

<http://www.sottilesecurity.com/employment/>

APPLICATION FOR EMPLOYMENT

Sottile Security International, Inc.

152 Stuyvesant Place, Suite 203

Staten Island, New York 10301

212-344-2626

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, creed, marital or veteran status, disability or handicap, citizenship or citizenship status.

POSITION(S) APPLIED FOR: _____

DATE OF APPLICATION: _____

REFERRAL SOURCE:

☐ Newspaper Advertisement

☐ Friend/Relative: _____

☐ Online Advertisement

☐ Employment Agency: _____

PERSONAL INFORMATION

NAME:

Last

First

Middle

ADDRESS:

Address

City

State

Zip Code

PHONE NUMBER:

Home Phone

Cell Phone

Do you possess a fire guard certificate?

☐ Yes

☐ No

Type: _____

Do you possess a drivers license?

☐ Yes

☐ No

State: _____

Do you have a New York State Security Licesnse?

☐ Yes

☐ No

Do you own a vehicle?

☐ Yes

☐ No

Do you have computor knowledge?

☐ Yes

☐ No

Are you available to work

☐ Full Time

☐ Part Time

Date Available: _____

Are you a Veteran?

☐ Yes

☐ No

Social Security number: _____

Is there anything that would prevent you from performing the duties of the position for which you are applying in a reasonable and safe manner?

☐ Yes

☐ No

Do you have any physical, mental or medical impariment or disability that would limit your job performance for the position for which you are applying?


☐ Yes

☐ No

If yes, please explain: _____

EDUCATION

	Name, City & State of School	Major/Minor	Did you graduate? Please name degree.	Grade Average
HIGH SCHOOL				
UNDERGRADUATE				
GRADUATE SCHOOL				

EMPLOYMENT EXPERIENCE						
List each job held. Start with your present or last job. Include military service assignments and volunteer activities.						
EMPLOYER – Current or most recent	DATES				WORK PERFORMED	
COMPANY	FROM	TO				
ADDRESS:						
JOB TITLE:						
SUPERVISOR:						
REASON FOR LEAVING:						
EMPLOYER – Current or most recent	DATES				WORK PERFORMED	
COMPANY	FROM	TO				
ADDRESS:						
JOB TITLE:						
SUPERVISOR:						
REASON FOR LEAVING:						
EMPLOYER	DATES				WORK PERFORMED	
COMPANY	FROM	TO				
ADDRESS:						
JOB TITLE:						
SUPERVISOR;						
REASON FOR LEAVING						
EMPLOYER	DATES				WORK PERFORMED	
COMPANY	FROM	TO				
ADDRESS:						
JOB TITLE:						
SUPERVISOR:						
REASON FOR LEAVING:						
EMPLOYMENT WORK AVAILABILITY						
<div> Check times and day, you are available, next to the time and day</div>						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8-4	8-4	8-4	8-4	8-4	8-4	8-4
4-12	4-12	4-12	4-12	4-12	4-12	4-12
12-8	12-8	12-8	12-8	12-8	12-8	12-8
Open	Open	Open	Open	Open	Open	Open
Any shift	Any shift	Any shift	Any shift	Any shift	Any shift	Any shift
Note:						

INDUSTRY EXPERIENCE

Tell us about yourself

What type of security sites have you worked before?

This will help us in placing you where you have the greatest amount of experience.

1.

Site Contact:_____ Telephone:_____

Name of Site:_____

Location:_____

Dates of which you worked at the location: Started _____ Ended _____

Site description: _____

2.

What type of security sites have you worked before?

This will help us in placing you where you have the greatest amount of experience.

Site Contact:_____ Telephone:_____

Name of Site:_____

Location:_____

Dates of which you worked at the location: Started _____ Ended _____

Site description: _____

3.

What type of security sites have you worked before?

This will help us in placing you where you have the greatest amount of experience.

Site Contact:_____ Telephone:_____

Name of Site:_____

Location:_____

Dates of which you worked at the location: Started _____ Ended _____

Site description: _____

Professional References

Name _____ Company Name: _____

Title/Relationship: _____ Business Phone Number: _____

Name _____ Company Name: _____

Title/Relationship: _____ Business Phone Number: _____

Name _____ Company Name: _____

Title/Relationship: _____ Business Phone Number: _____

Applicant Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary for an employment decision. I hereby release from liability the employer and its representatives for seeking, gathering, and using any information discovered during such investigation and all other persons, corporations or organizations for furnishing such information.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge, whenever it is discovered. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature: _____

Date: _____

Print Name: _____

Form **W-4**Department of the Treasury
Internal Revenue Service**Employee's Withholding Certificate**

OMB No. 1545-0074

2022

► **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ► **Give Form W-4 to your employer.**
 ► **Your withholding is subject to review by the IRS.**

**Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		► Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ► ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**Step 3:
Claim
Dependents**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ► \$

Multiply the number of other dependents by \$500 . . . ► \$

Add the amounts above and enter the total here **3** \$

**Step 4
(optional):
Other
Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . . . **4(c)** \$

**Step 5:
Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

► **Employee's signature** (This form is not valid unless you sign it.) ► **Date**

**Employers
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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Application for Employment - Quick look

Date _____

Last Name _____ First Name _____

Where do you live? Check One..

Manhattan _____ Brooklyn _____ Bronx _____ Queens _____

Staten Island _____ Nassau County _____ Suffolk County _____

New Jersey _____ Other _____ If so where? _____

Security Lic State NY or NJ _____ UID # _____ exp _____

Unarmed _____ ARMED _____ Check One

How long Licensed _____ 8 Hr Class Date _____ 16hr Date _____

Annual 8hr Date Last Taken if any _____

FDNY Fire Guard Cert Number _____ Expires _____ Cat _____

FDNY Fire Guard Cert Number _____ Expires _____ Cat _____

Times you are available to work ---- (Check all that apply to you)

Full Time [] Part Time []

Sat [] [] [] Sun [] [] []
Day Night Over night Day Night Over night

Mon [] [] [] Tues [] [] [] Wed [] [] []
Day Night Over night Day Night Over night Day Night Over Nig

Thur [] [] [] Fri [] [] []
Day Night Over night Day Night Over night

Do you speak another Language other than ENGLISH If so which _____

Do you have a driver's License? Check one _____
Yes No

Do you own or have access to a car that you could use to commute if necessary _____

Why should we hire you? _____



SOTTILE SECURITY INTERNATIONAL, INC.

152 Stuyvesant Place, Suite 203 Staten Island, NY 10301

Telephone: 212-509-5380 Email: info@sdcnyc.com

Licensed by the New York State Department of State, Division of Licensing Services

In the business of security since 1979

Receipt for Uniforms and Equipment

I, _____, acknowledge that the below listed uniforms and equipment being supplied to me by Sottile Security is the property of Sottile Security. I agree to return the uniforms and equipment (and any other materials in my possession belonging to Sottile Security) immediately upon my separation from Sottile Security for any reason whatsoever. I agree that in any event if I fail to return such uniforms, equipment, or any other property belonging to Sottile Security, that I shall have the right to hereby authorize Sottile Security to deduct and retain from any monies due me, the reasonable cost of such uniforms, equipment, and property.

Signature

Date

Print Name

- ☐ Orange Vest
- ☐ Hat
- ☐ Shirt
- ☐ Pants
- ☐ Tie
- ☐ Yellow Vest
- ☐ Jacket
- ☐ Badge
- ☐ Two ID Tags
- ☐ Other

Was the same equipment issued previously (check file) (yes/no)?

Was a payroll notified to deduct for missing items (yes/no)

Uniform & Equipment issued by: _____

Payroll Department



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AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, AM HAVING A
CONFIDENTIAL BACKGROUND INVESTIGATION CONDUCTED ON ME BY
THE SOTTILE SECURITY INTERNATIONAL, INC.

THEREFORE, I authorize a review, full disclosure, and release of all
records or information, or any part thereof, concerning myself to SOTTILE
SECURITY INTERNATIONAL "INVESTIGATION UNITY," whether the said
records or information are public or private, and inclusive of records or
information considered privileged or confidential in nature.

The release authorization is intended to provide a release of any
information that can be utilized as investigative resource of material
during the background investigation for employment.

A PHOTOSTATIC COPY OF THE AUTHORIZATION WILL BE CONSIDERED
AS EFFECTIVE AND VALID AS THE ORIGINAL.

SIGNATURE

PRINT NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

DATE

NON-COMPETE AGREEMENT

As an employee of Sottile Security International Inc. or one of its subsidiaries, affiliates or successor companies (hereinafter collectively referred to as "Sottile Security" or the ACompany@), I, _____ hereby agree to observe all the provisions of this Non-Compete Agreement (the AAgreement@), as well as all other rules and policies that the Company may announce from time to time.

In exchange for my employment and/or continued employed with Sottile Security, I hereby agree as follows:

- (a) For a period of twelve (36) months after the cessation of my employment with the _____ Company for any reason, whether voluntary or involuntary, I agree that I will not render services to any client or customer of Sottile Security for whom I performed services during the twelve (36) months prior to leaving the Company's employment. This will include rendering services for any such client or customer as an employee, consultant, independent contractor a performing a security function as a guard or otherwise, or any employee situation, in any other capacity; I will not work in any capacity at the site in which I worked as a Sottile security employee if Sottile is no longer providing security.
- (b) I will not, at any time during or after my employment with Sottile Security, induce employees of the Company to terminate their employment with the Company or to seek or accept employment with any client or customer of the Company, and I will not employ any such individual during their employment with the Company for a period of twelve (36) months after the conclusion of such individual's employment with the Sottile.
- (c) If, either during or after my employment with Sottile Security I will not solicit any client or customer of Sottile Security, whether as an employee, consultant, independent contractor or in any other capacity, and whether or not I performed services for that client while employed by Sottile Security, I will not have any contact with any customers of Sottile Security, nor will I approach, contact, have others approach on my behalf Sottile Security customers in order to gain their business, accounts or influence, either during my employment with Sottile Security for (36) months after my employment. I will not in any way, form or concept, solicit any customers of Sottile Security to encourage the said customers to leave Sottile.
- (d) I will not provide confidential information, including: Schedules, Pricing, terms of service, employees, or any other proprietary information to anyone not authorized, agreed upon or directed by Sottile Security.
- (e) I will provide a copy of this Agreement to all persons and entities by whom I am seeking to be hired or with whom I am seeking to do business before accepting any employment or engagement by them.
- (f) I agree that the restrictions in this Agreement are reasonable in light of, among other things, the highly competitive markets in which Sottile Security operates.

HAVING READ AND FULLY UNDERSTOOD THIS AGREEMENT, a copy of which has been provided to me, I sign my name this ____ day of _____ 20__.

Signature

Print Name

SOTTILE SECURITY INTERNATIONAL, INC.
152 Stuyvesant Place, Suite 203
Staten Island, NY 10301
212-509-5380 Tel.

January 2015

Re: To Obama Health Care Act

To All Employees:

We need to know if you have your own personal health care insurance on your own or maybe you are covered under your spouses insurance or a family member.

Please be advised that the Obama Health Care Act is NOT for FREE; Employees will be responsible for their portioned share, which will be deducted weekly from your paycheck.

Please check mark and sign and date the appropriate side below that applies to you:

I have my own Health Insurance or my Spouse has or a Family Member which I am covered Date

I DO NOT have any Health coverage at this time Date

Witnessed BY Date

Sottile Security Management

SOTTILE SECURITY INTERNATIONAL, INC.
152 Stuyvesant Place, Suite 203
Staten Island, NY 10301
212-509-5380 Tel.

To: Sottile Security International, Inc.

From: _____
Your Name

Subject: New York State Registration

In making application to you for employment, I am aware that I must also be registered with the State of New York. Further, I understand that such registration together with accompanying fingerprint forms will incur fees of \$25.00 under section 89-h (10) of the General Business Law

Signature

Printed Name

Date

PAYCHECKS/PAY PERIOD

Due to payroll outsourcing procedures it will be two full weeks before I receive my first week (initial) paycheck.

This means, on the third week, my paycheck will available and sent to me.

After the first paycheck, I will receive my paycheck each week by mail.

The pay week begins on Sunday at 12am.

If your workweek begins on a Thursday and you work until Sunday, your check will include: Thursday, Friday, and Saturday for the week. Sunday will be included on the following week or week two.

I understand pay period schedule:

_____ date _____
Sign name

SOTTILE SECURITY INTERNATIONAL, INC.
152 Stuyvesant Place, Suite 203
Staten Island, NY 10301
212-509-5380 Tel.

Company Rules and Regulations

- 1) You may not take a day off without prior approval.
- 2) All requests for a day off must be made seven days before the day you want off.
- 3) You must call the dispatcher 8 hours before you shift if you will be absent.
- 4) You must arrive at your post on time.
- 5) On post it is your responsibility to remain alert and observant.
- 6) If an individual needs to be escorted from the premises to avert a situation from occurring, do so in a professional manner.
- 7) You must be courteous to clients, co-workers, and members of the public.
- 8) You must bring a Doctor's note if you take a sick day.
- 9) You must follow all lawful orders of dispatchers and supervisors.
- 10) You may not sleep while on duty/will lead to termination.
- 11) You may not destroy property of Sottile Security International or of our clients.
- 12) You may not leave your post without being properly relieved.
- 13) You must return from breaks or meal periods on time.
- 14) You may not watch or bring a radio or TV or iPods to work.
- 15) You may not possess unauthorized or illegal weapons/Will lead to termination.
- 16) You may not work under the influence or use alcohol or drugs.
- 17) Telephones at job sites are for the official use only, no personal calls allowed.
- 18) You may not read newspapers, books, or magazines while on duty.
- 19) You may not be on your cellphones when on post.
- 20) You must wear only uniform items issued by Sottile Security. Only black shoes and black socks can be worn.
- 21) Security officers must not fraternize with customers or employees.
- 22) You will not borrow money or articles from clients or employees of our clients.
- 23) Absenteeism without prior notification will result in suspension or termination.
- 24) Per request of a client you can be removed from your current work location.
- 25) Office Staff is not allowed to bring in Lap-Tops, Tablets, and I-Pads, etc. to work (with exception for those required to by management). Our computers should be used only for business related work.
- 26) If an incident or emergency occurs at your site you must fill out an incident report then fax to the office (Fax #) then call and let dispatching know immediately.
- 27) All employees are required to call on and off duty every day without dispatchers daily.
- 28) Security is NOT allowed to carry any unauthorized equipment.
- 29) Failure to abide by the above rules and regulations will result in suspension and or termination.
- 30) There is no longer paid vacation time off.

By signing the bottom of the page you are acknowledging you have read and understand our company policies.

Sign

Date

SOTTILE SECURITY INTERNATIONAL
PROTOCOLS & PROCEDURES

- 1) I have freedom of speech, however I have to be aware of MYSELF and what I say.
- 2) I have to remember that I am at WORK not at HOME. Stay alert & Do Not fall asleep.
- 3) I will RESPECT the PRIVACY of my co-workers and that of management.
- 4) I will not ask any personal questions, ex: Are you dating anyone? Or, are you married? etc. It is none of my business. I am here to do my job, end of story.
- 5) I will show respect to all, and not discriminate against anyone based on their gender, age, race, religion, or sexual orientation.
- 6) I will NEVER put my HANDS on anyone at work for any reason whatsoever.
- 7) I will NEVER curse, YELL or DISRESPECT anyone while at WORK.
- 8) If I have a request I must put it in writing fax it to the office & call to make sure it was received.
- 9) I will be helpful & courteous while at work & I will treat others the way I would want them to treat me.
- 10) I will not complain to the client. It is not their job to fix any issue I have. I will call the office for RESOLUTION.
- 11) I will follow all Procedures as given to me & I will NOT alter (CHANGE) them for my benefit.
- 12) I will be in a full clean uniform at all times. If I need a new uniform I will request it.
- 13) I will not be on my phone while at work. I will not use the company phone for personal calls.
- 14) I will be at work for my scheduled time and follow through on my daily assignments.
- 15) I will keep my work space cleaned at all times and clean up after myself.
- 16) I understand that there is ZERO tolerance for Sexual Harassment AT THE WORK PLACE.

Sign _____

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 (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>	
<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>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
QR Code - Section 1 Do Not Write In This Space	

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

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>Additional Information</div> <div>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	
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
--	---------------------------	---

UID: _____ PREV. UID: _____ CLASS: _____ CODE: _____



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
P.O. Box 22052
Albany, NY 12201-2052
Customer Service: (518) 474-7569
www.dos.ny.gov

Employee Statement

APPLICANT INFORMATION

Please TYPE or PRINT all responses in ink.

APPLICATION AS (Check only ONE):

☐

Security Guard

☐

Armed Security Guard

Applicant's Name:

LAST NAME

FIRST NAME

MIDDLE NAME

HOME ADDRESS (Required – P.O. Box may be added to ensure delivery)

APT/UNIT/PO BOX

CITY

STATE

ZIP+4

COUNTY (Enter only if in New York State)

APPLICANT'S PHONE NUMBER

E-MAIL ADDRESS

Social Security Number:

(*Required – See Privacy Notification)

Birth Date:

(Must be at least 18 years old to apply)

NYS DMV ID Number:

(*Required – See Applicant Affirmation)

BACKGROUND QUESTIONS

Answer the following questions by checking the appropriate box.

1. Are you an active or retired peace officer? IF "YES,"

→ Please read the attached Security Guard Training Advisory.

→ IF you qualify for an exemption, you must submit the documentation described in the Advisory.

If you DO NOT qualify, you must submit training certificates.

☐

ACTIVE

☐

RETIRED

2. Are you an active or retired police officer? IF "YES,"

→ Please read the attached Security Guard Training Advisory.

→ IF you qualify for an exemption, you must submit the documentation described in the Advisory.

If you DO NOT qualify, you must submit training certificates.

☐

ACTIVE

☐

RETIRED

3. Has any license or permit issued to you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied?

→ IF "YES," you must submit an explanation.

☐

YES

☐

NO

4. Have you ever been discharged from a correctional or law enforcement agency for incompetence or misconduct as determined by a court of competent jurisdiction, administrative hearing officer, administrative law judge, arbiter, arbitration panel or other duly constituted tribunal, or resigned from such an agency while charged with misconduct or incompetence?

→ IF "YES," you must submit an explanation or request a waiver.

☐

YES

☐

NO

5. Have you ever applied in this state for a registration/license as a security guard?

→ IF "YES," please provide the license number.

→ IF "YES," you do not need to re-take the 8-hour pre-assignment training course.

☐

YES

☐

NO

CHILD SUPPORT STATEMENT

By signing this application, I certify that as of the date of this application, I am not under an obligation to pay child support OR if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by a plan agreed to by the parties or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

CRIMINAL HISTORY

The Department of State will be receiving and reviewing information on any prior criminal arrests or convictions. If you have pending criminal charges or a prior conviction, please provide a statement explaining same and copies of any records received from the criminal court.

A completed application must include: (Use this checklist to make sure you have included/completed all requirements.)

- ☐ The completed, signed application;
- ☐ Receipt that provides proof of electronic fingerprinting by an approved vendor;
- ☐ \$36.00 non-refundable application fee payable to the NYS Department of State;
- ☐ A copy of the 8-hour pre-assignment training certificate;
- ☐ Any additional documentation requested in response to specific questions on the application form;
- ☐ Notice of Employment section must be completed by your employer if employment will commence with filing of your application;
- ☐ If applying for an armed security guard registration, a course completion certificate for 47 hours of firearms training, or a copy of the waiver issued by the Division of Criminal Justice Services (if waived – please see Security Guard Training Advisory)

Note: Security guard employers should maintain one copy of each item listed above in personnel files for each of their guards.

APPLICANT AFFIRMATION

I affirm, under the penalties of perjury, that the statements made in this application are true and correct. I further affirm that I have read and understand the provisions of Article 7A of the General Business Law and the rules and regulations promulgated thereunder.

In addition, I hereby authorize the NYS Department of State and NYS Department of Motor Vehicles to produce an ID card bearing my DMV photo. I understand that DOS and DMV will use my DMV photo to produce all subsequent ID cards for as long as I maintain my license with the Department of State.

X

Applicant's Signature

Date Signed

Print Name:

NOTICE OF EMPLOYMENT

If employment will commence with the filing of your application, this section **MUST** be completed by your employer.

DATE OF HIRE:

TRANSACTION NUMBER:

TRANSACTION DATE:

GUARD'S NAME:

GUARD'S SOCIAL SECURITY NUMBER:

EMPLOYER'S UID:

11000011305

EMPLOYER'S BUSINESS NAME:

SOTTILE SECURITY INTERNATIONAL

I, (Please Print) _____, swear and affirm that I am the representative for the company identified as the employer and that I have verified the statements made by this employee and determined that these statements are true and correct to the best of my ability. I further attest that based on my verification of these statements, I find that the employee listed hereon is qualified for employment under the provisions of Articles 7 and 7-A of the General Business Law.

X

Employer's Signature

Date Signed



Notice and Acknowledgement of Pay Rate and Payday
Under Section 195.1 of the New York State Labor Law
Notice for Hourly Rate Employees

1. Employer Information

Name:

Sottile Security Intl. Inc.

Doing Business As (DBA) Name(s):

FEIN (optional): **203-078904**

Physical Address: **42 Richmond Terrace**

Suite 206

Staten Island, NY 10301

Mailing Address:

42 Richmond Terrace

Suite 206

Staten Island, NY 10301

Phone: **(212) 344-2626**

2. Notice given:

☒ At hiring

☐ Before a change in pay rate(s),
allowances claimed or payday

3. Employee's rate of pay:

\$ 15.00 per hour

4. Allowances taken:

☒ None

☐ Tips _____ per hour

☐ Meals _____ per meal

☐ Lodging _____

☐ Other _____

5. Regular payday: _____

6. Pay is:

☒ Weekly

☐ Bi-weekly

☐ Other

7. Overtime Pay Rate:

\$ 22.50 per hour (This must be at least
1½ times the worker's regular rate with
few exceptions.)

8. Employee Acknowledgement:

On this day I have been notified of my pay
rate, overtime rate (if eligible), allowances,
and designated pay day on the date given
below. I told my employer what my primary
language is.

Check one:

☒ I have been given this pay notice in
English because it is my primary language.

☐ My primary language is _____. I
have been given this pay notice in English
only, because the Department of Labor
does not yet offer a pay notice form in my
primary language.

Print Employee Name

Employee Signature

Date

Preparer's Name and Title

Bernard Hashman
The employee must receive a signed
copy of this form. The employer must
keep the original for 6 years.

Please note: It is unlawful for an
employee to be paid less than an employee
of the opposite sex for equal
work. Employers also may not prohibit
employees from discussing wages with their
co-workers.