



MIDSTATE SECURITY & INVESTIGATIONS, LLC
APPLICATION FOR EMPLOYMENT

Please complete this application by printing legibly in black ink or typed. Information you provide in this application is subject to verification. Completed applications should be returned to Midstate Security and Investigations, P.O. Box 1034, Webster, Florida 33597. Applications for positions of Security Officer or Private Investigator MUST include a copy of the applicant's Driver's License, Birth Certificate, Social Security Card, High School Diplomacy or GED, signed Acknowledgement of Job Description, and Armed Forces Form DD214 if you were ever in any branch of the U. S. Armed Forces. Include copies of any licenses you hold issued by the Florida Department of Agriculture and Consumer Services – Licensing

IDENTIFICATION INFORMATION

First Name Last Name Middle Name

Gender * Height * Weight * Hair Color * Eye Color *

Social Security No. * Date of Birth * Place of Birth * Driver License (DL) No. * DL State

Current Physical Address City State Zip Code

Current Mailing Address (If Different) City State Zip Code

Home Phone Work Phone Mobile Phone

List any other names that you have used: _____

Indicate position(s) for which you are applying: _____

What type of employment are you seeking: Full-Time Part-Time Contracted

Date you would be able to begin work: _____

Days of the week and times you would be available to work: _____

NOTE: Please review the following pages before you begin completing the application. For each page, if you will need additional space, copy that blank page for your use.

ADDRESSES

List all addresses where you have lived in the past 20 years, beginning with your most recent. **Copy this blank page if you need additional space.**

Date From	Date To	Previous Address	City	State	Zip Code
Date From	Date To	Previous Address	City	State	Zip Code
Date From	Date To	Previous Address	City	State	Zip Code
Date From	Date To	Previous Address	City	State	Zip Code
Date From	Date To	Previous Address	City	State	Zip Code

EDUCATION

Name of High School or GED Program	Year Graduated	Address	City	State

List all educational institutions, including colleges, universities, trade schools, etc. that you have attended, beginning with the most recent. **Copy this blank page to use if additional space is needed.**

Date From	Date To	Name of Institution	City	State
Describe course of studies, including a description of any degrees, licenses or certifications earned:		_____		
Date From	Date To	Name of Institution	City	State
Describe course of studies, including a description of any degrees, licenses or certifications earned:		_____		
Date From	Date To	Name of Institution	City	State
Describe course of studies, including a description of any degrees, licenses or certifications earned:		_____		

EMPLOYMENT HISTORY

List all employment for the past 20 years, beginning with the most recent (or current). List all periods of unemployment within the chronological order of employment. **Copy this blank page to use if additional space is needed.**

Date From	Date To	Name of Employer	Name of Supervisor
		Address	City
		State	Phone No.
Your Duties or Position: _____			
Reason for Leaving: _____			
If you are currently employed, may we contact your current employer?			Yes: <input type="checkbox"/>
			No: <input type="checkbox"/>

Date From	Date To	Name of Employer	Name of Supervisor
		Address	City
		State	Phone No.
Your Duties or Position: _____			
Reason for Leaving: _____			

Date From	Date To	Name of Employer	Name of Supervisor
		Address	City
		State	Phone No.
Your Duties or Position: _____			
Reason for Leaving: _____			

Date From	Date To	Name of Employer	Name of Supervisor
		Address	City
		State	Phone No.
Your Duties or Position: _____			
Reason for Leaving: _____			

SKILLS & CERTIFICATIONS

List any special skills, licenses and certifications that you possess:

List any languages you speak other than English, including sign language.

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SECURITY, INVESTIGATION AND RECOVERY RELATED LICENSES

List any of the following licenses that you currently hold, or have ever held, or that are registered to you:

Type	License #	Current	Expiration Date
A			
C			
AA			
MA			
M			
CC			
B			
D			
BB			
MB			

Type	License #	Current	Expiration Date
R			
E			
RR			
MR			
EE			
DS			
DI			
K			
G			

REFERENCES

List five individuals whom you have known for at least three years, excluding family members, relatives, coworkers and previous employers.

