

# APPLICATION

## SMITH PROTECTION SERVICES TRUTH VERIFICATION

\*NOTICE\* READ ALL OF THIS CAREFULLY BEFORE FILLING OUT THIS APPLICATION. THE ANSWERS TO THIS APPLICATION MUST BE VERIFIED. WE USE TWO METHODS.

**PLEASE INDICATE BELOW BY X-ING YES OR NO**

- (YES) (NO) 1. CALL AND WRITE TO FORMER EMPLOYERS, SUPERVISORS, FOREMAN, NEIGHBORS, FRIENDS, RELATIVES, ETC. THE INFORMATION IS HIGHLY OPINIONATED AND BAD REFERENCES CAN BE GIVEN BY IRRESPONSIBLE FORMER ASSOCIATES.
- (YES) (NO) 2. YOU CAN VOLUNTARILY GO TO TRUTH VERIFICATION AND REQUEST THEY VERIFY YOUR ANSWERS BY THE USE OF A POLYGRAPH. NOTE: YOU KNOW MORE ABOUT YOUR WORK RECORD AND REASONS FOR CHANGING JOBS THAN ANYONE ELSE. THIS METHOD TAKES ONE HOUR.

### PERSONAL INFORMATION

DATE: \_\_\_\_\_ 20\_\_\_\_

APPLICANTS NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CELL: \_\_\_\_\_

DRIVERS LICENSE TYPE (APPLICANT): \_\_\_\_\_ DL#: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CELL: \_\_\_\_\_

DRIVERS LICENSE TYPE (SPOUSE): \_\_\_\_\_ DL#: \_\_\_\_\_

APPLICANTS ADDRESS: \_\_\_\_\_

PERMANENT MAILING ADDRESS: \_\_\_\_\_

APPLICANT'S PARENTS NAME AND ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE#: \_\_\_\_\_

SPOUSE'S PARENTS NAME AND ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE#: \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR COMPANY? \_\_\_\_\_

### REFERENCES

IF RENTING, LANDLORDS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IF HOME OWNER, NAME OF FINANCE CO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DO YOU HAVE ANY MEDICAL CONDITIONS THAT WOULD AFFECT YOUR ABILITY TO WORK?

( YES ) ( NO ) \_\_\_\_\_

HAVE YOU EVER WORKED WITH OUR COMPANY BEFORE?

( YES ) ( NO )

IF YES, WHEN? : \_\_\_\_\_

**IN THE EVENT THAT I AM CONTRACTED TO WORK WITH THE COMPANY FOR WHICH I AM COMPLETING THIS APPLICATION, I HEREBY AGREE THAT I WILL FULLY COOPERATE IN ANY INVESTIGATION CONDUCTED BY THIS COMPANY OR AGENTS OF THIS COMPANY, AND I WILL**

**COOPERATE IN A SPECIFIC POLYGRAPH INTERVIEW TO VERIFY THAT I AM IN NO WAY AFFILIATED WITH ANY WRONGDOINGS AGAINST THIS COMPANY.**

**IF ANSWER TO THE FOLLOWING QUESTIONS IS "YES", CHECK "YES", IF "NO", CHECK "NO"**

- ( YES ) ( NO ) HAVE YOU EVER OPERATED A FIREWORKS STAND?
- ( YES ) ( NO ) HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?
- ( YES ) ( NO ) HAVE YOU EVER BEEN CONVICTED OF DRIVING WHILE INTOXICATED?
- ( YES ) ( NO ) HAVE YOU EVER USED OR SOLD NARCOTICS?
- ( YES ) ( NO ) HAS DRINKING EVER INTERFERED WITH YOUR WORK?
- ( YES ) ( NO ) HAVE YOU HAD A MOVING TRAFFIC VIOLATION IN THE LAST 3 YEARS?
- ( YES ) ( NO ) HAVE YOU EVER HAD YOUR DRIVERS LICENSE REVOKED OR SUSPENDED?

**CHECK ANY OF THE FOLLOWING THAT APPLY TO YOU:**

- ( ) OWN HOME ( ) RENT
- ( ) EMPLOYED NOW ( ) UNEMPLOYED NOW
- ( ) SINGLE ( ) MARRIED
- ( ) WIDOWER ( ) WIDOW
- ( ) APARTMENT ( ) LIVE WITH PARENTS

DID YOU ANSWER ALL OF THE ABOVE QUESTIONS TRUTHFULLY? \_\_\_\_\_

WOULD YOU BE WILLING TO HAVE THESE ANSWERS VERIFIED BY TRUTH VERIFICATION? \_\_\_\_\_

**EMPLOYMENT RECORD FOR THE PAST 5 YEARS**

CURRENT EMPLOYER DATE STARTED TYPE OF WORK PHONE NUMBER

PREVIOUS EMPLOYERS DATE STARTED DATE ENDED WHAT TYPE OF WORK DID YOU DO? REASON FOR LEAVING?

PHONE# \_\_\_\_\_

PHONE# \_\_\_\_\_

PHONE# \_\_\_\_\_

**I DECLARE THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE CORRECT AND UNDERSTAND THAT WILLINGLY WITHHOLDING INFORMATION OR MAKING FALSE STATEMENTS IN THIS APPLICATION WILL BE BASIS FOR DISMISSAL. I AGREE THAT ANY CONTRACT WORK WILL BE SUBJECT TO MY FULLY PASSING A MEDICAL EXAMINATION BY A PHYSICIAN CHOSEN BY THE CONTRACTOR. I AUTHORIZE POLYGRAPH EXAMINATION TO VERIFY THIS APPLICATION AND SUCH OTHER INFORMATION ARE CORRECT. I UNDERSTAND THAT IF ACCEPTED, MY CONTRACT WILL NOT BE FOR ANY FIXED PERIOD OF TIME AND MAY BE TERMINATED BY THE COMPANY AT ANY TIME, WITH OR WITHOUT CAUSE.**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**IN CASE OF ACCIDENT, NOTIFY:** \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PH#: \_\_\_\_\_

**GIVE 2 NAMES OF PEOPLE YOU HAVE KNOWN OVER 5 YEARS, LIVING IN THIS CITY AND/OR STATE:**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PH#: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PH#: \_\_\_\_\_

**GIVE 2 NAMES OF RELATIVES AND THEIR RELATION TO YOU:**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PH#: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PH#: \_\_\_\_\_