified. Following the probationary period I understand I will become a regular employee.

Continental Secret Service Bureau, Inc. recognizes that an employee has the right to terminate his/her employment with or without cause, and with or without notice, at any time. Likewise, I understand that Continental has the right to terminate the employment of an employee with or without cause, and with or without notice, at any time. I further understand that the foregoing is a reiteration of what has always been Continental's policy.

I understand that no supervisor or representative of Continental, other than the President of Continental, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I will not solicit or accept security related employment with a client of Continental's within one hundred eighty (180) days following the last date of which I was employed by Continental.

I hereby authorize the Toledo Police Department and/or other law enforcement agencies of Ohio and Michigan to give Continental Secret Service Bureau, Inc. and/or its representatives any information that it may have bearing upon any record of criminal conviction that I have so that Continental Secret Service Bureau, Inc. may determine my fitness as a prospective employee. In signing this authorization, I hereby release the law enforcement department and its agents of any claims or demands that I may have against them.

**NOTICE TO APPLICANT:** In making this application for employment, it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living and may include a polygraph and/or PSE examination. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure concerning the nature and scope of the investigation.

I hereby acknowledge that I have read the above statement and that I understand same.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE USE ONLY:

**EQUAL OPPORTUNITY EMPLOYERS**

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability.

As employers / government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  
 Employment Agency  Other \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Last First Middle Area Code

Address \_\_\_\_\_  
Number Street City State Zip Code

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

Check one:  Male  Female

Please check only one of the following:

Race / Ethnic Group:  White  Black  Hispanic  
 American Indian / Alaskan Native  Asian / Pacific Islander  Other \_\_\_\_\_

Check if any of the following are applicable:

Vietnam Era Veteran  Disabled Veteran  Disabled Individual



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Toll Free 800.573.2201  
Fax 419.874.5591

www.corpintel.com

### Notice and Consent for Background Verification Report

This form, which you should read carefully, has been provided to you because \_\_\_\_\_ (“Company”) may request Consumer Reports and/or Investigative Consumer Reports from a consumer reporting agency. The Company will use any such report(s) solely for employment-related purposes. Any such reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: credit reports, social security number, criminal records checks, public court records checks, including civil, driving records, educational records, verification of employment positions held, workers’ compensation records, personal and professional references, licensing, certification, etc. The information contained in these reports may be obtained from private or public records sources including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

You have the right to request that we make complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within five (5) days of the date on which we receive a written request from you or within five (5) days of the time the report was first requested, whichever is later. The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. A summary of those rights is provided with this document.

**CONSENT:** I have carefully read and understand this Notice and Consent form and the attached summary of rights. By my signature below, I consent to the release of consumer and/or investigative consumer reports, as defined above, to the Company in conjunction with my application for employment. I further understand that any and all information contained in my job application or otherwise disclosed to the Company by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Company. I understand that if the Company hires me, it may request a consumer report and/or an investigative consumer report about me, as defined above, for employment-related purposes during the course of my employment. I understand that my consent will apply throughout my employment, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time. This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Driver’s License Number/State Issued

\_\_\_\_\_  
Present Address, City, State and Zip Code

\_\_\_\_\_  
Previous Addresses Used During the Last 7 Years (Use other side if necessary)

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Date of Birth**  
(For verification purposes only)

\_\_\_\_\_  
**Previous Names Under Which You  
Worked/Attended School**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature