



1900 CROTONA AVENUE. 1<sup>ST</sup> FLOOR BRONX, NEW YORK 10457

TEL: 718-812-6954. FAX: 347-431-1212. EMAIL: [KINGSALERT@HOTMAIL.COM](mailto:KINGSALERT@HOTMAIL.COM)

EMPLOYEE NAME: \_\_\_\_\_

REFERED NAME: \_\_\_\_\_

**APPLICATION PACKAGE**

1. Application forms
2. A copy of your registration card for security guard
3. Immigration paper to authorize work in U.S. such as: green card, passport.
4. A picture ID i.e. Drivers license
5. 8 hours pre-assignment certification of recent training record.
6. A copy of security guard ID
7. OSHA 10 hour's Certificate.
8. Fire guard certificate and Issued card by the state.
9. 16 hours on the job certificate

\*\*\*\*Please return this package with all the above copies completely filed\*\*\*\*

Please come to office with the original document for cross checking of information.

This is due on: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**OFFICE USE ONLY**

To be employed YES  NO

HIRING OFFICER: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR OFFICE USE ONLY

CASH#: \_\_\_\_\_

FEE: \$36

UID: \_\_\_\_\_

PREV. UID: \_\_\_\_\_

CLASS: \_\_\_\_\_

CODE: \_\_\_\_\_

# Employee Statement and Security Guard Application

NYS Department of State  
Division of Licensing Services  
P.O. Box 22001  
Albany, NY 12201-2001  
Customer Service: (518) 474-7569  
www.dos.ny.gov

**INSTRUCTIONS:** Forms must be completed in blue or black ink. Incomplete forms will not be processed. Please refer to pages 5 and 6 for further instructions on completing this form.

## APPLICANT INFORMATION SECTION

**APPLICATION AS** (Check only ONE):  Security Guard  Armed Security Guard

**Social Security Number:** \_\_\_\_\_  
(See Instructions-Privacy Notification)

**Birth Date:** \_\_\_\_\_  
M M D D Y Y Y Y (Must be at least 18 years old to apply.)

**Applicant's Name:** LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

NAME SUFFIX (For example: Sr. / Jr. / III) \_\_\_\_\_

**Gender:**

**Race:**

Male  Female  White  Black  American Indian or Alaskan Native  Asian or Pacific Islander  Other  Unknown

## RESIDENCE ADDRESS

STREET ADDRESS (Required - P.O. Box may be added to ensure delivery) \_\_\_\_\_

APT/UNIT/PO BOX \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP+4 \_\_\_\_\_

COUNTY (Enter only if in New York State) \_\_\_\_\_

COUNTRY/NATION (Of above address) \_\_\_\_\_

DAYTIME PHONE (INCLUDING AREA CODE) \_\_\_\_\_

FAX NUMBER - IF ANY (INCLUDING AREA CODE) \_\_\_\_\_

E-MAIL ADDRESS (IF ANY) \_\_\_\_\_

## DMV Consent Section - IMPORTANT INFORMATION Regarding Your Photo ID

The Department of State produces photo ID cards in cooperation with the NYS Department of Motor Vehicles (DMV). If you have a current NYS Driver License or Non-Driver ID card, please provide your 9-digit DMV ID Number in the space provided below. Then read the informed consent and sign this form. If you do not have a current NYS photo Driver License or Non-Driver ID card, please have your photo taken at any nearby DMV office BEFORE you complete this application. For more details, refer to our notice, "Request for Photo ID."

**INFORMED CONSENT:** I authorize the NYS Department of State and the NYS Department of Motor Vehicles (DMV) to produce an ID card bearing my DMV photo. I understand that DMV will send this card to the address I maintain with the Department of State. I also understand that the Department of State and DMV will use my DMV photo to produce all my subsequent ID Cards for as long as I maintain my license/registration with the Department of State.

DMV ID# \_\_\_\_\_

**X**

Applicant's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**BACKGROUND QUESTIONS**

Answer the following questions by checking either "YES" or "NO"

1. Are you a citizen of the United States or a legal resident of the United States in possession of a valid alien registration card?  YES  NO  
→ IF "NO," you must submit an explanation.

2. Are you a peace officer?  YES  NO  
→ IF "YES," please read the attached Security Guard Training Advisory.  
→ IF you qualify for an exemption, you must submit the documentation described in the Advisory. If you DO NOT qualify, you must submit training certificates.

