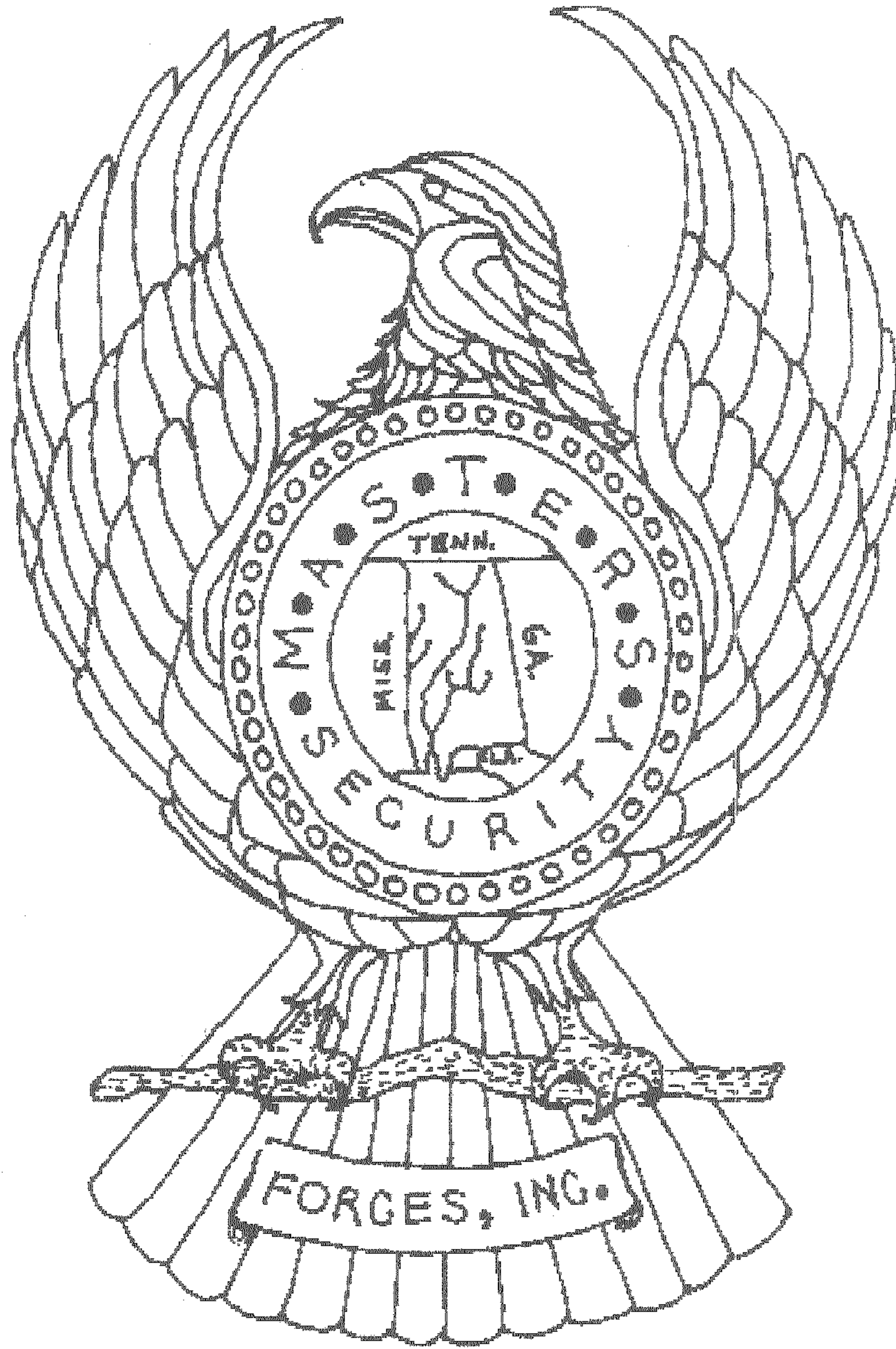


M.A.S.T.E.R.S.SM

SECURITY FORCES

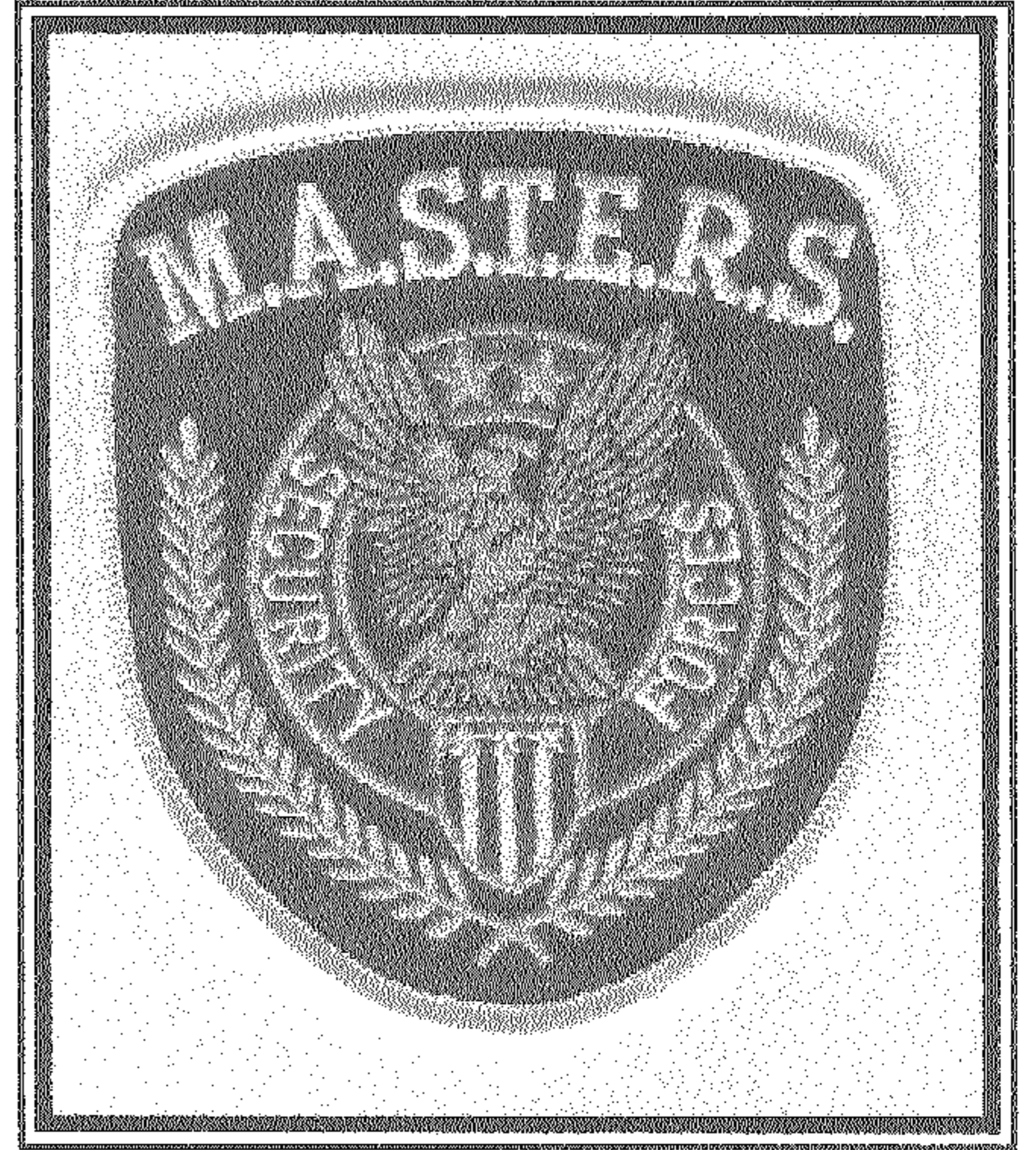
Mr., Mrs., Ms., Miss	*** Last Name ***	Jr. Sr. I, II, III	***** First Name *****	* MI *	Referred By:	App #



NEW EMPLOYEE PACKAGE

Home Phone	Cell / Pager / Other	Work Phone

M.A.S.T.E.R.S. APPLICATION CHECKLIST



PART 1: COMPLETION OF APPLICATION

You will need to gather information regarding the following:

- ▶ Criminal History (Felonies, Dates, Verdicts, etc.)
- ▶ Military History (Dates entered/discharged)
- ▶ Fire Arms Training & Pistol Information
- ▶ Education & Special Training Information
- ▶ Previous Employment (Company Names, Address, Phone, Start/End Dates, Supervisor(s), etc.)
- ▶ Security Experience (Company Names, Address, Phone, Start/End Dates, Supervisor(s), etc.)
- ▶ Personal References (3) (Not related to you)
- ▶ Emergency Contact Names and Phone Numbers
- ▶ Hours of Availability

You will need to know the following Health and Fitness Information:

- ▶ Current prescription medications and dosages
- ▶ Allergic Reactions you have or have had
- ▶ Insurance Card Information: Name of Carrier, Contract No. , Group No., Effective Date, Expiration Date, and Phone Number
- ▶

You will need to know your current measurements:

- ▶ Waist Size
- ▶ T-Shirt Size
- ▶ Shoe Size
- ▶ Hat Size

SUBMIT YOUR APPLICATION TO AN AUTHORIZED SUPERVISOR OF M.A.S.T.E.R.S. SECURITY FORCES, OR MAIL TO:

