



# S.O.R.D. International

## Pre-Employment Personal History Statement

S.O.R.D. INTERNATIONAL, LLC IS A WELL RESPECTED AND INNOVATIVE COMPANY. WE ARE COMMITTED TO PROVIDING THE BEST QUALITY OF SERVICE TO OUR CLIENTS. WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND SEEK TO HIRE THE BEST CANDIDATES AVAILABLE FOR EACH POSITION WITHIN OUR COMPANY. CANDIDATES MUST BE A CITIZEN OF THE UNITED STATES, BE AT LEAST (18) EIGHTEEN YEARS OF AGE, A HIGH SCHOOL GRADUATE OR POSSES A GENERAL EQUIVALENCY DIPLOMA. CANDIDATES MUST POSSESS A VALID DRIVER'S LICENSE, WITH NO RECORD OF SUSPENSION, MUST BE OF GOOD MORAL CHARACTER AND HAVE NO CRIMINAL HISTORY.

QUESTIONS CONTAINED IN THIS PERSONAL HISTORY STATEMENT ARE INTENDED FOR USE IN DETERMINING YOUR QUALIFICATIONS AND SUITABILITY FOR EMPLOYMENT WITH S.O.R.D. INTERNATIONAL, LLC.

IDENTIFIERS SUCH AS SOCIAL SECURITY NUMBER, DATE OF BIRTH AND DRIVER'S LICENSE INFORMATION ARE REQUESTED FOR IDENTIFICATION PURPOSES ONLY TO ENSURE THAT PROPER DATA IS OBTAINED FOR YOUR EMPLOYMENT.

**NOTICE:** PLEASE READ AND FOLLOW THESE INSTRUCTIONS EXACTLY. YOUR ABILITY TO COMPLETE THIS APPLICATION AS REQUESTED WILL BE EVALUATED AND USED AS ONE BASIS FOR SELECTION DECISIONS. THIS APPLICATION WHEN COMPLETED WILL BE USED BY S.O.R.D. INTERNATIONAL, LLC AS AN INVESTIGATIVE AID. RETENTION OF THIS PERSONAL DATA WILL REMAIN WITH S.O.R.D. INTERNATIONAL, LLC. YOU MAY ATTACH A RESUME OR COPIES OF DOCUMENTS YOU FEEL HELP CLARIFY YOUR BACKGROUND, BUT RESUMES WILL NOT BE ACCEPTED IN LIEU OF A FULLY COMPLETED APPLICATION. IF APPLYING FOR MORE THAN ONE POSITION, PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH POSITION.

### Instructions

1. HAND PRINT CLEARLY, IN BLACK INK AND IN YOUR OWN HANDWRITING.
2. ANSWER EVERY QUESTION. IF A QUESTION DOES NOT APPLY TO YOU, SIMPLY INDICATE N/A. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
3. ANY UNANSWERED, INCOMPLETE OR OMITTED QUESTIONS MAY RESULT IN REJECTION OF YOUR APPLICATION OR DISMISSAL.
4. IF THE SPACE AVAILABLE IS INSUFFICIENT, USE A SEPARATE SHEET OF 8½ X 11 PAPER AND PRECEDE EACH ANSWER WITH THE QUESTION.
5. DO NOT MISSTATE OR OMIT ANY MATERIAL FACT SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR SELECTION.
6. ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. DO NOT MAKE EXAGGERATED, FALSE OR MISLEADING STATEMENTS AS THEY MAY CAUSE YOUR REJECTION OR DISMISSAL.
7. EACH AND EVERY QUESTION HAS A PURPOSE. DO NOT FAIL TO ANSWER EACH QUESTION COMPLETELY, EVEN IF YOU FEEL IT IS "NOT IMPORTANT".
8. PROVIDE A COPY OF BIRTH CERTIFICATE, GED OR HIGH SCHOOL DIPLOMA, UNIVERSITY DIPLOMA, DD214 (MILITARY), DIVORCE DECREE (IF APPLICABLE), DRIVERS LICENSE, AND SOCIAL SECURITY CARD.
9. PROVIDE OFFICIAL SEALED TRANSCRIPTS DOCUMENTING CREDIT HOURS FROM INVOLVED UNIVERSITIES OR COLLEGES TO S.O.R.D. INTERNATIONAL, LLC. THE APPLICATION WILL NOT BE COMPLETE WITHOUT SEALED TRANSCRIPTS.

