

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: _____

Trading as: _____

Address: _____

Date License Issued: _____ Number of License: _____

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