Dear Applicant
Thank you for your employment interest with Special Response Corporation. Please complete this application and attach all required documents.
CHECKLIST Application for Employment
Two Personal References
Previous Employer References
Form I-9 : Complete the top portion of this form ONLY. Please refer to the back of the form and attach copies of the required identification. For questions, please call one of our Operations Center Representatives.
Copy of Local Criminal Record Check : Contact your local law enforcement agency or local court to obtain.
Motor Vehicle Operator License Record Check—Past 3 years (where applicable): State laws vary, it usually can be acquired from your department of motor vehicles, clerk of court, insurance company or local law enforcement.
Copy of DD-214 with Character of Service: Members Copy #4
Separation Documents From a Law Enforcement Agency
Resume: Typed or handwritten.
Copies of Any Current Security Licensing or Permits
Copy of Driver's License and Social Security Card
Upon arrival at our Training Academy, you will be administered a drug test. Failure to meet the passing requirements will result in non-admittance to the Academy and you will be responsible for all return transportation costs.
When submitting documents, please send in copies (except for Motor Vehicle Report and Criminal Record. These documents become the property of Special Response and cannot be returned. Check off what you send and submit materials in a timely manner to be processed as quickly as possible. Please visit us at our website: www.specialresponse.com
RESPONSE CORPORATION PLEASE PASS ON OUR EMPLOYMENT OPPORTUNITIES TO ALL INTERESTED AND QUALIFIED APPLICANTS 410-785-9738 OPERATIONS CENTER

Special Response Corporation provides specialized security services for companies requiring emergency security services in the United States. Special Response Corporation provides our clients the best professionals available by employing only U. S. military veterans with an Honorable Discharge or prior law enforcement (Police) experienced personnel.

All of our positions are physically and mentally demanding. Only the most qualified applicants meeting our standards are selected for employment. Individuals applying for positions must provide proof of three years honorable U.S. military service or two years credible law enforcement experience, additionally a criminal record check free of charges and a five year driver license record check must be provided.

Upon completion of the pre-employment background check and verification of your experience, Special Response Corporation will contact you concerning further information in becoming a Team Member.

All candidates must have recently attended state(s) approved training school(s) and have been certified to work in CA, CT, FL, LA, MN, NJ, NY, TN, TX, and VA.

If you don't possess these certifications, we offer a Training Academy at no cost. Candidates are not considered employees and no wages will be earned during the training. However, a meal allowance is provided. Only after successful completion of our Training Academy may an offer of employment be made by Special Response Corporation.

After qualification and the completion of required paperwork, individuals are selected geographically to attend our Training Academy located in Maryland.

Upon successful completion of the training academy, all Special Response Security Professionals re placed on "stand-by" and must be available to travel at any time to any location when directed. While on "stand-by", officers are required to check-in weekly by telephone, advising the Operations Center of their availability.

Special Response Corporation cannot guarantee placement or the duration of any assignment offered. Once an assignment is accepted, officers are required to stay on assignment for 45 days or until the assignment is completed. Following completion of 45 days, officers may elect to rotate home with the option to return to the assignment or another available assignment which will begin a new 45 day obligation.

Special Response Corporation offers great employment opportunities for our personnel. This includes a flexible work schedule, specialized training, free transportation to and from assignments, per diem issue and lodging.

On assignment, officers are expected to work 12 hour shifts 7 days a week for a total of 84 hours per week. Employee compensation begins at \$10.00 per hour with opportunities to advance. The overtime rate of time and one half is applied to all work performed in excess of 40 hours. (Rates may be higher depending on state law.)

If you are a qualified professional and have an interest in becoming an elite member of the Special Response Corporation Team, complete this application and fax, e-mail or mail it today with the required supporting documents. Please contact the Operations Center to verify that we have received the application.

