

### Application for Employment (KOA)

Name \_\_\_\_\_  
Last First Middle

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

Phone Number ( \_\_\_\_\_ ) Social Security Number \_\_\_\_\_  
Area Code

If you are not a U.S. citizen, can you legally work in the U.S.?  Yes  No

Are you 18 years old or older?  Yes  No

Position desired: \_\_\_\_\_

Date you can start: \_\_\_\_\_

Are you employed now?  Yes  No

If so, may we contact your employer?  Yes  No

Have you ever worked for this company before?  Yes  No

If so, when? \_\_\_\_\_

Have you ever been convicted/charged of a crime? Yes or No, If yes what crime and when?

Do you have a 235 Card Yes/No : Do you have a Vehicle Yes/No :

Do you have Security Guard Experience Yes or No : What shift can you work? \_\_\_\_\_

How did you find out about our Company? \_\_\_\_\_

#### Education

	Name and Location	Did you Graduate?	Describe Course of study.
High School			
College			
Trade School			
Other			

## References

Name	Address	Profession	Telephone
1)			
2)			
3)			

### EMPLOYMENT HISTORY

The following work experience section must be completed even if accompanied by a resume. You may also include any work that was performed on a voluntary basis. List most current first.

EMPLOYER				RATE OF PAY STARTING:      ENDING:	
ADDRESS		CITY	STATE	ZIP CODE	
YOUR POSITION AND SPECIAL DUTIES				EMPLOYED FROM:      TO:	TOTAL YEARS
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>				SUPERVISOR'S NAME:	AREA CODE: NUMBER:
				REASON FOR LEAVING:	
				PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>
LIST OTHER NAMES UNDER WHICH YOU HAVE WORKED (LAST/FIRST/MIDDLE):					

EMPLOYER				RATE OF PAY STARTING:      ENDING:	
ADDRESS		CITY	STATE	ZIP CODE	
YOUR POSITION AND SPECIAL DUTIES				EMPLOYED FROM:      TO:	TOTAL YEARS
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>				SUPERVISOR'S NAME:	AREA CODE: NUMBER:
				REASON FOR LEAVING:	
				PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>
LIST OTHER NAMES UNDER WHICH YOU HAVE WORKED (LAST/FIRST/MIDDLE):					

EMPLOYER				RATE OF PAY STARTING:      ENDING:	
ADDRESS		CITY	STATE	ZIP CODE	
YOUR POSITION AND SPECIAL DUTIES				EMPLOYED FROM:      TO:	TOTAL YEARS
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>				SUPERVISOR'S NAME:	AREA CODE: NUMBER:
				REASON FOR LEAVING:	
				PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>
LIST OTHER NAMES UNDER WHICH YOU HAVE WORKED (LAST/FIRST/MIDDLE):					

EMPLOYER				RATE OF PAY STARTING:      ENDING:	
ADDRESS		CITY	STATE	ZIP CODE	
YOUR POSITION AND SPECIAL DUTIES				EMPLOYED FROM:      TO:	TOTAL YEARS
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>				SUPERVISOR'S NAME:	AREA CODE: NUMBER:
				REASON FOR LEAVING:	
				PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>
LIST OTHER NAMES UNDER WHICH YOU HAVE WORKED (LAST/FIRST/MIDDLE):					

Applicant Questionnaire

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Please give a detailed job history and explanation as to why you left your previous employers. Please account for any gaps of time in between jobs for the past ten years. Please note that "personal reasons", "laid off", and/or "better opportunity or job" are not acceptable explanations.

Company #1: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Ending pay rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Job Title \_\_\_\_\_ Dates: \_\_\_\_\_

Company #2: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Ending pay rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Job Title \_\_\_\_\_ Dates: \_\_\_\_\_

Company #3: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Ending pay rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Job Title \_\_\_\_\_ Dates: \_\_\_\_\_

Company #4: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Ending pay rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Job Title \_\_\_\_\_ Dates: \_\_\_\_\_

Company #5: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Ending pay rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Job Title \_\_\_\_\_ Dates: \_\_\_\_\_

Company #5: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Ending pay rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Job Title \_\_\_\_\_ Dates: \_\_\_\_\_

In the past ten years, how many times would you say that you have been late for work? \_\_\_\_\_

In the past ten years, how many times would you say that you have called out from work? \_\_\_\_\_

Have you ever had a dispute with any of your supervisors in the past? \_\_\_\_\_ Co-workers? \_\_\_\_\_

If you answered yes to the above question(s), please give full details below.

