Pope Security & Investigations

Employment Application

Confidential

All contents of this packet must be completed prior to consideration for employment.

Date: _____

Full name: _____

Pope Security & Investigations, LLC
333 Johnston Loop RD
Jackson, TN 38301

Phone: (901) 833 - 5408
Email: hr@psinorthamerica.org
Fax: 1-731-256-0738

PSI – Application for Employment

Full Name: _____

Part Time: _____   **Full Time:** _____   **Location:** _____

Desired Pay: _____ per hour   **Date:** _____

Personal Information

Social Security Number: _____   **Date of Birth:** _____

Street Address: _____

City: _____   **State:** _____   **Zip:** _____

Prior Address: _____

City: _____   **State:** _____   **Zip:** _____

Years at current address? _____   **Years at prior address?** _____

Email: _____

Home phone: _____   **Cell phone:** _____

Emergency Contacts

Name: _____   **Relationship:** _____

Home phone: _____   **Cell phone:** _____

Name: _____   **Relationship:** _____

Home phone: _____   **Cell phone:** _____

Background Information

Have you ever been employed with Pope Security? _____

If yes, please explain: _____

Have you ever been bonded? _____

Have you ever been arrested anywhere for any reason? If yes, please explain. _____

_____

Have you ever been convicted of a felony? If yes, please explain. _____

_____

What is your Driver's License Number and State of Issue? _____ / _____

Did you receive a High School Diploma or equivalent? _____   **Year:** _____

Security Service

Have you worked for any other security companies? If yes, please list companies and dates of employment? _____

_____

What types of posts have you worked? _____

Do you have a state of Arkansas armed security license? _____   **If yes, #** _____

Do you have a state of Kentucky armed security license? _____   **If yes, #** _____

Do you have a state of Mississippi armed security license? _____   **If yes, #** _____

Do you have a state of Tennessee armed security license? _____   **If yes, #** _____

Do you have any other licenses or certifications? If yes, please list.

_____

_____

_____

Personal Equipment

Do you own a duty weapon?   Yes   No

If yes, what make? _____   **Model?** _____   **Serial number?** _____

Caliber? _____ *(.357; .40; .45; 9 mm only)*

Which of the following type of duty gear do you own? _____ **Leather**   _____ **Nylon**

Uniform

Please advise of sizes you would need for:

Tactical shirt: S   M   L   XL   XXL   3XL   Other _____

Tactical pants *(waist and inseam):* _____

Military Service

Branch: _____   **From:** _____   **To:** _____

Rank at Discharge: _____   **Type of Discharge:** _____

If other than honorable, please explain. _____

_____

Previous Employment

Company: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Employed From: _____ **To:** _____

Starting pay rate: _____ **Ending pay rate:** _____

Supervisor: _____ **May we contact them as a reference?** Yes No

Job title and Responsibilities: _____

_____

Reason for leaving: _____

Company: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Employed From: _____ **To:** _____

Starting pay rate: _____ **Ending pay rate:** _____

Supervisor: _____ **May we contact them as a reference?** Yes No

Job title and Responsibilities: _____

_____

Reason for leaving: _____

Work Availability

	FRI	SAT	SUN	MON	TUES	WED	THURS
FROM							
TO							

Would you be willing to work a part-time schedule until a full-time schedule becomes available? _____

Would you be willing to be "On Call" or take those shifts to fill in on short notice? _____

How soon are you available to start work? _____

Pope Security: GENERAL POST ORDERS

April 14, 2017

ARMED/ UNARMED OFFICER PATROL

Objective: Each account involves a great deal of client and guest interaction. Our primary objective is to deter criminal activity by our presence and note any suspicious activity without incident. Above all, remember we work for the Client. If the Client isn't happy, our jobs are more difficult. Each officer must always be professional, personable, polite, courteous, and dependable. With this said, **SAFETY** comes first. Our job is to protect the Client(s) and their interests.

