

**UNITED STATES SUPERINTELLIGENCE SECURITY AGENCY
110 E GROVE STREET UNIT B. DELMAR, DELAWARE 19940**

TELEPHONE: 302-907-0445



WWW.USSISA.COM

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY.PLEASE FILL OUT ENTIRE APPLICATION.

DEAR APPLICANT, WE CERTAINLY APPRECIATE YOUR INTEREST IN USSISA, AND WE ASSURE YOU THAT WE ARE INTERESTED IN GETTING TO KNOW YOU. A CLEAR UNDERSTANDING OF YOUR BACKGROUND AND WORK HISTORY WILL AID US IN SEEKING TO PLACE YOU IN A POSITION WHICH, IN OUR JUDGMENT, BEST MEETS YOUR QUALIFICATIONS. WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND WILL NOT UNLAWFULLY DISCRIMINATE ON THE BASIS OF RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, OR THE PRESENCE OF A MEDICAL CONDITION HANDICAP.

PERSONAL:

NAME:-----FIRST-----MIDDLE-----

YOUR SOCIAL SECURITY NUMBER:-----

E-MAIL ADDRESS:-----FACEBOOK PAGE ADDRESS-----

TELEPHONE NUMBER: HOME-----CELL-----

LIST ANY OTHER NAME (S) YOU USE OR HAVE USED-----

ARE YOU OVER 18 YEARS OF AGE ? YES NO

CURRENT ADDRESS: NUMBER-----STREET-----CITY-----STATE-----ZIP-----

HOW LONG LIVED HERE ?-----YEARS---MONTH. CIRCLE ONE: OWN RENT BOARD LIVE WITH PARENTS
IF OTHER THAN OWN, WHAT IS YOUR LANDLORD, OR PROPERTY OWNER'S NAME AND TELEPHONE
NUMBER-----

LIST YOUR LAST 5 PREVIOUS ADDRESSES IN DESCENDING ORDER STARTING FROM MOST RECENT TO
LEAST RECENT:

- 1.-----
- 2.-----
- 3.-----
- 4.-----
- 5.-----

ARE YOU A U.S. CITIZEN ? YES NO IF NO, ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES OF AMERICA YES NO ?

HAVE YOU BEEN PREVIOUSLY EMPLOYED BY USSISA ? YES NO IF YES, DATE (S) -----
 SUPERVISOR (S)-----

HAVE YOU FILED AN APPLICATION WITH USSISA BEFORE ? IF SO, DATE (S)

YES NO-----

LIST ANY FRIENDS OR RELATIVES WORKING HERE AT USSISA:-----

TRANSPORTATION YOU WILL USE TO COME TO WORK ?

BUS TAXI PRIVATE AUTO: YEAR-----MAKE-----OTHER-----

DO YOU HAVE A VALID DRIVER'S LICENSE ? YES NO STATE-----LICENSE NUMBER-----

HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED OR SUSPENDED ? YES NO IF YES ,WHEN AND WHY?

..

LIST ALL TRAFFIC VIOLATIONS FOR THE PAST 5 YEARS:

1. DATE-----/-----/-----OFFENSE-----CITY-----PENALTY-----
2. DATE-----/-----/-----OFFENSE-----CITY-----PENALTY-----
3. DATE-----/-----/-----OFFENSE-----CITY-----PENALTY-----
4. DATE-----/-----/-----OFFENSE-----CITY-----PENALTY-----
5. DATE-----/-----/-----OFFENSE-----CITY-----PENALTY-----

PERSONAL CHARACTER REFERENCES (DO NOT include relatives or former employers):

Name	Relationship	Years Known	Address & Phone #	Best time to Call

EDUCATION:

Name & Location	Years Completed	Degree/Diploma	Courses of Study
Elementary _____			
High School _____			
College _____			
Graduate _____			
Vocational/Training _____			

EMPLOYMENT: List below all present and past employment, beginning with the MOST recent through last 5 years. (Use extra page if necessary):

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
1.	From ____/____/____		Starting:(hr/wk/yr) \$	Quit Discharge	
	To ____/____/____			Layoff Comments:	
()					

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
2.	From ____/____/____		Starting:(hr/wk/yr) \$	Quit Discharge	
	To ____/____/____			Layoff Comments:	
()					

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
3.	From ____/____/____		Starting:(hr/wk/yr) \$	Quit Discharge	
	To ____/____/____			Layoff Comments:	
()					

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
4.	From ____/____/____		Starting:(hr/wk/yr) \$	Quit Discharge	
	To ____/____/____			Layoff Comments:	
()					

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
5.	From ____/____/____		Starting:(hr/wk/yr) \$	Quit Discharge	
	To ____/____/____			Layoff Comments:	
()					

LAW REQUIRES ALL SECURITY OFFICERS, PRIVATE INVESTIGATORS TO BE FINGERPRINTED

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR ?

YES NO IF YES, LIST WHAT,WHERE,WHEN AND DETAILS OF OFFENSES:-----

EMPLOYMEN DESIRED :

POSITION (S) APPLYING FOR:-----

FULL TIME OR PART TIME NUMBER OF HOURS PER WEEK YOU DESIRE TO WORK-----

DAY (S) OF THE WEEK YOU CAN WORK ?

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

SHIFTS YOU CAN WORK ? DAYS AFTERNOONS MIDNIGHTS

USSISA, IS A DRUG FREE WORKPLACE.ARE YOU WILLING TO TAKE A PHYSICAL EXAMINATION AND OR DRUG SCREEN ? YES NO

DO YOU HAVE ANY SPECIAL TRAINING,SKILLS,QUALIFICATIONS OR OTHER EXPERIENCES THAT RELATE TO THE POSITION (S) APPLYING FOR ?-----

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HEL, EXCLUDING GROUPS THAT THE NAME OR CHARACTER OF WHICH INDICATE RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP, MARITAL OR VETERANS STATUE-----

STATE ANY ADDITIONAL INFORMATION THAT YOU FEEL MAY BE HELPFUL TO USSISA IN CONSIDERING YOUR APPLICATION:-----

WAGE DESIRED : \$-----BY HOUR OR SALARY \$-----

NAME, ADDRESS, TELEPHONE NUMBER AND RELATION OF PERSON TO BE NOTIFIED IN THE EVENT IF AN ACCIDENT OR EMERGENCY:

ADDITIONAL PERSONAL INFORMATION:

HAVE YOU EVER WORKED OR APPLIED TO A LAW ENFORCEMENT OR SECURITY & INVESTIGATIVE AGENCY ? YES NO IF YES,WHOM ?-----

HAVE YOU EVER BEEN BONDED, AND IF SO, BY WHOM ?-----

HAVE YOU BEEN REFUSED FOR BONDING, AND IF SO, WHY ?-----

DO YOU OWN A HANDGUN ? YES NO

DO YOU HAVE A CURRENT VALID HANDGUN LICENSE ?

IF YES, LICENSE NUMBER AND STATE-----

ARE YOU LICENSED IN YOUR STATE OF RESIDENCE TO WORK ARMED SECURITY?-----

MILITARY SERVICE RECORD:

HAVE YOU EVER SERVED IN THE ARMED FORCE OF THE UNITED STATES OR IN ANY OTHER COUNTRY BESIDE UNITED STATES OF AMERICA ? YES NO

IF YES, WHAT DATES OF ACTIVE DUTY OR WHICH COUNTRY IS THAT:

FROM-----TO-----WHAT BRANCH-----

RANK AT DISCHARGE:-----

DISCHARGE: HONORABLE DISHONORABLE MEDICAL GENERAL

RELEASE, AUTHORIZATION AND UNDERSTANDING :