M.A.S.T.E.R.S. SECURITY FORCES of ALABAMA
P.O. BOX 9285
MONTGOMERY, ALABAMA 36108

PART 2: THE INTERVIEW

(You will be contacted regarding the Time & Location by interviewer)

You will need to bring a COPY of the following items to INTERVIEW :

- ▶ Alabama Driver's License
- ▶ Social Security Card
- ▶ Doctor's Statement (If Requested by Interviewer)
- ▶ Criminal Record Check:
 - Montgomery Police Department Record Check: (334) 241-2708
 - Montgomery Sheriff's Department Record Check: (334) 832-4980
 - Alabama Bureau of Investigation Record Check: (334) 242-8000

You will be required to Be Tested In the Following Area(s) during the INTERVIEW process:

- ▶ Basic Mathematics & Instrument Reading
- ▶ Paragraph Reading (Reading Aloud to Interviewer)
- ▶ Basic Writing Skills Test

Note: If applicant cannot pass these areas, then he/she must provide proof of High School Diploma or GED.

You will be required to Read & Sign the following during the INTERVIEW process:

- ▶ Receipt of Handbook
- ▶ Proprietary Information & Trade Secret Agreement
- ▶ "At-Will " Employee Agreement (Explained by Interviewer from Application)
- ▶ COMPANY POLICIES (Sexual Harassment, Drug & Alcohol, Training, etc.)

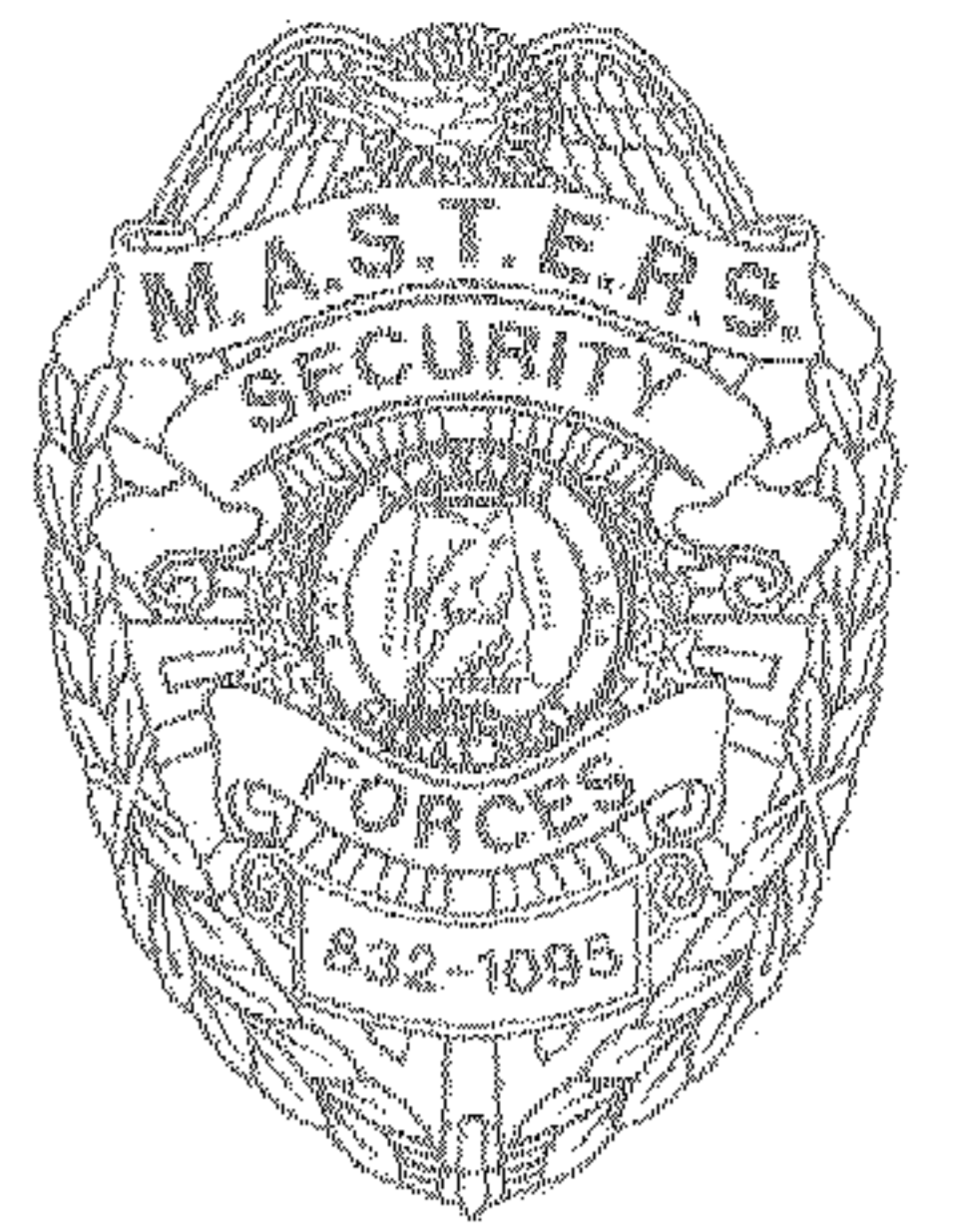
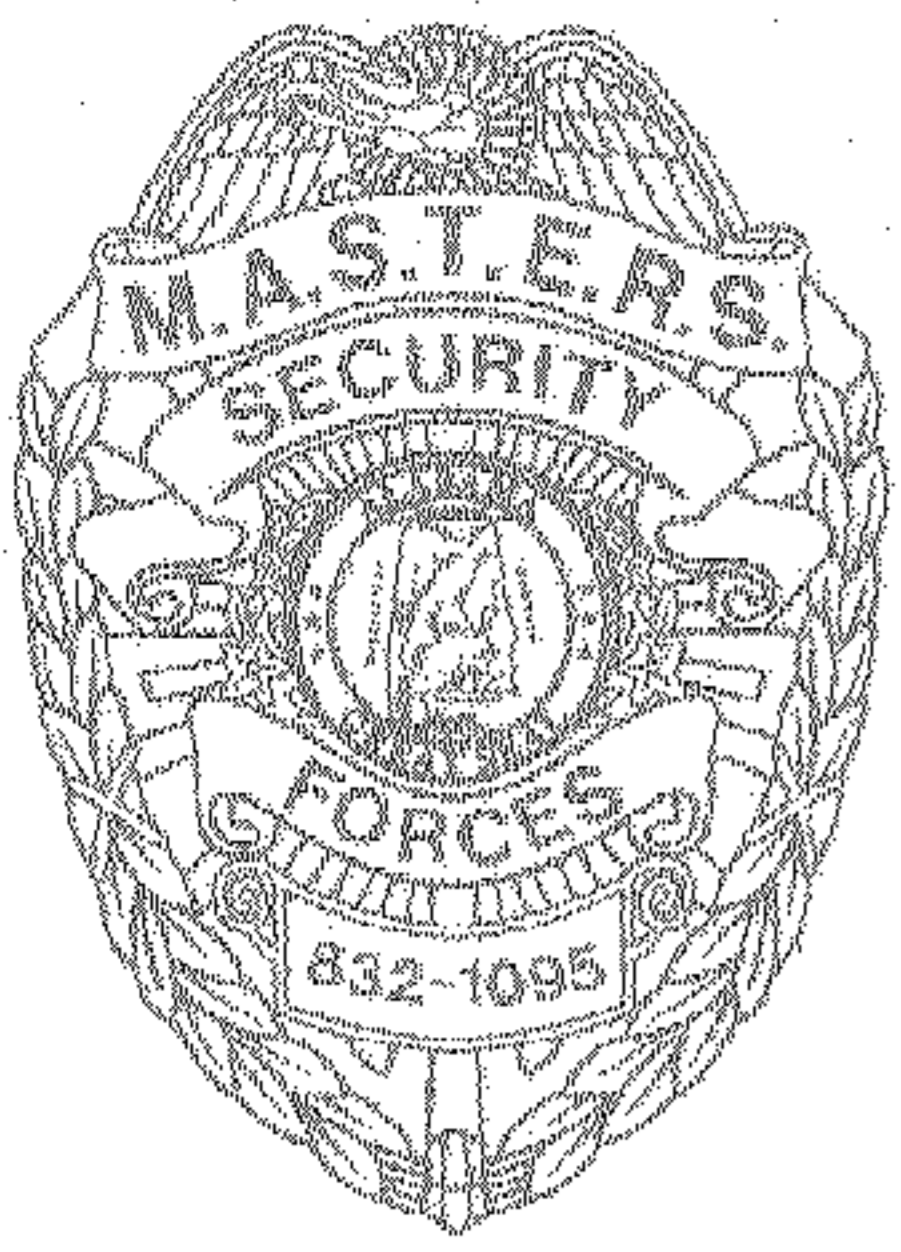
PART 3: DATE OF HIRE (You will be notified by interviewer of future employment status)

You will be required to complete the following Federal, State, City, & COMPANY Forms:

- ▶ W - 4 (Federal Withholding Allowance Certificate)
- ▶ I - 9 (Employment Eligibility Verification)
- ▶ A - 4 (State Withholding Exemption Certificate)

You will receive the following:

- ▶ Annual Payroll Schedule
- ▶ Employee Handbook (Must sign receipt of Handbook & give to Interviewer)
- ▶ Uniform Specifications (Interviewer will you instruct about the type of uniform, where to purchase uniform, and inform you about payroll deduction options available.)
- ▶ Training Progress Checklist
- ▶



AUTHORIZATION FOR RELEASE OF CRIMINAL RECORDS

M.A.S.T.E.R.S. Security Forces

P.O. Box 9285 Montgomery, Alabama 36108

Office: (334)832-1095 Fax: (334)834-5319

Email: chiefmastsec@yahoo.com

EIN #: 57-1218595

City License #: 7397619

Suffix (Jr., I, II, etc)		Last Name:		First Name:		Middle Name:	
Nick Name(s) / Alias:				Maiden Name:			
Birth Date:		Age:	Social Security Number:		Birth Place:		
Current Address:		Apt #	City:	County:		State:	Zip:
Previous Address:		Apt #	City:	County:		State:	Zip:
Race / Origin:	Gender: Male Female	Height: _____ ft _____ in		Weight: _____ lbs	Hair Color:	Eye Color:	
Corrective Lenses: Yes No Type: Glasses / Contacts			Tattoos / Scars / Piercing: Yes No Location & Description:				
Your Initial's	Recording Investigation Agency		Address		City	State	Zip
X _____	The Montgomery Police Department		320 N. Ripley Street		Montgomery	Alabama	36104
X _____	The Montgomery Sheriff Department		115 S. Perry Street		Montgomery	Alabama	36104
X _____	The Alabama Bureau of Investigation		P.O. Box 1511		Montgomery	Alabama	36102
X _____	The Federal Bureau of Investigation		1 Commerce Street		Montgomery	Alabama	36102

Authorization to Release: _____ Initials A fee of \$ _____ is required to process all record payable in cash or money order.

I am possessed of sound mind and legally competent to execute this release. I hereby authorize the above initiated agencies, and any City, County, State, Federal, or Bureau to release any and all Criminal History information in their files under the above name, residence, and description stated above to M.A.S.T.E.R.S. Security Forces of Montgomery, Alabama. I understand and realize that the information so released may prove unfavorable to me. I, my heirs, executors, and administrators, do hereby agree and forever discharge any of the above agencies, its history information. I agree to hold any source of information blameless for any error in reporting this information. I certify that I have read this release and that I understand the significance of the same, and in witness there of I have voluntarily signed my name on this the:

Recording Agency Stamp Here

_____ day of _____, 20 _____.

BACKGROUND CHECK FOR:

Company Name _____ # _____

Address _____

City _____ State _____ Zip _____

Date _____ - _____ - 20 _____

X _____
Applicant Signature

Applicant Print Name

X _____
Witness Signature

Witness Print Name Title _____

M.A.S.T.E.R.S. EMPLOYEE PROFILE

Start Date	Gender	First Name	MI	Last Name	Suffix Jr., Sr, I,II,III
Address:				Apt #	
City:			State:	Zip Code:	
Birthday: ____ - ____ - ____		Age: ____		Driver's License #:	State:
Social Security Number XXX / XX / XXXX			Head Size	T-Shirt	Waist
					Inseam
Pistol Permit #			BODY ARMOR	Mid-Ab	Waist
				Torso	Girth

CONTACT NUMBERS

<u>Home Phone:</u>	<u>Cell:</u>	<u>Other:</u>

AUTOMOBILE INFORMATION

Vehicle #1: Year: ____ Make: ____ Model: ____ Tag #: ____ State : ____

Vehicle #2: Year: ____ Make: ____ Model: ____ Tag #: ____ State : ____

ALLERGIC TO:

1. _____
2. _____
3. _____
4. _____

MEDICAL PROFILE

- Yes No Hypertension (High-Blood Pressure): ____ mg ____ times per ____
- Yes No Diabetic: Insulin Dosage: ____ ml/cc ____ times per ____
- Blood Type: ____ + - Height: ____ ft. ____ in/Weight: ____ lbs.
- Other Medical Condition: _____