Positions Available For

Tactical Security OfficerPhotographer/Video TechnicianEvidence CoordinatorExecutive Protection SpecialistProtection OfficerExecutive Protection Specialist

Please call our Operations Center for additional information Monday through Friday, between the hours of 1000-1600 (EST) or Saturday and Sunday, between the hours of 1000-1400 (EST) at:

SPECIAL RESPONSE CORPORATION, 14804 York Rd Sparks, MD 21152 Office 410-785-9738 or 888-398-8903 Fax 410-785-9025 Please visit our website: www.specialresponse.com

SPECIAL RESPONSE CORPORATION

Employment Application

In conformity with applicable laws, Special Response Corporation is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, or disability.

Name:	Last				First		Middle	
Address:								
	Number and Street							
	City				State		Zip Code	
Social Sec. #	¥				I	Email Address:		
Contact Info:	Home:							
	Cell:							
	Other:							
osition appl	ying for with Sp	oecial Re	espor	nse (Corporatio	on:		
		al Resno	onse	Corr	oration b	efore?	Yes	No
Have you wo	orked for Speci	anteope						
•	•	•		•		on and reason for leav	/ing:	
•	•	•		•			<i>v</i> ing:	
lf yes, please	e list date train	ed, dates	s emp	bloye	ed, positic			
If yes, please Have you app	e list date train	ed, dates	s emp	bloye	ed, positic	on and reason for leav		
If yes, please Have you app No	e list date traine blied for emplo Yes	ed, dates	s emp	bloye	ed, positic	on and reason for leav	e?	
If yes, please Have you app No If Yes, pleas	e list date train olied for emplo Yes e provide date	ed, dates yment w (s):	s emp	ploye	ed, positic	on and reason for leav	e?	
If yes, please Have you app No If Yes, pleas Education (or	e list date traine blied for emplo Yes e provide date hly job-related	yment w (s):	s emp ith Sp n will	becia	ed, positic	on and reason for leav use Corporation befor d):	e?	
If yes, please Have you app No If Yes, pleas	e list date traine blied for emplo Yes e provide date hly job-related	ed, dates yment w (s): educatio Circ	ith Sp	becia	ed, positic	on and reason for leav	e?	
If yes, please Have you app No If Yes, pleas Education (or School Nam	e list date traine blied for emplo Yes e provide date hly job-related	ed, dates yment w (s): educatio Circ	ith Sp n will cle La	becia	ed, positic	on and reason for leav use Corporation befor d): Did You	e? Major/Degree	
If yes, please Have you app No If Yes, pleas Education (or School Nam Location	e list date traine blied for emplo Yes e provide date hly job-related	yment w (s): educatio Yea	ith Sp n will cle La ar Co 2	bloye becia	ed, positic al Respor	on and reason for leav use Corporation befor d): Did You	e? Major/Degree	
If yes, please Have you app No If Yes, pleas Education (or School Nam Location	e list date traine blied for emplo Yes e provide date hly job-related	yment w (s): educatio Yea	ith Sp n will cle La	bloye becia	ed, positic al Respor	on and reason for leav use Corporation befor d): Did You	e? Major/Degree	

9. List your last three residential addresses and time spent at each:

- 10. After reading the brief overview, do you expect to physically be able to do this job? Yes _____ No _____
- 11. List any special experiences, qualifications, or skills you have that you believe would help you do the job you are applying for. Include any equipment operating skills.

If no, Please Explain:				
Can you travel on short notice (12-24 hours)?		Yes	No
List any special licenses or certil applying for (list licensing autho	•			ou are
Prior Employment: Provide the for beginning with the most recent.		• •	ous employers (5 y	years),
Current or Most Recent Employer:				
Address:				
City/State/Zip/Phone:				
Immediate Supervisor:		P	hone:	
Position:	From:	То:	Salary:	
Were you disciplined (warnings, su	spension, discharge)?:		Yes	No _
Reason for Leaving:				
Previous Employer:				
Address:				
City/State/Zip/Phone:				
Immediate Supervisor:		P	hone:	
Position:	From:	То:	Salary:	
Were you disciplined (warnings, su	spension, discharge)?:		Yes	No _
Reason for Leaving:				
Previous Employer:				
Address:				
Address: City/State/Zip/Phone:				
		P	hone:	
City/State/Zip/Phone:				

16. If you have had disciplinary problems with any previous employer, please describe the circumstances:

17. Have you ever been arrested, charged or convicted of a crime or received a verdict of anything other than not
guilty in any criminal investigation or proceeding?

