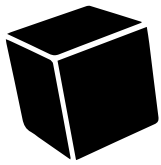




WELCOME ABOARD

Black Box Security is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.



APPLICANT INFORMATION

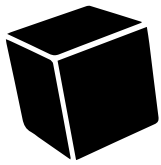
First Name		Middle	Last Name	
Street Address			Apartment/Unit #	
City		State	Zip	
Phone		E-mail		
Social Security		Date of birth	Date of application	
Eye Color	Hair Color		Height	Weight
Driver's License #	State	Emergency Contact		Phone

EMPLOYMENT POSITION

How did you hear about this position?
Days available to work?
What hours/shifts are you available to work?
Are you available to work overtime if needed?
Date available to work if hired?
Do you have reliable transportation to and from work? Is your drivers license current and valid?
What is your desired salary?

PERSONAL INFORMATION

Have you ever applied to work for Black Box Security? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?
Do you have any friends, relatives, or acquaintances working for Black Box? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state name & relationship:
Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a U.S. citizen or approved to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> What document(s) can you provide as proof?
Will you consent to a mandatory controlled substance test? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any condition which would require job accomodations? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe accomodations:
Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:



JOB SKILLS/QUALIFICATIONS

Please list the skills and qualifications you possess for the position you are applying for:

Note: Black Box Security complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.

EDUCATION

High School		Location (City, State)			
From	To	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree
College/University		Location (City, State)			
From	To	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree
Vocational/Other		Location (City, State)			
From	To	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree

MILITARY INFORMATION

Are you a veteran or Armed Services Member? Yes No

Branch of military service, status, job (MOS)?

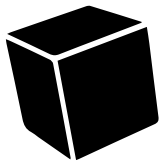
If discharged, can you provide a DD214? Yes No If so, please attach to application.

How many years did you serve in the military?

What military skills do you possess that would be an asset for this position?

REFERENCES (PLEASE PROVIDE 3 PERSONAL AND PROFESSIONAL REFERENCES)

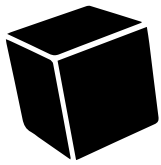
Name	Contact Info
Name	Contact Info
Name	Contact Info



5397 RAMSEY STREET, FAYETTEVILLE, NC 28311 · HR@BLACKBOXSECURITY.US · 910-504-9800

RESIDENCE HISTORY		(PLEASE PROVIDE 5 YEARS OF PRIOR ADDRESSES)	
Address			
Address Line 2			
City, State, Zip code			
County	From	To	
Address			
Address Line 2			
City, State, Zip code			
County	From	To	
Address			
Address Line 2			
City, State, Zip code			
County	From	To	
Address			
Address Line 2			
City, State, Zip code			
County	From	To	
Address			
Address Line 2			
City, State, Zip code			
County	From	To	

ADDITIONAL INFORMATION
Black Box Security has mostly night schedules, and includes working weekends and holidays. Is this acceptable to you?
Security Officer duties often require walking and/or standing for long periods of time. Is this acceptable to you?
Do you understand that a security officer is not a police officer?
Place of Birth - City, State:



AUTHORITY FOR RELEASE OF INFORMATION

I authorize Black Box Security through the Division of Investigations, to perform a search of the criminal history record file and, if applicable, a background search of the Federal Bureau of Investigations' files for a national criminal history record check in connection with my application for employment and/or registration with Black Box Security.

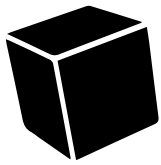
First Name	Middle	Last Name
Sex	Race	
Social Security (Optional*)		Date of birth

I understand that Black Box Security, Division of Investigations, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information.

I further understand that the agency cannot provide a hard copy of the results of this criminal history record check to me.

**Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist the accurate identification/exclusion of possible criminal history records.*

Applicant Signature	Date
---------------------	------



EMPLOYMENT HISTORY (PLEASE PROVIDE 5 YEARS OF EMPLOYMENT)			
Company		From	To
Address		City, State, Zip code	
Supervisor		Employer Phone	
Job Title	Reason for Leaving		
Company		From	To
Address		City, State, Zip code	
Supervisor		Employer Phone	
Job Title	Reason for Leaving		
Company		From	To
Address		City, State, Zip code	
Supervisor		Employer Phone	
Job Title	Reason for Leaving		
Company		From	To
Address		City, State, Zip code	
Supervisor		Employer Phone	
Job Title	Reason for Leaving		
Company		From	To
Address		City, State, Zip code	
Supervisor		Employer Phone	
Job Title	Reason for Leaving		

AT-WILL EMPLOYMENT	
<p>The relationship between you and Black Box Security is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Black Box Security. No representative of Black Box Security has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will" and that you acknowledge that no oral or written statements or representations regarding your employment can alter your "at will" employment status, except for a written statement signed by you and either our Executive Vice-President, Chief Operations Officer or our President.</p>	
Applicant Signature	Date



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Black Box Security to initiate automatic deposits into my bank account. I also authorize Black Box Security to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Black Box Security responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Black Box Security receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information *(Please print or type financial information)*

Account Owners Full Name: _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Account Type Checking
 Savings

Signature

Authorized Signature _____ Date _____

Printed Name _____ Title _____

Phone Number _____ Email _____

Please Attach a Voided Check



BLACK BOX
SECURITY

5397 RAMSEY STREET
FAYETTEVILLE, NC 28311
(O): 910-504-9800

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Background Information Release Form

New Hire Out of State Transfer PPSB Denial Renewal

Print Name:

I, _____ hereby authorize Blackbox to run a criminal history record check in connection with my application submission or current PPSB registration renewal.

Initials: _____

By signing this document, I hereby release admiral security and said person from any and all liability which may be incurred as a result of furnishing such information. Initials: _____

In addition, I authorize Blackbox Security to investigate my pervious employment, medical, criminal, credit and other records as necessary for me to obtain employment, and to ascertain and all information which may concern a record of my character, whether it's the same record or not. Release my present and past employer's, references and all persons whomsoever from any charges due to furnishing the information.

Driver License# _____ State: _____ Exp date: _____

Social Security# _____ Date of Birth: _____

Have you lived in NC for the past (4) years? Yes No

Applicants Name: _____ (Print Name)

Applicants Signature: _____ Date: _____



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.