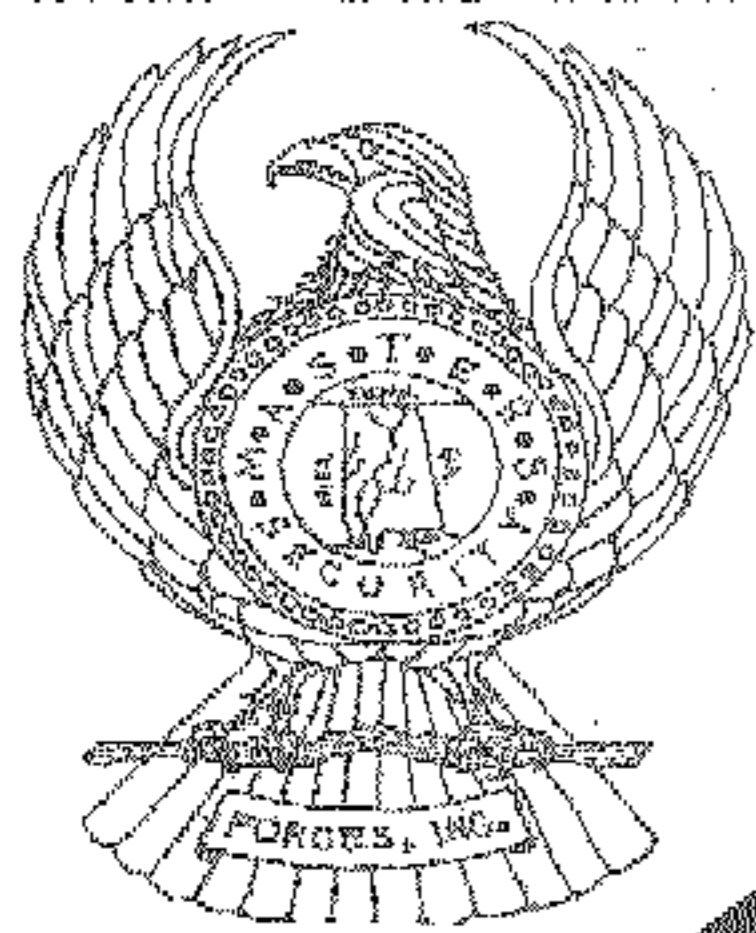
EMERGENCY CONTACT NUMBERS

Name:	Relation:	1)	2)
Name:	Relation:	1)	2)
Name:	Relation:	1)	2)

EMPLOYEE AUTHORIZATION:

In case of emergency, I authorized MSF to call the these numbers on my behalf.

Security Officer Sign: X _____ Date: ____ - ____ - 20 ____



MASTERS SECURITY FORCES



WE AT MASTERS OFFER EQUAL EMPLOYMENT OPPORTUNITIES TO ALL PERSONS. DISCRIMINATION BECAUSE OF RACE, CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, AGE, SEX, PHYSICAL OR MENTAL HANDICAPS, OR LIABILITY FOR SERVICE IN THE ARMED FORCES OF THE U.S. IS PROHIBITED BY FEDERAL LEGISLATION AND/OR BY LAWS AGAINST DISCRIMINATION IN SOME STATES.

(PLEASE PRINT INFORMATION CLEARLY)

SUFFIX:	LAST:	FIRST:	M.I.:
ADDRESS:			APT. #
CITY:		STATE:	ZIP CODE:
SOCIAL SECURITY # ____/____/____		ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		DRIVER'S LICENSE # _____ STATE: _____	
Are you at least 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO			
R E C O R D	HAVE YOU EVER BEEN CONVICTED OF A CRIME OR FELONY <u>EXCEPT A MINOR TRAFFIC VIOLATION</u> ? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE GIVE THE FOLLOWING INFORMATION:		
	TIME SERVED _____ Years _____ Months. AND WHERE? _____ (CORRECTIONAL FACILITY)		
	TIME SERVED _____ Years _____ Months. AND WHERE? _____ (CORRECTIONAL FACILITY)		
	STATE CHARGE # 1: _____		DATE: ____/____/____
	STATE CHARGE # 2: _____		DATE: ____/____/____
	STATE CHARGE # 3: _____		DATE: ____/____/____
DISPOSITION (VERDICT) OF CASE REACHED: _____			
M I L I T A R Y	HAVE YOU EVER SERVED IN THE US ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	BRANCH: _____ RANK: _____ ENTERED? ____/____/____ DISCHARGED? ____/____/____ EXPLAIN TRAINING RECEIVED AND ANY CERTIFICATION: _____		
	WAS YOUR DISCHARGE DISHONOURABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN: _____		
P I S T O L	DO YOU OWN A PISTOL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, THEN TYPE: _____ <i>Manufacturer</i> <i>Caliber</i> <i># Rounds In Clip</i>		
	DO YOU HAVE ANY RANGE EXPERIENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? _____		
	DO YOU HAVE AN ALABAMA PISTOL PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	IF YES, THEN WHAT IS YOUR PERMIT # _____, AND WHEN DOES IT EXPIRE? ____/____/____		
A U T O	DO YOU HAVE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	Vehicle # 1: Year: _____ Make: _____ Model: _____ Tag #: _____ State: _____		
	Vehicle # 2: Year: _____ Make: _____ Model: _____ Tag #: _____ State: _____		
P X	HOME PHONE:	WORK PHONE:	PAGER / CELLULAR (circle one):