Equipment:

- Neat and clean PSI uniform
- State ID
- Radio/ Cell Phone
- Non-lethal and/or Duty Weapon *(depending on post)*
- Hand cuffs
- Internal Paperwork *(Shift Report; Incident Report; Use of Force Report)*

Officer's Duties:

- Check in with Client management as soon as you arrive on post. Call supervisor as soon as you are on duty.
- Officer will periodically patrol parking lot and building perimeter in a PS vehicle with stop and observe activities at various locations in the parking lot or on foot, depending on location. ***Locations with vehicle patrol:*** Strobe lights must be activated during times of heavy congestion on parking lots. If pedestrian and vehicle traffic is too congested, do not attempt to maneuver/ operate the patrol vehicle within the congested area—park and observe. During low parking lot activity, strobe lights are to be deactivated for the purpose of covert patrol of parking lot. Watch out for any suspicious activities, thefts, break-ins, etc.
- Officer will occasionally patrol the interior areas when working alone or in conjunction with other officers.
- When act of crime of violence occurs, follow the use of force continuum.
- **NOTE: Do not hang out in one area for any length of time. Remain highly visible inside and outside where staff can see you and let you know of any problems. Notify manager before asking anyone to leave. Personal cell phone use will not be permitted unless emergency situation occurs. Contact supervisor immediately if incident occurs or you have any questions. Have your shift report and/ or sign-in sheet signed by a member of management before leaving each night.**

I, _____, have read and fully understand the above PSI General Post Orders dated April 14, 2017. I agree to comply with the above orders or be subject to face procedural reprimanding set forth by PSI guidelines.

_____   _____

Signature   Date

_____   _____

Supervisor's Signature   Date

PAYCHEX®

Direct Deposit Enrollment/Change Form*

Company Name and/or Client Number _____

Employee/Worker Name_____ **Employee/Worker Number** _____

EMPLOYEE/WORKER: Retain a copy of this form for your records. Return the original to your employer/company.

EMPLOYER/COMPANY: Return this form to your local Paychex office. For clients using on-line services, please retain a copy of this document for your records.

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS - *PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY*

Type of Account: ☐ Checking ☐ Savings | Accountholder's Name:

Routing/Transit Number ☐☐☐☐☐☐☐☐☐

Checking/Savings Account Number** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Financial Institution ("Bank") Name

I wish to deposit (check one): ☐ _____% of Net ☐ Specific Dollar Amount $ _____ .00   ☐ Remainder of Net Pay

Type of Account: ☐ Checking ☐ Savings | Accountholder's Name:

Routing/Transit Number ☐☐☐☐☐☐☐☐☐

Checking/Savings Account Number** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Financial Institution ("Bank") Name

I wish to deposit (check one): ☐ _____% of Net ☐ Specific Dollar Amount $ _____ .00   ☐ Remainder of Net Pay

COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS – *PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY*

Type of Account: ☐ Checking ☐ Savings | Accountholder's Name:

Routing/Transit Number ☐☐☐☐☐☐☐☐☐

Checking/Savings Account Number** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Financial Institution ("Bank") Name

I wish to change my deposit amount to (check one): ☐ From _____% to____% of Net ☐ From $_____ .00 To $_____.00
☐ Remainder of Net Pay

EMPLOYEE/WORKER CONFIRMATION STATEMENT

PLEASE SIGN IN BLACK/BLUE INK ONLY

I authorize my employer/company to deposit my earnings into the bank account(s) specified above and, if necessary, to electronically debit my account to correct erroneous entries. I certify my account(s) allow these transactions. Furthermore, I certify that the above listed account number accurately reflects my intended receiving account. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer/company to make direct deposits into the named account.

Employee/Worker Signature _____ **Date** _____

Note: Digital or Electronic Signatures are **not** acceptable.

I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc. I have reviewed the information provided and it is accurate to the best of my knowledge. My signature below indicates that I have the authority to execute this document on behalf of the Client.

Employer/Company Representative Printed Name: _____

Employer/Company Representative Signature: _____ **Date:** _____

* **All fields are required except Employee/Worker Number.**

** **Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.**