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Are you able to stand for long periods of time with little or no break (10 -12 hours)? \_\_\_\_\_

Are you able to walk long distances (8-10 miles over an eight hour shift)? \_\_\_\_\_ Work overtime? \_\_\_\_\_

Security requires that you work weekends and sometimes past your scheduled shift, can you do this? \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_ What's your mode of travel? \_\_\_\_\_ Do you have bus fare? \_\_\_\_\_

How often do you consume alcohol and/or indulge in the abuse of controlled substances? \_\_\_\_\_

Have you ever received any formalized training in security practices? \_\_\_\_\_

15. HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH VIOLATION OF THE LAW? (INCLUDING TRAFFIC VIOLATION) (IF YES, EXPLAIN BELOW AND INDICATE ALL ARRESTS AND DISPOSITIONS, EXCLUDING PARKING TICKETS)	<input type="checkbox"/> YES <input type="checkbox"/> NO
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DATE	LOCATION	CHARGE	DISPOSITION
A.			
B.			
C.			
D.			

16. HAVE YOU EVER BEEN CONVICTED OF A CRIME ENUMERATED IN SECTION 6105(b)? (READ INFORMATION ON BACK PRIOR TO ANSWERING.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
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17. ARE YOU NOW CHARGED WITH, OR HAVE YOU EVER BEEN CONVICTED OF A CRIME PUNISHABLE BY IMPRISONMENT FOR A TERM EXCEEDING ONE YEAR? (THIS DOES NOT INCLUDE FEDERAL OR STATE OFFENSES PERTAINING TO ANTITRUST, UNFAIR TRADE PRACTICES, RESTRAINTS OF TRADE, OR REGULATION OF BUSINESS; OR STATE OFFENSES CLASSIFIED AS MISDEMEANORS AND PUNISHABLE BY A TERM OF IMPRISONMENT NOT TO EXCEED TWO YEARS.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
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18. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE UNDER THE ACT OF APRIL 14, 1972 (P.L. 233, NO. 64), KNOWN AS THE CONTROLLED SUBSTANCE, DRUG, DEVICE AND COSMETIC ACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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19. ARE YOU AN INDIVIDUAL WHO, WITHIN THE PAST TEN YEARS, HAS BEEN ADJUDICATED A DELINQUENT FOR A CRIME ENUMERATED IN SECTION 6105(b)? (REFER TO INFORMATION ON BACK.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
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20. ARE YOU AN INDIVIDUAL WHO IS NOT OF SOUND MIND OR WHO HAS EVER BEEN COMMITTED TO A MENTAL INSTITUTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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21. ARE YOU A UNITED STATES CITIZEN? IF NO, ENTER IMMIGRATION IDENTIFICATION NUMBER _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
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22. ARE YOU AN INDIVIDUAL WHO HAS BEEN DISCHARGED FROM THE ARMED FORCES OF THE UNITED STATES UNDER DISHONORABLE CONDITIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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23. IS YOUR CHARACTER AND REPUTATION SUCH THAT YOU WOULD BE LIKELY TO ACT IN A MANNER DANGEROUS TO PUBLIC SAFETY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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24. ARE YOU A HABITUAL DRUNKARD?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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25. HAVE YOU EVER BEEN CONVICTED OF A CRIME OF VIOLENCE IN THE COMMONWEALTH OF PENNSYLVANIA OR ELSEWHERE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**ARE YOU A PERSON WHO?**