Yes _____ No _____

If yes, please describe when convicted of a crime or received a verdict of anything other than not guilty in a criminal investigation or proceeding?

Date:

Signature of Applicant:

Printed Signature:	

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS UILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00.

Date:

Signature of Applicant:

Printed Signature:



Please visit us at our website: www.specialresponse.com



SPECIAL RESPONSE CORPORATION PERSONAL REFERENCE QUESTIONNAIRE

410-785-9738 office 410-785-9025 fax

Applicant:	
Race, Sex, Hgt, Wgt, DOB:	
Address:	
Reference:	Phone:
Address:	

NOTE TO REFERENCE: The above individual has applied to Special Response Corporation regarding employment. The applicant is required to furnish references that he or she has known for more than two years. Your background knowledge of this individual is essential to our investigation, therefore, the application cannot be approved without this completed questionnaire. It would be appreciated if you would fill out this form and return it to us. Please answer every question. If your answer requires an explanation, list the question number and complete the answer on the reverse side. Kindly mail it to:

Special Response Corporation 14804 York Rd Sparks, MD 21152

- 1. How long have you known the applicant?
- To the best of your knowledge: has the applicant ever been convicted of a criminal offense? Yes _____No____.
 If yes, explain on reverse.
- 3. To the best of your knowledge: does the applicant consume alcoholic beverages? Yes <u>No</u>. If yes, explain on reverse.
- 4. To the best of your knowledge: does the applicant use narcotics or controlled dangerous substances of any kind? Yes <u>No</u>. If yes, explain on reverse.
- 5. Has the applicant ever exhibited a propensity for violence, which would render him a danger to law abiding citizens or to himself? Yes <u>No</u>. If yes, explain on reverse.
- 6. Has the applicant ever exhibited an instability which may reasonably render his employment with our company dangerous to himself or other law abiding citizens? Yes _____No ____. If yes, explain on reverse.
- 7. Has the applicant ever been treated for mental illness or been placed in an institution for mental care? Yes <u>No</u>. If yes, explain on reverse.
- 8. Do you know of any reason why the applicant should not be given the opportunity to be employed by Special Response Corporation? Yes _____No ____. If yes, explain on reverse.
- 9. Are you aware of why this applicant applied for a position to work for Special Response Corporation? Yes <u>No</u>. If yes, explain on reverse.

Signature of Reference:	D	ate:
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***Reference must not be related to the applicant.

(For official Use Only)

Telephone Verification

Date

Signature



SPECIAL RESPONSE CORPORATION PERSONAL REFERENCE QUESTIONNAIRE

410-785-9738 office 410-785-9025 fax

Applicant:	
Race, Sex, Hgt, Wgt, DOB: _	
Address:	
Reference:	Phone:
Address:	

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Signature of Reference:	[Date:
-		

***Reference must not be related to the applicant.

(For official Use Only)

Telephone Verification

Date

Signature

*APPLICANT must complete down to line.

** Request Previous or Current Employer complete and return to Special Response Corporation.

Applicant:	Applica	ant's Home State:
SSN:	D.O.B.:	P.O.B.:

TO WHOM IT MAY CONCERN:

The above named applicant applied to us for a position of considerable responsibility involving corporate	security
and investigations. The applicant has stated that he/she was employed by your company from	to
, and held the position of	

I, _____, hereby authorize release of any recorded information from any previous employers that I have listed in my application for employment with Special Response Corporation and furthermore, I hereby authorize Special Response Corporation or its Agents to conduct such investigation of my application for employment as may be necessary at the Company's discretion and release all persons from liability on of such disclosure.

Date

Signature of Applicant

The applicant is aware of this inquiry and has voluntarily authorized us to conduct an investigation of his/her background. Your reply will be kept CONFIDENTIAL.

