



Established 2003

191 Central Avenue
Newark, NJ 07103
Office: 973.732.3323
Fax: 973.556.1028

hr@visualprotectionsecurity.com

Dear Applicant,

Thank you for your interest in our company. Please note that there are 10 pages total in this application (including this letter).

To expedite your application, please read the instructions below. If you have any questions, please email hr@visualprotectionsecurity.com or call the office at: (973)732-3323.

Sincerely,

VP Security Services Inc.

Application Instructions

You can also get a copy of the application on-line on our website www.visualprotectionsecurity.com

- ✓ Save the PDF file to your desktop or computer
- ✓ Open the PDF file via Adobe Reader & Print
- ✓ Fill out the form completely (incomplete applications will not be considered) Questions with the IRS W-4 Employee's Withholding Certificate must be asked your tax preparer or you can use the IRS estimator at www.irs.gov/W4App to complete the form
- ✓ Complete the Employment Verification Form (top portion), should be your current or the most recent employer
- ✓ **Last page of the application must be Notarized by a Notary Public**
- ✓ Application must be accompanied by a CLEAR copy of you NJ Identification (driver's license is acceptable), Current SORA card (Temp Certificate not allowable) and a copy of your Social Security Card will be required at the time of interview
- ✓ Once Application is complete, please contact the office at (973)732-3323 to schedule an appointment to submit the application and schedule a sit-down interview.

Completing of this Application is not to be considered a formal job offer.



New Jersey State Police
Security Agency
License #1086





APPLICATION FOR EMPLOYMENT

V.P. SECURITY SERVICES, INC. is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status or sexual orientation.

PLEASE TYPE OR PRINT (blue or black ink only). Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (do not just indicate "See Resume"). Applications with missing or invalid job numbers will not be considered for any position.

APPLICANT INFORMATION:			
Position Applying For: <input type="checkbox"/> ARMED <input type="checkbox"/> UNARMED		Name (Last, First, Middle):	
Street Address:		City/State/Zip code:	
Social Security Number:		Date of Birth:	Cell Phone #:
		Home Phone #:	

PLEASE ANSWER THE FOLLOWING QUESTIONS:		
Are you eligible to work in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you 18 years of age or older?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, what is your current age?
Are you currently employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, where are you employed? Current Job Title?
Have you ever been employed by V.P.S.S?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, dates of employment & reason for leaving:
Are you related to any current V.P.S.S. employee?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, employee's name & their relationship to you?
If required for hired position, do you have a valid driver's license?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, State of Issuance, License # and Expiration:
How did you learn about this employment opportunity at V.P.S.S.? Check all that apply: <input type="checkbox"/> Job Bulletin (Posting) / Walk-in <input type="checkbox"/> Department of Labor <input type="checkbox"/> Ad in Newspaper <input type="checkbox"/> Ad in Magazine <input type="checkbox"/> Website <input type="checkbox"/> Referral by employee: _____ <input type="checkbox"/> Other: _____		

EDUCATION INFORMATION						
Name of School	City / State	Did you Graduate?	If NO, # of years left to graduate	If YES, date of Graduation	Degree Received	Major
High School:		<input type="checkbox"/> YES <input type="checkbox"/> NO				
GED:		<input type="checkbox"/> YES <input type="checkbox"/> NO				
Other School:		<input type="checkbox"/> YES <input type="checkbox"/> NO				
College:		<input type="checkbox"/> YES <input type="checkbox"/> NO				
College:		<input type="checkbox"/> YES <input type="checkbox"/> NO				
Other credentials: Licenses / Professional Affiliations, etc. which are relevant to the job for which you are applying: 						

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge and note your level of proficiency (basic, intermediate or expert)

WORK EXPERIENCE: Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. PLEASE DO NOT complete this information with the notation "See Resume".

PLEASE NOTE: V.P. Security Services, Inc. reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position):	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-time	Title:
From: To:	If part-time, # of Hour per Week: _____	
Starting Salary:	Employer's Name and Address:	
Final Salary:		
Supervisor's Name, Title & Phone #:	Other Reference Name, Title & Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary Duties:	Reason for Leaving:	

Dates Employed (most recent position):	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-time	Title:
From: To:	If part-time, # of Hour per Week: _____	
Starting Salary:	Employer's Name and Address:	
Final Salary:		
Supervisor's Name, Title & Phone #:	Other Reference Name, Title & Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary Duties:	Reason for Leaving:	

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION. I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omissions of facts, represents grounds for elimination from consideration for employment, or termination of employment if discovered at a later date. I authorize V.P. SECURITY SERVICES, INC., to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employees, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of V.P. SECURITY SERVICES, INC., serve At-Will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off.