3. Are you a retired police officer?  YES  NO  
→ IF "YES," please read the attached Security Guard Training Advisory.  
→ IF you qualify for an exemption, you must submit the documentation described in the Advisory. If you DO NOT qualify, you must submit training certificates.

4. Have you ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony?  YES  NO  
→ IF "YES," you must submit with this application a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must submit a copy with this application.

5. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere?  YES  NO  
→ IF "YES," you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).

6. Has any license or permit issued to you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied?  YES  NO  
→ IF "YES," you must submit an explanation.

7. Have you ever been discharged from a correctional or law enforcement agency for incompetence or misconduct as determined by a court of competent jurisdiction, administrative hearing officer, administrative law judge, arbiter, arbitration panel or other duly constituted tribunal, or resigned from such an agency while charged with misconduct or incompetence?  YES  NO  
→ IF "YES," you must submit an explanation.

8. Have you ever been declared to be incompetent by reason of mental disease or defect which has not been removed by any court of competent jurisdiction?  YES  NO  
→ IF "YES," you must submit an explanation.

9. Have you ever applied in this state or elsewhere for a registration/license as a security guard; watch, guard or patrol agency; private investigator?  YES  NO  
→ IF "YES," please provide the UID # or Reg. # . \_\_\_\_\_

Employee Statement and Security Guard Application

EMPLOYMENT HISTORY

Please enter the complete record of your occupation during the last five years. You may copy this page and attach as many sheets as needed.

Company One Information:

NAME OF COMPANY	EMPLOYMENT STATUS (Full-Time OR Part-Time)	HOURS PER WEEK WORKED
_____		
COMPANY ADDRESS		
_____		
BUSINESS TELEPHONE	SUPERVISOR	DATES OF EMPLOYMENT (From - To)
_____	_____	_____
POSITION	DUTIES	
_____	_____	

Company Two Information:

NAME OF COMPANY	EMPLOYMENT STATUS (Full-Time OR Part-Time)	HOURS PER WEEK WORKED
_____		
COMPANY ADDRESS		
_____		
BUSINESS TELEPHONE	SUPERVISOR	DATES OF EMPLOYMENT (From - To)
_____	_____	_____
POSITION	DUTIES	
_____	_____	

Company Three Information:

NAME OF COMPANY	EMPLOYMENT STATUS (Full-Time OR Part-Time)	HOURS PER WEEK WORKED
_____		
COMPANY ADDRESS		
_____		
BUSINESS TELEPHONE	SUPERVISOR	DATES OF EMPLOYMENT (From - To)
_____	_____	_____
POSITION	DUTIES	
_____	_____	

Company Four Information:

NAME OF COMPANY	EMPLOYMENT STATUS (Full-Time OR Part-Time)	HOURS PER WEEK WORKED
_____		
COMPANY ADDRESS		
_____		
BUSINESS TELEPHONE	SUPERVISOR	DATES OF EMPLOYMENT (From - To)
_____	_____	_____
POSITION	DUTIES	
_____	_____	

**CHILD SUPPORT STATEMENT**

You **MUST** complete this section. If you do not complete it, your application will **NOT** be processed.

I, the undersigned, do hereby certify that (You must "X" A or B, below):

- A.  I am not under obligation to pay child support. (SKIP "B" and go directly to **Applicant Affirmation**).
- B.  I am under obligation to pay child support (You must "X" any of the four statements below that are true and apply to you):
  - I do not owe four or more months of child support payments.
  - I am making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties.
  - My child support obligation is the subject of a pending court proceeding.
  - I receive public assistance or supplemental social security income.

**APPLICANT AFFIRMATION**

I affirm, under the penalties of perjury, that the statements made in this application are true and correct. I further affirm that I have read and understand the provisions of Article 7A of the General Business Law and the rules and regulations promulgated thereunder.

**X**

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date Signed*

Print Name: \_\_\_\_\_

**NOTICE OF EMPLOYMENT**

If employment will commence with the filing of your application, this section **MUST** be completed by your employer.

DATE OF HIRE: \_\_\_\_\_

TRANSACTION NUMBER: \_\_\_\_\_

TRANSACTION DATE: \_\_\_\_\_

GUARD'S NAME: \_\_\_\_\_

GUARD'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

EMPLOYER'S UID: \_\_\_\_\_

EMPLOYER'S BUSINESS NAME: \_\_\_\_\_

I, *(Please Print)* \_\_\_\_\_, swear and affirm that I am the representative for the company identified as the employer and that I have verified the statements made by this employee and determined that these statements are true and correct to the best of my ability. I further attest that based on my verification of these statements, I find that the employee listed hereon is qualified for employment under the provisions of Articles 7 and 7-A of the General Business Law.