I HAVE READ AND I UNDERSTAND ALL THE ABOVE INSTRUCTIONS. I ALSO UNDERSTAND THAT I MAY BE ASKED TO TAKE A POLYGRAPH (LIE DETECTOR) EXAMINATION TO DETERMINE THE AUTHENTICITY OF THE INFORMATION PROVIDED IN THIS APPLICATION.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

THE FOLLOWING TYPES OF INFORMATION ARE EXAMPLES OF WHAT WILL BE COLLECTED: EMPLOYMENT AND EDUCATIONAL HISTORIES; MILITARY, INSURANCE, CREDIT, AND FINANCIAL INFORMATION; MOTOR VEHICLE AND POLICE RECORDS; INFORMATION ABOUT YOUR ABILITIES, FAMILY, CHARACTER, LIFESTYLE, AND ORGANIZATION MEMBERSHIPS. INFORMATION WILL BE OBTAINED BY LETTER, TELEPHONE AND BY PERSONAL INTERVIEW WITH BOTH PRIMARY AND SECONDARY SOURCES. THIS INFORMATION IS USED AS ONE BASIS FOR SELECTION DECISIONS.

The following information is requested of you for contact, identification and verification purposes.

**Personal**

Name:	Last	First	Middle
	Street		Apartment Number
Address:	City	State	Zip
	Home	Work	Cell
Telephone:			

The following information will be used for identification purposes only to ensure that proper records are obtained.

Birth Date:	Month	Day	Year
	Driver's License:		State
Social Security Number: <small>(In accordance with Federal Privacy Act of 1974, disclosure is voluntary.)</small>			Number
Physical Characteristics:			SSN
Height	Weight	Hair	Eyes

Are you a certified law enforcement officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What state? _____
Are you legally eligible to work in the United States	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a naturalized citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## Relatives

During the background investigation, persons who know you will be asked to comment about your suitability for a position with S.O.R.D. International, LLC. Inquiries will be limited to job-related matters.

If living, list the name of the following relatives. Include full address, home, work or other appropriate telephone numbers.

<b>Father:</b>	Last	First	Middle
<b>Address:</b>	Street		Apartment Number
	City	State	Zip
<b>Telephone:</b>	Home	Work	Cell

<b>Mother:</b>	Last	First	Middle
<b>Address:</b>	Street		Apartment Number
	City	State	Zip
<b>Telephone:</b>	Home	Work	Cell

<b>Father-in-law:</b>	Last	First	Middle
<b>Address:</b>	Street		Apartment Number
	City	State	Zip
<b>Telephone:</b>	Home	Work	Cell

<b>Mother-in-law:</b>	Last	First	Middle
<b>Address:</b>	Street		Apartment Number
	City	State	Zip
<b>Telephone:</b>	Home	Work	Cell

<b>Spouse:</b>	Last	First	Middle
<b>Address:</b>	Street		Apartment Number
	City	State	Zip
<b>Telephone:</b>	Home	Work	Cell

**Relatives** (continued)

Former Spouse:	Last	First	Middle
Address:	Street		Apartment Number
	City	State	Zip
Telephone:	Home	Work	Cell

Brother:	Last	First	Middle
Address:	Street		Apartment Number
	City	State	Zip
Telephone:	Home	Work	Cell

Brother:	Last	First	Middle
Address:	Street		Apartment Number
	City	State	Zip
Telephone:	Home	Work	Cell

Sister:	Last	First	Middle
Address:	Street		Apartment Number
	City	State	Zip
Telephone:	Home	Work	Cell

Sister:	Last	First	Middle
Address:	Street		Apartment Number
	City	State	Zip
Telephone:	Home	Work	Cell

List other relatives with whom you have a close personal relationship.

Name:	Last	First	Middle	Relationship
Address:	Street			Apartment Number
	City	State	Zip	
Telephone:	Home	Work	Cell	

If you ever have been separated, divorced or your marriage annulled, provide the following information.

Separated    Divorced    Annulment

Date of Order	Where Decreed by Law
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List children born to you and any other parent's name and address.