Applicant Signature: _____ **Date:** _____



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **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 (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	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>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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

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 (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		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 08/31/2019

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
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

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		<div style="border: 1px solid black; padding: 5px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
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 PRESIDENT	
Last Name of Employer or Authorized Representative PEREZ		First Name of Employer or Authorized Representative WILLIAM		Employer's Business or Organization Name VP SECURITY	
Employer's Business or Organization Address (Street Number and Name) 191 CENTRAL AVENUE, SUITE 221			City or Town NEWARK		State NJ
					ZIP Code 07103

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
--	---------------------------	---

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 	OR	<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 	AND	<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 Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY EMPLOYEE

TO:

RE:

EMPLOYEE NAME

EMPLOYEE PHONE NUMBER

FROM: VISUAL PROTECTION SECURITY SERVICES
191 CENTRAL AVENUE
NEWARK, NJ 07103
P: (973) 732-3323 F: (973) 556-1028

X X X - X X -

SOCIAL SECURITY NUMBER (LAST 4)

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.

Signature

Date

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ **Job Title:** _____

Presently Employed: Yes _____ **Date First Employed** _____ **No** _____ **Last Day of Employment** _____

Current Wage/Salary: \$ _____ (circle one) hourly weekly bi-weekly monthly yearly other _____

Average # of hours worked per week: _____ **Average # of OT hours worked per week:** _____

Shift worked: _____ **Is the employee's work seasonal or sporadic?** Yes _____ No _____

Was this employee terminated for any other reason other than Lack of Work? Yes _____ No _____ * If **No**, briefly explain:

Is this Employee eligible to be re-hired? Yes _____ No _____ * If **No**, Why? _____

Signature _____

Date _____

Print Name _____

Tel. # _____

Title _____

Company Name _____

SECURITY AGENCY EMPLOYEE'S STATEMENT

Division of State Police Department of Law and Public Safety State of New Jersey

All information entered on this form is considered to be offered as a sworn statement. Any misstatement of fact is reason for disqualification for employment, or may be punishable by law as per N.J.S. 2C:28-2, 2C:28-3 and 2C:28-7.

No person shall be employed by any holder of a security agency license until such person to be employed shall have executed and furnished to such license holder the following statement, pursuant to the provisions of "The Security Officer Registration Act (SORA)" as amended by Chapter 134, Laws of 2004.

The statement must be made in the handwriting of the person to be employed by the licensed security agency and must be retained by the security agency.

Employee's Temporary ID Number or Security Officer Certification Number _____.

Employer: To be completed in indelible ink.

Name of Security Agency: Visual Protection Security Services

Trading as: VP Security

Address: 191 Central Avenue, Suite 221, Newark NJ 07103

Date License Issued: 11/05/2014 Number of License: 1086

1. a. Name of Employee in Full _____ S.S. No. _____

b. Residence Address _____

c. Home Phone: _____ Cell Phone: _____ Email: _____

d. Age _____ Birth Place and Date _____
(Date) (City) (County) (State) (Country)

e. Are you a citizen of the United States? _____. If not, have you filed your declaration of intention to become a citizen? _____ If filed, when and where? _____
(Date) (Name of Court) (City) (State)

f. If you are not a citizen of the United States, of what country are you a citizen or subject? _____

2. Give your business or occupation engaged in for the five years immediately preceding the date of the filing of this statement with your employer, setting forth the place or places where such business or occupation was engaged in and the name or names of employers, if any, with dates thereof:

Month/Year	Residence (Give number, street & city)	Occupation	Name and Address of Employer
From ____ / ____ To ____ / ____			
From ____ / ____ To ____ / ____			
From ____ / ____ To ____ / ____			
From ____ / ____ To ____ / ____			
From ____ / ____ To ____ / ____			

3. Have you ever been dismissed for cause in any employment? _____ If so, give full details.
4. Has any license or permit issued to you or applied for by you ever been denied, suspended or revoked anywhere? _____ If so, give details.
5. Have you ever been convicted of buying or receiving stolen property, larceny or theft? _____ If so, give details.
6. Have you ever been convicted of aiding escape from prison? _____ If so, give full details.
7. Have you ever been convicted of making or possessing burglar's instruments? _____ If so, give full details.
8. Have you ever been convicted of unlawfully possessing, under the influence of, or distributing habit-forming narcotic drugs or any controlled dangerous substances? _____ If so, give full details.

9. Have you ever been convicted of illegally using, carrying, or possessing a pistol or other dangerous weapon?
_____ If so, give full details.

10. Have you ever been convicted of unlawful entry of a building?_____ If so, give full details.

11. Have you ever been convicted of a crime of the first, second, third or fourth degree?_____ If so, give full details.

12. Have you ever been indicted for any crime or offense in this State or any other State or Territory? _____
If so, give full details.

13. Has any security agency license issued to you or to a partnership or corporation of which you were a member or officer, ever been revoked in this State or any other State or Territory because of conviction of any of the crimes or offenses specified in this section? _____ If so, give full details.

14. Have you ever been convicted of any other crime or offense?_____ If so, give full details.

15. Has this State or any other State or Territory ever denied any application submitted by you for license as a security officer because of any crime or offenses specified in the preceding questions? _____

STATE OF NEW JERSEY

City of _____

S.S

County of _____

(Name of Person Making This Statement)

being duly sworn, deposes and says: that he is the person above named; that he has read the foregoing statement and the answers thereon noted; that such answers are true to his knowledge, and that he personally attached his signature to this affidavit; that the above answers were written in the handwriting of deponent.

Signed _____

Sworn before me this _____

day of _____, _____
(year)

Notary Public