

VOLUNTARY: Persons with disabilities who **DO NOT WISH** to report their disabilities should respond to the next question as "no". Information reported regarding this question will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of State law.

B Do you have a disability? Yes No

DISABILITY: Disability means, with respect to an individual (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual, (2) a record of such impairment, or (3) being regarded as having such an impairment, (Americans with Disabilities Act of 1990)

If you answered yes to the above stated question, please list your disability

C Can you submit proof of your legal right to work in the United States? Yes No

D Are you legally eligible to work in the United States? Yes No

E Are you a previous Contract Security Forces employee? Yes No If yes, please list dates of employment: (MO/YY)

G Are you related by blood or marriage to a person now employed by Contract Security Forces? Yes No If yes, please indicate

Name: Relationship: Department

2. REFERENCES

List three (3) references (NO relatives, household members, or former employers) who are responsible adults, and who have known you well for at least the last three (3) years.

Name:	Street Address	City	State	Zip Code
How Long Known?	Occupation	Home Phone	Business Phone	
Name:	Street Address	City	State	Zip Code
How Long Known?	Occupation	Home Phone	Business Phone	
Name:	Street Address	City	State	Zip Code
How Long Known?	Occupation	Home Phone	Business Phone	

3. EDUCATION

A Indicate by checking all boxes that apply if you have any of the following: HS Diploma GED Certificate College Degree Masters Degree

HS Name	Street Address	City	State	Zip Code
Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
HS Name	Street Address	City	State	Zip Code
Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
Name(s) and location(s) of Colleges, Universities or Security Training schools attended or internships:				
College Name	Street Address	City	State	Zip Code
Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
College Name	Street Address	City	State	Zip Code
Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
College Name	Street Address	City	State	Zip Code
Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
College Name	Street Address	City	State	Zip Code
Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		

4. EMPLOYMENT HISTORY

A	Have you ever been dismissed or asked to resign from ANY employment? <input type="checkbox"/> Yes	If yes, explain below
B	If you do not want your present employer to be contacted, check the box to the right and on the back page explain why. <input type="checkbox"/>	

Beginning with your present employer or most recent employer, list **ALL** of the places you have worked during the last ten (10) year period. Keep in chronological order. **List periods of school, military service, each duty station, assigned military unit, unemployment, temporary assignments, volunteer service and part-time employment. List everything during the last ten (10) year period.** Omit Nothing! Copy the employment page and continue your information on copies if necessary.

Dates Employed (MM/YY)	From:	To:	Company	Job Title
Street Address			City	State Zip Code
Supervisor			Starting Salary	Ending Salary Phone
Describe Your Duties				
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer			If part-time, list number of hours worked per week:	
Detail Reason For Leaving				
Dates Employed (MM/YY)	From:	To:	Company	Job Title
Street Address			City	State Zip Code
Supervisor			Starting Salary	Ending Salary Phone
Describe Your Duties				
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer			If part-time, list number of hours worked per week:	
Detail Reason For Leaving				

Dates Employed (MM/YY) From: _____ To: _____		Company _____		Job Title _____	
Street Address _____			City _____		State _____ Zip Code _____
Supervisor _____		Starting Salary _____	Ending Salary _____		Phone _____
Describe Your Duties					
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer If part-time, list number of hours worked per week: _____					
Detail Reason For Leaving					
Dates Employed (MM/YY) From: _____ To: _____		Company _____		Job Title _____	
Street Address _____			City _____		State _____ Zip Code _____
Supervisor _____		Starting Salary _____	Ending Salary _____		Phone _____
Describe Your Duties					
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Street Address _____			City _____		State _____ Zip Code _____
Supervisor _____		Starting Salary _____	Ending Salary _____		Phone _____
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Dates Employed (MM/YY) From: _____ To: _____		Company _____		Job Title _____	
Street Address _____			City _____		State _____ Zip Code _____
Supervisor _____		Starting Salary _____	Ending Salary _____		Phone _____
Describe Your Duties 					
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer If part-time, list number of hours worked per week: _____					
Detail Reason For Leaving 					
Dates Employed (MM/YY) From: _____ To: _____		Company _____		Job Title _____	
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Street Address _____			City _____		State _____ Zip Code _____
Supervisor _____		Starting Salary _____	Ending Salary _____		Phone _____
Describe Your Duties 					
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer If part-time, list number of hours worked per week: _____					
Detail Reason For Leaving 					