Name	Address	City, State and Zip Code	Years Known	Phone Number

EQUAL EMPLOYMENT OPPORTUNITY

Midstate Security and Investigations, LLC is an equal employment opportunity employer and will not fail or refuse to hire any individual because of race, color, religion, sex, national origin, age, marital status, socio economic status, certain physical challenges, or sexual orientation. The following information is requested to aid our company in its commitment to Equal Employment Opportunity. Items marked with an asterisk on this application are needed for criminal history identification purposes ONLY, and will NOT be used for the basis of hiring decision. Only those physical challenges or health conditions that prevent the applicant from performing the essential job function(s) of the position for which the applicant is applying may be considered in the hiring decision.

Gender: Male Female

Do you have any physical challenge? Yes No Describe Below:

Horizontal lines for describing physical challenges.

Please select your race below (Only One)

- WHITE: Persons having origins in any of the original peoples of Europe. Northern Africa or the Middle East.
BLACK: Persons having origins in any of the black race groups of Africa.
HISPANIC: Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
ASIAN or PACIFIC ISLANDER: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, the Philippine Islands and Samoa.
AMERICAN INDIAN or ALASKAN NATIVE: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

MILITARY SERVICE

Have you ever served in any branch of the U.S. Armed Services? Yes No If Yes, Branch _____

Date Entered Date Discharged Type of Discharge

Explanation of any discharge that was other than "Honorable":

Horizontal lines for explaining discharge.

CRIMINAL HISTORY & OTHER QUALIFICATIONS

Pursuant to 493.6118 F.S., if you are applying for Security Officer or Private Investigator, your application will be rejected if:

- You have been convicted of a felony in any state or of a crime against the United States, which is designated as a felony, or convicted of an offense in any other state, territory, or country punishable by imprisonment for a term exceeding 1 year. Unless and until Civil Rights have been restored and a period of 10 years has passed since final release from supervision. Proof of restoration must be submitted with this application.
- You are currently serving a suspended sentence on a felony charge or on probation for a felony charge.
- You have a history of being arrested for crimes of violence and/or found guilty of (or had adjudication withheld for) directly-related crimes. This includes, but not limited to: Trespassing, Burglary, Robbery, Forgery, Criminal Mischief, Theft, Assault, Battery, Stalking, Aggravated Battery, Aggravated Assault, Sexual Battery, Kidnapping, Armed Robbery, Murder, Aggravated Stalking, and Resisting an Officer With Violence.
- You have demonstrated a lack of respect for the laws of this state and the nation.
- You have an outstanding bench warrant or capias.
- You are currently in a Pre-Trial Intervention or Deferred Prosecution Program.

Additional considerations that could affect your qualification for employment with this agency:

- If you have ever been adjudicated incapacitated (determined by the court to be incapable of taking care of yourself), you must provide a copy of the court document restoring your capacity.
- If you have ever been involuntarily placed in a treatment facility for the mentally ill under Chapter 394 F.S., or similar laws of another state, you must provide a copy of the court document restoring your competency.
- If you have ever been diagnosed with a mental illness, you must provide a statement from a psychologist or psychiatrist license in Florida attesting that you are not currently suffering from a mental illness that precludes you from performing the duties of an unarmed security officer.
- If you are currently abusing a controlled substance, you are not eligible for employment with MSI.
- If you have a history of controlled substance abuse, you must provide evidence of successful completion of a drug rehabilitation program and three letters of reference, one of which should be from your sponsor in the program.
- If you have a history of alcohol abuse, you must provide evidence of successful completion of an alcohol rehabilitation program and three letters of reference, one of which should be from your sponsor in the program.

You must provide complete information about your arrest(s) and include certified copies of court dispositions. A determination of your eligibility cannot be made until all documentation is received and a complete criminal history records check has been completed.

Have you ever been arrested, indicted, issued a Notice to Appear, issued a criminal traffic citation or formally charged for any actual or alleged misdemeanor or felony? Yes: No:

If you indicated yes, in the space provided below list the date, location, charges and disposition for each charge:

ATTESTATION

I understand that a thorough check of my background may be conducted and that all information I disclose in this application is subject to verification during the background check process. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me for employment consideration and, if I am hired or appointed, may be grounds for termination at a later date.

I certify that, to the best of my knowledge and belief, all of the information I disclosed herein and on any attachment are true, correct, complete and made in good faith.

Signature of Applicant

Date Signed