26. IS A FUGITIVE FROM JUSTICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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27. HAS BEEN CONVICTED OF AN OFFENSE UNDER THE ACT OF APRIL 14, 1972 (P.L. 233, NO. 64), KNOWN AS THE CONTROLLED SUBSTANCE DRUG, DEVICE AND COSMETIC ACT, THAT MAY BE PUNISHABLE BY A TERM OF IMPRISONMENT EXCEEDING TWO YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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28. HAS BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE OF ALCOHOL OR CONTROLLED SUBSTANCE AS PROVIDED IN TITLE 75, VEHICLE CODE SECTION 373 (RELATING TO DRIVING UNDER THE INFLUENCE OF ALCOHOL OR CONTROLLED SUBSTANCE) ON THREE OR MORE SEPARATE OCCASIONS WITHIN A FIVE-YEAR PERIOD?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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29. HAS BEEN ADJUDICATED AS AN INCOMPETENT OR WHO HAS BEEN INVOLUNTARILY COMMITTED TO A MENTAL INSTITUTION FOR INPATIENT CARE AND TREATMENT UNDER SECTION 302, 303, OR 304 OF THE PROVISIONS OF THE ACT OF JULY 9, 1976 (P.L. 817, NO. 143), KNOWN AS THE MENTAL HEALTH PROCEDURES ACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
30. BEING AN ALIEN, IS ILLEGALLY OR UNLAWFULLY IN THE UNITED STATES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. IS THE SUBJECT OF AN ACTIVE PROTECTION FROM ABUSE ORDER ISSUED PURSUANT TO 23 Pa.C.S. SECTION 6108 (RELATING TO RELIEF), WHICH ORDER PROVIDES FOR THE CONFISCATION OF FIREARMS DURING THE PERIOD OF TIME THE ORDER IS IN EFFECT. THIS PROHIBITION SHALL TERMINATE UPON THE EXPIRATION OR VACATION OF AN ACTIVE PROTECTION FROM ABUSE ORDER OR PORTION THEREOF RELATING TO THE CONFISCATION OF FIREARMS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
32. WAS ADJUDICATED DELINQUENT BY A COURT PURSUANT TO 42 Pa.C.S. SECTION 6341 (RELATING TO ADJUDICATION) OR UNDER ANY EQUIVALENT FEDERAL STATUTE OR STATUTE OF ANY OTHER STATE AS A RESULT OF CONDUCT WHICH IS COMMITTED BY AN ADULT WOULD CONSTITUTE AN OFFENSE UNDER SECTIONS 2502, 2503, 2702, 2703, 2704, 2901, 3121, 3123, 3301, 3502, 3701, AND 3923 (LISTED BELOW)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
33. WAS ADJUDICATED DELINQUENT BY A COURT PURSUANT TO 42 Pa.C.S. SECTION 6341 OR UNDER ANY EQUIVALENT FEDERAL STATUTE OR STATUTE OF ANY OTHER STATE AS A RESULT OF CONDUCT WHICH IF COMMITTED BY AN ADULT WOULD CONSTITUTE AN OFFENSE ENUMERATED IN SECTION 6105(b)? (SEE BELOW.) THE PROHIBITION SHALL TERMINATE 15 YEARS AFTER THE LAST APPLICATION DELINQUENT ADJUDICATION OR UPON THE PERSON REACHING THE AGE OF 30, WHICHEVER IS EARLIER.	<input type="checkbox"/> YES <input type="checkbox"/> NO

§ 6105(b):

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>§ 908 PROHIBITED OFFENSIVE WEAPONS.</li> <li>§ 911 CORRUPT ORGANIZATIONS.</li> <li>§ 912 POSSESSION OF WEAPON ON SCHOOL PROPERTY.</li> <li>* § 2502 MURDER.</li> <li>* § 2503 VOLUNTARY MANSLAUGHTER.</li> <li>§ 2504 INVOLUNTARY MANSLAUGHTER, IF THE OFFENSE IS BASED ON THE RECKLESS USE OF A FIREARM.</li> <li>* § 2702 AGGRAVATED ASSAULT.</li> <li>* § 2703 ASSAULT BY PRISONER.</li> <li>* § 2704 ASSAULT BY LIFE PRISONER.</li> <li>§ 2709 HARASSMENT AND STALKING, IF THE OFFENSE RELATES TO STALKING.</li> <li>* § 2901 KIDNAPPING.</li> <li>§ 2902 UNLAWFUL RESTRAINT.</li> <li>§ 2910 LURING A CHILD INTO A MOTOR VEHICLE.</li> <li>* § 3121 RAPE.</li> <li>* § 3123 INVOLUNTARY DEVIATE SEXUAL INTERCOURSE.</li> <li>§ 3125 AGGRAVATED INDECENT ASSAULT.</li> <li>* § 3301 ARSON AND RELATED OFFENSES.</li> <li>§ 3302 CAUSING OR RISKING CATASTROPHE.</li> <li>* § 3502 BURGLARY.</li> <li>§ 3503 CRIMINAL TRESPASS, IF THE OFFENSE IS GRADED A FELONY OF THE SECOND DEGREE OR HIGHER.</li> </ul> | <ul style="list-style-type: none"> <li>* § 3701 ROBBERY.</li> <li>§ 3702 ROBBERY OF MOTOR VEHICLE.</li> <li>§ 3921 THEFT BY UNLAWFUL TAKING OR DISPOSITION, UPON CONVICTION OF THE SECOND FELONY OFFENSE.</li> <li>* § 3923 THEFT BY EXTORTION, WHEN THE OFFENSE IS ACCOMPANIED BY THREATS OF VIOLENCE.</li> <li>§ 3925 RECEIVING STOLEN PROPERTY, UPON CONVICTION OF THE SECOND FELONY OFFENSE.</li> <li>§ 4912 IMPERSONATING A PUBLIC SERVANT, IF THE PERSON IS IMPERSONATING A LAW ENFORCEMENT OFFICER.</li> <li>§ 4952 INTIMIDATION OF WITNESSES OR VICTIMS.</li> <li>§ 4953 RETALIATION AGAINST WITNESS OR VICTIM.</li> <li>§ 5121 ESCAPE.</li> <li>§ 5122 WEAPONS OR IMPLEMENTS FOR ESCAPE.</li> <li>§ 5501 RIOT, IF THE OFFENSE RELATES TO A FIREARM OR OTHER DEADLY WEAPON.</li> <li>§ 5515 PROHIBITING OF PARAMILITARY TRAINING.</li> <li>§ 6110.1 POSSESSION OF FIREARM BY MINOR.</li> <li>§ 6301 CORRUPTION OF MINORS.</li> <li>§ 6302 SALE OR LEASE OF WEAPONS AND EXPLOSIVES.</li> </ul> |
|--|---|
- ANY OFFENSE EQUIVALENT TO ANY OF THE ABOVE-ENUMERATED OFFENSES UNDER THE PRIOR LAWS OF THIS COMMONWEALTH, OR ANY OFFENSE EQUIVALENT TO ANY OF THE ABOVE-ENUMERATED OFFENSES UNDER THE STATUTES OF ANY OTHER STATE OR OF THE UNITED STATES.