* Is the above information correct? Yes _____ No ____. If no, please explain: ______

* If the applicant was employed by you please indicate:

- Reason for termination: _____
- 2. Eligible for re-hire?Yes ____No ____.3. Honesty?Yes ____No ____.4. Sobriety?Yes ____No ____.
- 5. Ability to work with others? Yes _____No _____.
- 6. Attendance/Lateness? Good _____Average ____Poor _____.
- 7. To your knowledge, does the above named employee use or associate with anyone that does use controlled or dangerous substances? Yes _____No ____.
- 8. If you can advise, what reason do you believe the above named applicant gave us for leaving your place of employment.
- 9. If requested, would you be willing to set up an appointment with us to discuss the above named applicant? Yes No .

Please use the reverse side of this letter if additional space is required for comments.

Company Name

Information Provided By

Address

Phone Number

SPECIAL RESPONSE CORPORATION, 14804 York Rd Sparks, MD 21152 office 410-785-9738 or 888-398-8903

fax 410-785-9025



INFORMATION FOR APPLICANT



(read carefully before signing)

- 1. This application is valid for one hundred eighty (180) days. If you have not been employed within (180) days of application, you must reapply for a position.
- 2. By my signature below, I agree to the following:
 - A. I consent to take any physical examinations, including, but not limited to, tests for alcohol and drugs that may be requested by SPECIAL RESPONSE CORPORATION (1) following an offer of employment and prior to commencement of work; and (2) during the course of my employment, consistent with applicable laws, including, but not limited, to the Americans With Disabilities Act. I further authorize any healthcare professional who performs such an examination or who has other information concerning my physical, mental, or other medical status to release such information to Special Response Corporation.
 - B. I understand that any false statements or misleading omissions made by me in connection with my application, or in responding to requests for information, can be sufficient grounds for my rejection as a candidate for employment or for my immediate discharge. I understand that all forms associated with the application process become the property of Special Response Corporation.
 - C. I understand that any employment I might be offered by Special Response Corporation is at-will and of indefinite duration, and that neither I nor Special Response Corporation can terminate that employment at any time with or without notice for any or no reason, and that no agreement to the contrary will be recognized by Special Response Corporation unless made in writing and signed by the President of Special Response Corporation. I understand that satisfactory completion of my provisional period will not change my status as an at-will employee.
 - D. I understand that none of Special Response Corporation's practices or policies are to be construed as imposing any binding obligations on the Company, and that they are subject to change or deletion at any time.
 - E. I hereby authorize Special Response Corporation to obtain from schools, former employers, or other individuals or institutions it contacts, any information in their possession regarding my employment history or qualifications for the job for which I have applied.
 - F. By my signature below, I agree and acknowledge that I am not listed on the National Sex Offender Registry.
 - G. I hereby authorize Special Response Corporation permission to obtain a credit report history on me.
 - H. I understand that should any dispute between Employee and Special Response Corporation arise at any time from any aspect of the employment relationship, including, but not limited to, the hiring, performance, or termination of employment and/or cessation of employment with Special Response Corporation and/or against any employee, employee and Special Response Corporation will confer in good faith to resolve promptly such dispute. Employee and Special Response Corporation agree to have their dispute resolved by final and binding arbitration. The employee and Special Response Corporation agree that the arbitration shall be held in the county and state where the employee currently works for the employer (Baltimore County, MD).

I have read this Employment Application and I fully understand its contents.

Signature of Applicant





AUTHORIZATION FOR RELEASE OF CRIMINAL RECORDS

(read carefully before signing)

I, the undersigned, do hereby authorize Special Response Corporation the authority to request and examine all criminal, motor vehicle, civil and arrest records on file within any or all counties within any state. In doing so, I understand that I am waiving my right to confidentiality concerning my criminal history.

Date of Release		
Signature		
Print Name		
Driver's License Number	r	State
Social Security Number		
Date Of Birth		
Street Address		
City	State	Zip

Special Response Corporation

14804 York Rd Sparks, MD 21152, USA www.specialresponse.com

ADDRESS SERVICE REQUESTED