

S.T.O.P.P.,LLC

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____

Last name _____ First name _____ Middle name _____

Street Address _____

City _____ State _____ ZIP _____

Telephone _____ Social Security # _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you looking for full-time employment? Yes No

If no, what hours are you available? _____

Are you willing to work swing shift? Yes No

Are you willing to work graveyard? Yes No

Have you ever been convicted of a felony? Yes No

Employment Desired

Position applied for _____

How did you hear of this opening? _____

Have you ever applied for employment here? Yes No

When? _____

Where? _____

Are you presently employed? Yes No

May we contact your present employer? Yes No

Are you available for full-time work? Yes No

Are you available for part-time work? Yes No

Will you relocate? Yes No

Are you willing to travel? Yes No If yes, what percent? _____

Date you can start _____

Please list applicable skills _____

Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your work history, are there are other skills, qualifications, or experience that we should consider?

Employment History (Start with most recent employer)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

References

List three personal references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

Certifications (Please List)

Holders of advanced martial arts certifications (Black Belt Equivalence or above) please be sure to include your highest rank certificate with this application and please list rank, time in the arts, system, time in current grade.

Individuals holding advanced student status, (Brown Belt Equivalence) please list rank, time in the arts, system and time in current grade.

Emergency Contact

In case of emergency, please notify:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required. I understand that a background check will be performed and it will be necessary to be fingerprinted.

I understand that employment at this company is “at will,” which means that either I or this

company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

I understand that all persons employed in the security field in Pennsylvania shall hold all employment related information confidential, pursuant to the:

**PENNSYLVANIA STATUTES
TITLE 22. DETECTIVES**

PRIVATE DETECTIVE ACT OF 1953

§ 24. Employees not to divulge information or make false reports

Any person who is or has been an employee of a holder of a license shall not divulge to anyone other than his employer or as his employer shall direct, except as he may be required by law, any information acquired by him during such employment in respect of any of the work to which he shall have been assigned by such employer. Any such employee violating the provisions of this section, and any such employee who shall willfully make a false report to his employer in respect of any of such work, shall be guilty of a misdemeanor, and, upon conviction thereof, shall be sentenced to pay a fine of not more than five hundred dollars (\$ 500) or to undergo imprisonment for not more than one (1) year, or both. The employer of any employee believed to have violated this section shall, without any liability whatsoever upon said employer, supply the court of quarter sessions, and such court shall, should the facts and circumstances be deemed to warrant, conduct further investigation and submit the evidence thus acquired to the district attorney for appropriate action in accordance with the provisions of section 18 of this act.

I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____

Return completed application by mail or email to:

STOPP Investigations & Security
Business Office
1047 Millwood Road
Derry, Pa 15627
Phone: (724) 244-4641
Email: Garyb@stoppinvestigations.com