**X**

\_\_\_\_\_  
*Employer's Signature*

\_\_\_\_\_  
*Date Signed*

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____				

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

# Form W-4 (2012)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b> _____
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit . . . . . (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____

For accuracy, complete all worksheets that apply.   

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074  <h1 style="margin: 0;">2012</h1>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

## READ THE TERMS AND CONDITIONS

### KINGS SECURITY SERVICES INC.

1. I certify that all the information I have provided in this application or made in conjunction with it are true and correct to the best of my knowledge and understand that any misrepresentation falsification omission of fact requested are grounds for denying employment or may result in dismissal, should I be employed, whenever the correct information becomes know to KINGS SECURITY SERVICES INC regardless of the elapsed.
2. I hereby authorize KINGS SECURITY SERVICE INC to investigate all references and to secure additional information about me including obtaining investigation report made though consumer report reporting agencies. Furthermore, I authorize all my current and former employers, school officials, instructions or any other person not named in this application to KINGS SECURITY SERVICES INC any information they may have regarding me, whether or not such information is in their written records. I release KINGS SECURITY SERVICE INC and its preventative from any liability for any damages whatsoever resulting from the giving of such information.
3. I understand that this application for employment does not in any way constitute an offer of employment. Employment with KINGS SECCRITY SERVICE INC is not by contract expressed or implied. Furthermore, should I be employed I understand and agree that my employment is for no definite duration but is on an "at will" basis. I further understand and agree that just as I can terminate the employment relationship at any time and for any or no reason with or without notice. I understand that no representative of the company has the authority to make any assurances or agreement to the contrary except by the president of KINGS SECURITY SERVICES INC in writing.
4. If hired by KINGS SECURITY SERVICE INC, I will never, except I the performance of my duties for KING SECURITY SERVICES INC, use or disclose to other information or date tat is confidential to my employer. I.e. information that is not generally available to the public relating to the business of my employer including trade secret, as well as information pertaining to research, development, manufacturing, marketing, merchandising and selling activities. I also agree that all papers, keys identification card, uniforms, equipment or other property furnished by KINGS SECURITY SERVICES INC which prepared or made, in whole part, at anytime while being employed by my employer, shall be the property of my employer and upon its request or the termination of my employment, I will promptly surrender such property to KINGS SECURITY SERVICES INC.
5. If hired by KINGS SECURITY INC, I will promptly disclose and I hereby assegai rights to my employer to any inventions, improvement, or ideas relating to products, machinery processed or technology of my employer, which I make individually, or jointly with



others, including those made on my own time while employed by my employer and (1) one year thereafter. I will also promptly complete all idea records, patent application, foreign and domestic, and other document, as requested by my employer to protect the rights these inventions, improvement, or ideas.

6. I certify that I have read the job description (or in the absence of a job description, the essential functions of the job have been described to me), which sets fourth the essential functions of the job for which I have applied. I agree and understand that my job description is subject to change at any time with or without notice.
7. I understand and agree that as a condition of my employment I may be required to undergo a comprehensive background investigation, passing a physical examination, testing for drug and alcohol use, and credit check.
8. I understand that if employed, all KINGS SECURITY SERVICE INC 's policies and procedures including its policy manuals and documents (in whole part) do not constitute a contract of employment and that I agree to read and familiarize myself with all written policies and procedures including the manual).
9. If hired by KINGS SECURITY SERVICE INC. I hereby acknowledge, understand and agree that if I sustained any work related injuries while working for KINGS SECURITY SERVICES INC are covered by state worker's compensation statues to the extent permitted by the law. I hereby waive and forever release any right I have to make claims for bring suit against any client or customer of KINGS SECURITY SERVICE INC.
10. I hereby understand and agree that the nature of my employment as a security officer may require an on-duty meal period for which I will be paid. I further agree to waive break period(s) during my time on duty.
11. Guard must speak to supervisor or the president at least 3 hours before resuming duties if they are calling out sick or for any reason whatsoever that will prevent him or her from coming to work. If this is violated, such guard or personal will have to look for a replacement for the position before going out sick.
12. My signature below certifies that I have read and understand the entire above paragraphs

Employee sign: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_