C Have you ever applied for ANY position with ANY law enforcement agency to include local, state, and federal agencies? Yes No

Date	Position	Agency	Disposition

D Have you ever attended a law enforcement academy? Yes No

Were you certified? Yes No

Name of Academy: _____

City & State: _____

Date Attended: _____

E Has your law enforcement certification ever been suspended, revoked or brought before a review board? Yes No

5. ARREST HISTORY

The following questions pertain to your experiences in this country and all other countries **as both a juvenile and an adult**. Include any military law enforcement contact. **Explain all "YES" answers in detail.**

A Have you ever had any contact with ANY law enforcement official, to include as a victim, witness or reporting party? Yes No

B Has a law enforcement official for any reason ever issued you a verbal or written warning? Yes No

C Have you ever been detained by a law enforcement official? Yes No

D Have you ever been charged with a crime? Yes No

E Have you ever been arrested? Yes No

F Have you ever been convicted of a crime? Yes No

G Have you ever been booked into jail? Yes No

H Have you ever received a criminal citation? Yes No

I Have the police ever been called to your home for any reason? Yes No

If you have answered "YES" to any of the above questions, list the incident below and make certain you have explained it on page at the end of the application. **ALL J INCIDENTS MUST BE EXPLAINED IN DETAIL. If more space is needed, use the page at the end of the application.**

Section # (A-I)	MO/YR	Reason / Charge	Law Enforcement Agency - City / State	Disposition / Sentence	MO/YR

6. DRIVERS HISTORY

A List all valid driver's license you now hold:

Issue Date	Type of License	Expiration Date	State	License Number

B If you have previously held a drivers license from ANY state, please indicate below:

Issue Date	Type of License	Expiration Date	State	License Number

C Is your driver's license currently restricted, suspended, or revoked? Yes No Reason: _____

Have you ever had a drivers license canceled, refused, revoked, or suspended? Yes No Date of Reinstatement _____

D If YES, explain in detail on the back page the reasons and dates.

Have you ever been charged with driving under the influence of alcohol or drugs? Yes No

E If YES, explain in detail on the back page the reasons and dates. Convicted? Yes No

7. LIQUOR AND NARCOTICS

Have you ever used any prescription drugs not prescribed to you by a doctor? Yes No If YES, explain on the page at the end of the application

A If you have tried, used or ingested ANY of the drugs listed below, check the "Yes" box; if you have not, check the "No" box.
B Include the number of times used and dates.

	Yes No		Total # Times Used	Last Use (MO/YR)	Dates (MO/YR)	Yes No		Total # Times Used	Last Use (MO/YR)	Dates (MO/YR)
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>				Cocaine (powder/crack)	<input type="checkbox"/>	<input type="checkbox"/>		
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>				Heroin	<input type="checkbox"/>	<input type="checkbox"/>		
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>				Opium	<input type="checkbox"/>	<input type="checkbox"/>		
Barbituates	<input type="checkbox"/>	<input type="checkbox"/>				Injectable / oral Steroids	<input type="checkbox"/>	<input type="checkbox"/>		
Hashish	<input type="checkbox"/>	<input type="checkbox"/>				Other	<input type="checkbox"/>	<input type="checkbox"/>		
Amphetamines (Speed, meth, etc)	<input type="checkbox"/>	<input type="checkbox"/>				Hallucinogenic Substances	<input type="checkbox"/>	<input type="checkbox"/>		

If you have tried, used ANY of the drugs listed above or if you have tried or used any other drug without a doctor's prescription, explain on the page at the end of this application. You must include the number of times used and dates.

8. GANG AFFILIATIONS

A Are you currently, or have you formerly, been associated with a group that engages in criminal activity, to include motorcycle organizations, street gangs, or other organizations involved in criminal activity? Yes No If YES, explain on the page at the end of the application

B Are you now in a group, which seeks to alter the form of government of the United States by any unlawful or unconstitutional means? Yes No If YES, explain on the page at the end of the application

9. MILITARY SERVICE

A Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? Include Army, Navy, Marine Corps, Air Force, Coast Guard, ROTC, or any other military or semi-military organization. Yes No
****ONLY Honorable Discharges will be considered for employment**

B List dates of military service: (list each service period separately)

MO / YR Entered	Branch / Organization	Discharge Date	Type of Discharge	Rank

C Are you a member of the Military Reserves? Yes No

D Have you received any form of disciplinary action from the military? Yes No If YES, explain on the page at the end of the application

E Current Military Status Active Retired Active Reserves Inactive Reserves N/A

PLEASE READ BEFORE SIGNING

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event that confirmation is needed in connection with my work, I authorize educational institutions, previous employers, military units, associations, registration and licensing boards, and others to furnish Contract Security Forces, LLC whatever detail is available concerning my qualifications. I authorize Contract Security Forces, LLC to investigate all statements made in this application and understand that false information or documentation, or failure to disclose relevant information may be grounds for rejection of my application or disciplinary action up to and including dismissal shall I become an employee of Contract Security Forces, LLC. I further understand that I will not receive and I am not entitled to a copy of any report of background investigations or to know its contents.

I also understand that employment is conditional until results of health evaluations are known as related to essential job functions and until information given by me on my application has been verified. I certify and acknowledge that I meet minimum age requirements of applicable laws by state policy. If required, I will complete a Surety Bond Application. As part of the Drug Free Workplace Act, I agree to submit to drug and alcohol screening tests when required upon a conditional offer of employment and during employment.

I further authorize Contract Security Forces, LLC and its representatives to perform any criminal records checks that may be required as part of this application process. I understand and acknowledge that, unless otherwise defined by applicable law, my employment relationship with Contract Security Forces, LLC is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time. It is further understood that this "at will" employment relationship may not be changed by and written document or by conduct. I hereby release Contract Security Forces, LLC and its directors, elected officials, employees and assigns from any and all liability or damage that may result from furnishing the requested information.

Contract Security Forces, LLC is an Equal Opportunity Employer

Signature of Applicant: _____ Date: _____ Print Name: _____

Contract Security Forces, LLC
Authorization and Release to Obtain Information

I, _____ authorize Contract Security Forces, LLC to conduct a background investigation in connection with my application for employment.

I understand that I will not receive, and am not entitled to, a copy of the report of the investigation or to know its contents. I further understand that the contents of this report are privileged. I agree to give any further information that may be required in reference to my past record. I fully understand that all information gained for such investigation is confidential and will be released only to authorized persons in the employment process.

This investigation may include information from educational institutions, previous employers, military units and organizations, all US Government agencies to include the Office of Personnel Management (OPM), Department of Motor Vehicle records in any state, any physician or medical records, insurance companies, police or court records, tax and property records, personal references, developed references, and any other appropriate sources. I authorize the release of any information that the City of Fayetteville may request from the above sources. I also authorize my former or current employers to give any information regarding my employment; together with any information they may have regarding me, whether or not it is in their records.

I also understand that if I am currently employed as a law enforcement or correctional officer, or by a law enforcement or criminal justice related agency of any type, the results of this background investigation may be made available to my current employer, whether or not I am offered employment by Contract Security Forces, LLC.

I hereby release the Contract Security Forces, LLC., or any of its agents or representatives, and any person or entity so furnishing such information from any and all liability of every nature and kind rising out of the furnishing or inspection of such documents, records, and other information for the investigation made by Contract Security Forces, LLC.

Signature

Date

State of _____

County Of _____

I, _____ a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the foregoing signature is to be his/hers, and having been duly sworn by me, made oath that the statements in said instrument are true.

Witness my hand and official seal, this the _____ day of _____, 20 ____ .

Notary Public Signature

My commission expires _____, 20 ____ .

Notary Public (Type or Print) Name

(Official Seal)

If selected for this position, how soon can you begin employment? As Soon As Possible Two week notice Need More Notice

If you are not available for work now, enter the earliest date you could begin work.

Employment Desired Full-Time Only Part-Time Only Full or Part-Time

Days / Hours available to work: No Preference Mon Tues Wed Thurs Fri Sat Sun

How many hours can you work weekly?

What valid security licenses / credentials do you currently possess
What are the expiration dates?

What current security clearances do you currently possess?

Are you interested in directly participating in the growth, development, and success of CSF by becoming a shareholder of CSF Stocks? Yes No