CERTIFICATION

I HEREBY CERTIFY THAT THIS FORM CONTAINS NO MISREPRESENTATION OR FALSIFICATIONS, OMISSIONS, OR CONCEALMENT OF MATERIAL FACT AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I AM SIGNING THIS DOCUMENT WITH THE FULL UNDERSTANDING THAT ANY FALSE INFORMATION OR STATEMENT WILL SUBJECT ME TO THE CRIMINAL PENALTIES OF TITLE 18, CRIMES CODE SECTION 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES, AND COULD RESULT IN PERMANENT DISQUALIFICATION OF A LETHAL WEAPONS AGENT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

SP 4-164 (1-97)

PENNSYLVANIA STATE POLICE  
REQUEST FOR CRIMINAL RECORD CHECK  
TYPE OR PRINT LEGIBLY WITH INK

FOR CENTRAL REPOSITORY USE ONLY  
(LEAVE BLANK)

PART 1: TO BE COMPLETED BY REQUESTER

DATE OF REQUEST:

(INFORMATION WILL BE MAILED TO REQUESTER ONLY)

NAME OF REQUESTER:

ADDRESS:

CITY:

STATE:

ZIP:

AREA CODE:

CONTACT TELEPHONE NUMBER:

Grid for area code: [ ][ ][ ]

Grid for contact telephone number: [ ][ ][ ][ ][ ][ ]

Grid for contact telephone number: [ ][ ][ ][ ][ ][ ]

REQUESTER IDENTIFICATION: (CHECK ONE BLOCK)

INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY - ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00 PAYABLE TO "COMMONWEALTH OF PENNSYLVANIA"

FEE - EXEMPT NONCRIMINAL JUSTICE AGENCY

\*\*\*DO NOT SEND CASH OR PERSONAL CHECK\*\*\*

NAME/SUBJECT OF RECORD CHECK:  
(LAST)

(FIRST)

(MIDDLE)

MAIDEN NAME AND/OR ALIASES:

SOCIAL SECURITY NUMBER (SOC):

DATE OF BIRTH (DOB):

SEX:

RACE:

REASON FOR REQUEST: (CHECK ONE BLOCK)

EMPLOYMENT

FIREARMS PROHIBITION CHALLENGE

INDIVIDUAL ACCESS AND REVIEW BY SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE (AFFIDAVIT OF LEGAL REPRESENTATIVE ATTACHED)

OTHER (SPECIFY) \_\_\_\_\_

NOTE: A "NO RECORD" RESPONSE MAY TAKE THREE WEEKS TO PROCESS; A "RECORD" RESPONSE TAKES LONGER THAN A "NO RECORD" RESPONSE.

IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER.

REQUESTER CHECKLIST:

DID YOU ENTER THE FULL NAME, DOB, AND SOC?

DID YOU ENCLOSE THE \$10.00 FEE? (CERTIFIED CHECK/MONEY ORDER)

\*\*\*DO NOT SEND CASH OR PERSONAL CHECK\*\*\*

DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?

AFTER COMPLETION MAIL TO:

PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY - 164  
1800 ELMERTON AVENUE  
HARRISBURG, PENNSYLVANIA 17110-9758

PART II: CENTRAL REPOSITORY RESPONSE

\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*

INFORMATION DISSEMINATED:

NO RECORD

CRIMINAL RECORD ATTACHED

INQUIRY/DISSEMINATED BY:

SID NO:

THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED SOLELY ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER.

NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

RACE

SEX

MAIDEN/ALIAS NAME

CERTIFIED BY:

(DIRECTOR, CENTRAL REPOSITORY)

The response is based on a comparison of data provided by the requester in Part 1 against information contained in the files of the Pennsylvania State Police Central Repository only. The Pennsylvania State Police response does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies.