

**M.E.R.I.T.
Investigative Services, Inc.**

**PRELIMINARY EMPLOYMENT
APPLICATION**

Personal Information					
Name <input type="checkbox"/>					
Address <input type="checkbox"/>		City <input type="checkbox"/>		State <input type="checkbox"/>	Zip <input type="checkbox"/>
Telephone <input type="checkbox"/>		Pager <input type="checkbox"/>		Cellular <input type="checkbox"/>	
Social Security <input type="checkbox"/>		Alien Registration <input type="checkbox"/>			
Are You 18 Years or Older <input type="checkbox"/>		Are You Prevented From Lawfully Becoming Employed In This Country Because of Visa or Immigration Statue <input type="checkbox"/>			
Driver's License Number <input type="checkbox"/>			State of Issue :		
Employment Desired					
Position <input type="checkbox"/>		Technician (CCTV) <input type="checkbox"/>		Investigator <input type="checkbox"/>	
Check one: Security Officer <input type="checkbox"/>					
What Shifts Do You Wish To Work <input type="checkbox"/> <input type="checkbox"/> 8X4 <input type="checkbox"/> 4X12 <input type="checkbox"/> 12X8					
Are You Employed Now <input type="checkbox"/>			Where :		
Ever Applied With This Company Before <input type="checkbox"/>			Where <input type="checkbox"/>		When <input type="checkbox"/>
Referred By <input type="checkbox"/>					
Education					
Name and Location of School		Years Attended		Graduate?	Subjects Studied
ELEMENTARY					
HIGH SCHOOL					
COLLEGE					
OTHER					
GENERAL					
Subjects of Study or Research <input type="checkbox"/>					
Special Skills <input type="checkbox"/>					
U.S. Military or Naval Service <input type="checkbox"/>			Rank <input type="checkbox"/>	Present National Guard/Reserves <input type="checkbox"/>	
Will You Submit To Drug Testing As a Condition of Employment <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No					

Former Employers				
Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				
Which of These Jobs Did You Like Best <input type="checkbox"/>				
What Did You Like Most About The Job <input type="checkbox"/>				
Experience				
Security Experience <input type="checkbox"/>				
Fire/Life Safety <input type="checkbox"/> Yes <input type="checkbox"/> No		Remarks		
Patrol/Tours <input type="checkbox"/> Yes <input type="checkbox"/> No				
Report Writing <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Certified Attach Copy Of Certification/s				
Customer Service Experience				
Business/Clerical Experience				
Computer <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, indicate what programs you are most familiar with:			Typing <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> WPM	
References				
Give The Name of Three Persons Not Related To You, Whom You Have Known At Least One Year				
Name	Address	Business	Telephone	Years Known
Emergency Notification				
In Case Of Emergency Notify				
Name	Address	Telephone	Relationship	

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company’s rules and regulations, policies and procedures and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that the terms and conditions of my employment may be changed with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.”

Signature:	Date:
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ATTACHMENT A

AUTHORIZATION AND RELEASE

*Permission to conduct a consumer report investigation and/or
to obtain an investigative consumer report*

I, _____, hereby authorize M.E.R.I.T. Investigative Services, Inc. to conduct a consumer report investigation and/or obtain an investigative consumer report. I understand that a consumer report covers my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living. I further understand that an investigative consumer report may contain information about my character, general reputation, personal characteristics and mode of living, which information may be obtained through personal interviews with my friends, neighbors and/or other associates.

I further understand that any information obtained by M.E.R.I.T. Investigative Services, Inc. will not be used in violation of any federal or state discrimination law or regulation. I further understand that I have a right to request that the reporting agency providing the consumer report or investigative consumer report provide me with the details of any report made and that, upon my written request to M.E.R.I.T. Investigative Services, Inc., I will be provided any disclosures concerning the investigation. I further understand that no later than three business days after ordering a consumer report or investigative consumer report, M.E.R.I.T. Investigative Services, Inc. will notify me in writing that such a report has been ordered.

Additionally, I understand that prior to taking any adverse employment action or rejecting my application because of information secured in either the consumer report or the investigative consumer report, New Community Corporation will provide me with a copy of the information relied upon and will further provide me with the name and address of the reporting agency.

I further understand that if M.E.R.I.T. Investigative Services, Inc. decides to take such adverse employment action, I will be provided with an adverse action notice, either orally, electronically or written that an adverse action has taken place and will be provided with the name, address and telephone number of the reporting agency, the specific reasons why the adverse action was taken and oral, written or electronic notice of my rights under the Fair Credit Reporting Act, including the right to receive a free credit report from the reporting agency within sixty (60) days.

I hereby and herewith release M.E.R.I.T. Investigative Services, Inc., its employees, agents and contractors from any and all liability whatsoever arising from either the consumer report investigation or investigative consumer report and from decisions made concerning my application or continuation of employment based upon the results of the consumer report investigation or the investigative consumer report.

Employee/Applicant Signature: _____

Print Name: _____ Dated: _____

Witness Signature: _____

(ATTACHMENT B)

DRUG SCREENING THROUGH URINALYSIS APPLICANT NOTICE AND ACKNOWLEDGMENT

I, _____ understand that as part of the pre-employment process, M.E.R.I.T. Investigative Services, Inc. will conduct a comprehensive background investigation to determine my suitability for the position for which I have applied.

I understand that as part of this process, I will undergo certain medical and physical examinations, which will include drug screening through urinalysis.

I understand that a negative result on the drug screening is a condition of employment. I understand that I can refuse to undergo the testing. If I refuse, I understand that I will be rejected for employment.

I understand that if I produce a positive test result for illegal drug use, I will be rejected for employment.

I understand that if I produce a positive test result for illegal drug use, that information will be forwarded to a central registry maintained by the Division of State Police. Information from that registry will be made available by court order or as part of a confidential investigation relating to law enforcement employment.

I understand that if I produce a positive test result for illegal drug use and am not currently employed as a sworn law enforcement officer, I will be barred from future law enforcement employment in New Jersey for two years, after this two year period, the positive test result may be considered in evaluating my fitness for future law enforcement employment.

I understand that if I am currently employed as a security officer and I produce a positive test result for illegal drug use, I will be dismissed from my position and I will be permanently barred from employment by M.E.R.I.T. Investigative Services, Inc.

I further understand that I will undergo unannounced drug screening by urinalysis during my attendance at training. I acknowledge receipt of a copy of the methods and procedures for drug screening applicants for security positions.

I have read and understand the information contained on this "Applicant Notice and Acknowledgement" form. I agree to undergo drug screening through urinalysis as part of the pre-employment process.

DATE : _____

SIGNA TURE OF APPLICANT: _____

SIGNA TURE OF WITNESS: _____

ATTACHMENT C

RELEASE AUTHORIZATION

To all employers and registrars, I have authorized the M.E.R.I.T. Investigative Services, Inc. Security Personnel Department to conduct an investigation of my employment history and to obtain an official copy of my transcript and, if available, faculty appraisals. Therefore, you are hereby authorized to release of an agent of the M.E.R.I.T. Investigative Services, Inc. Security Personnel Department, provided that it is certified to you that I have an application pending before or am current employee of the M.E.R.I.T. Investigative Services, Inc. Security Department.

This authorization shall supersede and countermand any prior request to the contrary.

A photo static copy of this authorization will be considered as effective and valid as the original.

Date _____

Name: _____

SSN# _____

Signature _____

***** DO NOT COMPLETE BELOW *****

THIS SECTION FOR OFFICE USE ONLY

Signature: _____

Date: _____