IN CASE OF EMERGENCY PLEASE CONTACT	
NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:

PLEASE GIVE US YOUR EDUCATIONAL BACKGROUND:

TYPE OF SCHOOL	NAME & CITY OF SCHOOL	YEARS COMPLETED <small>(CIRCLE ONE)</small>
HIGH SCHOOL		9 10 11 12 or G. E. D.
COLLEGE		1 2 3 4
TECHNICAL / TRADE		1 2 3 4

EMPLOYMENT/WORK REFERENCES (START WITH MOST RECENT OR PRESENT EMPLOYER) :

COMPANY 1:	ADDRESS:	PHONE:
SUPERVISOR:	DATE HIRED: ___/___/___	DATE ENDED: ___/___/___
POSITION HELD:	SALARY: \$ _____ PER HOUR	AVERAGE HRS PER WEEK: _____
DESCRIBE YOUR DUTIES:		
REASON FOR LEAVING:		MAY WE CONTACT EMPLOYER ? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY 2:	ADDRESS:	PHONE:
SUPERVISOR:	DATE HIRED: ___/___/___	DATE ENDED: ___/___/___
POSITION HELD:	SALARY: \$ _____ PER HOUR	AVERAGE HRS PER WEEK: _____
DESCRIBE YOUR DUTIES:		
REASON FOR LEAVING:		MAY WE CONTACT EMPLOYER ? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY 3:	ADDRESS:	PHONE:
SUPERVISOR:	DATE HIRED: ___/___/___	DATE ENDED: ___/___/___
POSITION HELD:	SALARY: \$ _____ PER HOUR	AVERAGE HRS PER WEEK: _____
DESCRIBE YOUR DUTIES:		
REASON FOR LEAVING:		MAY WE CONTACT EMPLOYER ? <input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES: (DO NOT LIST RELATIVES OR FORMER EMPLOYERS)

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

SECURITY OFFICER EXPERIENCE:

IN THE PAST, HAVE YOU EVER WORKED FOR THIS COMPANY OR ANOTHER SECURITY COMPANY ?
 YES NO (IF YES, THEN PLEASE COMPLETE THE FOLLOWING)

SECURITY COMPANY: _____ SUPERVISOR: _____

ADDRESS: _____ SUITE / APT # _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE : _____ FAX: _____ HOW MANY YEARS HAVE YOU BEEN IN THE SECURITY BUSINESS ?
 1 2 3 4 5 OTHER

DAILY HOURS OF AVAILABILITY:

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM (AM/PM)							
TO (AM/PM)							

Job Applicants Agreement and Certification:

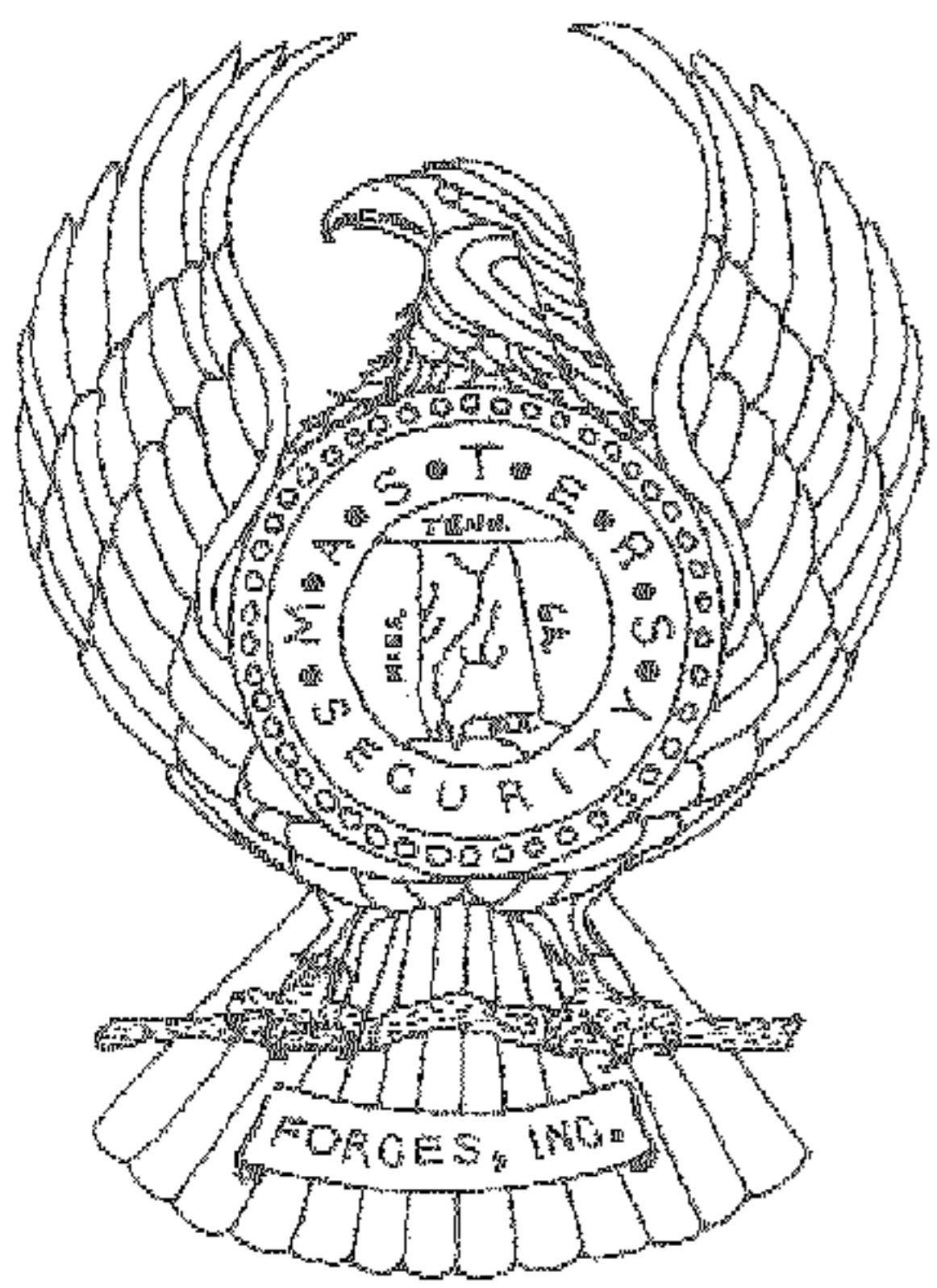
PLEASE READ AND SIGN:

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

*In consideration of my employment, I agree to conform to the **rules, policies, and standards** of MASTERS SECURITY FORCES, as amended by MASTERS SECURITY FORCES from time to time at its discretion. I understand and agree that my employment is not for any specified time period. I understand that if offered employment, I will be required to sign an ARBITRATION agreement in which I agree to arbitrate any dispute arising from my employment. I understand and further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of MASTERS SECURITY FORCES, LLC unless otherwise agreed. I also acknowledge that no written or oral promise of employment for a specified term is effective unless expressly set forth in a document signed by an Chief / Executive Official of the company.*

This application is current for only (60) days. At the conclusion of this time, if I have not heard from the employer and still want to be considered for employment, it will be necessary for me to fill out a new application.

APPLICANT'S SIGNATURE: _____ DATE: _____ / _____ / 20_____



R M.A.S.T.E.R.S.

Health & Fitness QUESTIONNAIRE

Name: _____ Age: _____ Birth date: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Gender: Male / Female Phone 1: _____ Phone 2: _____

Blood type: _____ + - Height: _____ ft. _____ in. Weight: _____ lbs.

Diabetic: Y or N Dosage: _____ mg / cc of: _____ times daily

Hypertension: Y or N Dosage: _____ mg / cc of: _____ times daily

_____: Y or N Dosage: _____ mg / cc of: _____ times daily

1. Have you (applicant) suffered from any of the following *within the past two years or currently suffers from?*

Asthma	Y	N	Malaria	Y	N
Chicken Pox	Y	N	Pneumonia	Y	N
Diabetes	Y	N	Tuberculosis	Y	N
Epilepsy	Y	N	Typhoid Fever	Y	N
Red Measles	Y	N	Cough (Persistent)	Y	N
German Measles	Y	N	Headaches	Y	N
Mumps	Y	N	Vertigo	Y	N
Rheumatic Fever	Y	N	Whooping Cough	Y	N
Scarlet Fever	Y	N	Eating Disorder	Y	N
Hernia	Y	N	Appendicitis	Y	N
Hernia(Operation)	Y	N	Appendix(Operation)	Y	N
Asthma	Y	N			

2. Do you have any *disease, impairment, or abnormality* of:

Eyes / Sight	Y	N	Lungs (Respiratory)	Y	N
Ears / Hearing	Y	N	Heart (Blood Vessels)	Y	N
Tonsils	Y	N	Stomach (Digestion)	Y	N
Tonsils (Removed)	Y	N	Genitourinary	Y	N
Nose	Y	N	Blood / Endocrine	Y	N
Brain / Nervous	Y	N	Bones / Joints	Y	N

3. Have you ever been treated for any *psychological conditions* within the past five (5) to ten (10) years or currently being treated? Y N

If Yes, then describe briefly: _____