UPON THE SIGNING OF THIS APPLICATION, I REPRESENT THAT ALL OF THE INFORMATION NOW OR HEREAFTER GIVEN BY ME IN SUPPORT OF MY APPLICATION IS TRUE AND COMPLETE. I AUTHORIZE YOU TO VERIFY ALL OF THE INFORMATION CONCERNING MY EMPLOYMENT, EDUCATION, CREDIT OR MEDICAL HISTORY WITH THE APPROPRIATE INDIVIDUALS, COMPANIES, INSTITUTIONS OR AGENCIES, AND I AUTHORIZE THEM TO RELEASE SUCH INFORMATION AND COPIES OF ANY AND ALL EMPLOYMENT RECORD, WITHOUT ANY OBLIGATION TO GIVE ME WRITTEN NOTICE OF SUCH DISCLOSURE. I ALSO AUTHORIZE YOU TO RELEASE ANY INFORMATION REQUESTED BY ANY OF MY PROSPECTIVE OR SUBSEQUENT EMPLOYERS WITHOUT ANY OBLIGATION TO GIVE ME OF WRITTEN NOTICE OF SUCH DISCLOSURE. I HEREBY RELEASE YOU AND THEM FROM ANY LIABILITY WHATSOEVER AS A RESULT OF ANY SUCH INQUIRES AND DISCLOSURES. I AGREE THAT I WILL NOT DIVULGE TO ANYONE OTHER THAN AS I MAY BE DIRECTED BY **USSISA**, ANY INFORMATION ACQUIRED BY ME DURING ANY EMPLOYMENT WITH UNITED STATES SUPERINTELLIGENCE SECURITY AGENCY.

I AGREE, UNDERSTAND AND ACKNOWLEDGE THAT MY EMPLOYMENT RELATIONSHIP WITH UNITED STATES SUPERINTELLIGENCE SECURITY AGENCY FOR AN INDEFINITE TERM, AND AT WILL AND MAY BE TERMINATED BY **USSISA** OR MYSELF AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE.

I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME, AND I FURTHER AGREE THAT THIS ARRANGEMENT MAY ONLY BE ALTERED IN WRITING DIRECTED TO ME PERSONALLY AND SIGNED BY THE PRESIDENT OR VICE PRESIDENT OF THE **USSISA**. I AGREE THAT I SHALL BE BOUND BY THE OTHER RULES, POLICIES, REGULATIONS AND TERMS AND CONDITIONS OF EMPLOYMENT OF THE COMPANY AS THEY ARE FROM TIME TO TIME CHANGED, AND NO REPRESENTATIVES.

I HEREBY AUTHORIZE USSISA TO DEDUCT FROM EACH AND EVERY PERIOD OF MY PAY; THE COST OF UNIFORMS, EQUIPMENT OR SUPPLIES ISSUES AND ENTRUSTED TO ME FOR MY USE DURING THE EXECUTION OF MY DUTIES, AND FURTHERMORE ANY AMOUNTS NECESSARY TO OFFSET ANY

DAMAGES CAUSED BY ME FOR THE VALUE OF THE PROPERTY OR MONEY ENTRUSTED TO ME BY, OR OWNED BY ME TO THE **USSISA** DURING THE COURSE OF MY EMPLOYMENT.

I AGREE THAT ANY IF I SHOULD OR SUIT AGAINST THE **USSISA** ARISING OUT OF MY EMPLOYMENT OR TERMINATION OF EMPLOYMENT, INCLUDING BUT NOT FOREVER BARRED. I WAIVE ANY LIMITATION PERIOD TO THE CONTRARY.

I FURTHER AGREE THAT IF I SHOULD BRING ANY ACTION OR CLAIM ARISING OUT OF MY EMPLOYMENT AGAINST THE **USSISA** IN WHICH THE COMPANY PREVAILS, I WILL PAY TO THE UNITED STATES SUPERINTELLIGENCE SECURITY AGENCY ANY AND ALL COST INCURRED BY THE FIRM IN DEFENSE OF SAID CLAIMS OR ACTIONS, INCLUDING ATTONEY FEES.

I FURTHER AGREE THAT MY EMPLOYMENT IS CONDITIONAL UNTIL SUCH TIME AS THE RESULTS OF MY ENTIRE BACKGROUND INVESTIGATION IS COMPLETED AND MY PRE-EMPLOYMENT DRUG SCREEN AND PHYSICAL (IF SUCH PHYSICAL) ARE KNOWN.

I HEREBY RELEASE EVERY PERSON OR ENTITY WHICH SHALL COMPLY WITH THE AUTHORIZATION AND REQUEST MADE HEREIN FROM ANY AND ALL LIABILITY OF EVERY NATURE AND KIND.

PRINT YOUR NAME-----SIGNATURE-----DATE-----