Child's Name	Age	Other Parent's Name	Address
Child's Name	Age	Other Parent's Name	Address
Child's Name	Age	Other Parent's Name	Address
Child's Name	Age	Other Parent's Name	Address

Are you supporting children born to you, either adopted by you or stepchildren?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you engaged or regularly involved with or residing with another person in a domestic relationship other than a legal spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, provide information below.

Name	Date of Birth	SSN
Address, if different:		
City, State, Zip		Telephone

### References

In the space below, list three to five individuals, not including relatives, who have knowledge of you and your qualifications.

Name:	Last	First	Middle
Address:	Street		Apartment Number
	City	State	Zip
Telephone:	Home	Work	Cell

Name:	Last	First	Middle
Address:	Street		Apartment Number
	City	State	Zip
Telephone:	Home	Work	Cell

Name:	Last	First	Middle
Address:	Street		Apartment Number
	City	State	Zip
Telephone:	Home	Work	Cell

## Education

Beginning with the most recent school, college or university, list all schools you have attended. During a background investigation, S.O.R.D. International, LLC will contact persons who have known you in a learning environment, and may review academic records in conjunction with any inquiry. Attach copies of any degree, diploma or certificates.

Name:			
Address:	Street		
	City	State	Zip
Dates Attended:	Month/Year	To	Month/Year
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did you earn a degree or certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name:			
Address:	Street		
	City	State	Zip
Dates Attended:	Month/Year	To	Month/Year
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did you earn a degree or certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name:			
Address:	Street		
	City	State	Zip
Dates Attended:	Month/Year	To	Month/Year
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Did you earn a degree or certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No

While in school, were you ever suspended or expelled?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list date, school and briefly describe incident. (Use additional paper if needed)		
Date	School	Description
If you do not possess a degree, indicate the total number of college credits you have earned:		

## Residence

List in the space below where you have lived during the past 10 years.

Address:	Street		
	City	State	Zip
Dates:	Month/Year	To	Month/Year

Address:	Street		
	City	State	Zip
Dates:	Month/Year	To	Month/Year

Address:	Street		
	City	State	Zip
Dates:	Month/Year	To	Month/Year

Address:	Street		
	City	State	Zip
Dates:	Month/Year	To	Month/Year

Address:	Street		
	City	State	Zip
Dates:	Month/Year	To	Month/Year

Address:	Street		
	City	State	Zip
Dates:	Month/Year	To	Month/Year

Address:	Street		
	City	State	Zip
Dates:	Month/Year	To	Month/Year

Address:	Street		
	City	State	Zip
Dates:	Month/Year	To	Month/Year

## Employment History

Beginning with your most current employment, list all positions, including part-time positions, you have held during the past 10 years.

Employer Name:			
Address:	Street		
	City	State	Zip
Dates of employment:	Month/Year	To	Month/Year
Supervisor's name:		May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone:		Position held:	
Type of position:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		
Specify reason for leaving:			

Employer Name:			
Address:	Street		
	City	State	Zip
Dates of employment:	Month/Year	To	Month/Year
Supervisor's name:		May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone:		Position held:	
Type of position:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		
Specify reason for leaving:			

Employer Name:			
Address:	Street		
	City	State	Zip
Dates of employment:	Month/Year	To	Month/Year
Supervisor's name:		May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone:		Position held:	
Type of position:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		
Specify reason for leaving:			

Employer Name:			
Address:	Street		
	City	State	Zip
Dates of employment:	Month/Year	To	Month/Year
Supervisor's name:		May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone:		Position held:	
Type of position:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		
Specify reason for leaving:			

## Employment History (continued)

Employer Name:			
Address:	Street		
	City	State	Zip
Dates of employment:	Month/Year	To	Month/Year
Supervisor's name:		May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone:		Position held:	
Type of position:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		
Specify reason for leaving:			

Employer Name:			
Address:	Street		
	City	State	Zip
Dates of employment:	Month/Year	To	Month/Year
Supervisor's name:		May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone:		Position held:	
Type of position:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		
Specify reason for leaving:			

Employer Name:			
Address:	Street		
	City	State	Zip
Dates of employment:	Month/Year	To	Month/Year
Supervisor's name:		May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone:		Position held:	
Type of position:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		
Specify reason for leaving:			

Have you ever been asked or given the opportunity to resign from any position?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details on separate sheet of paper.
Have you been counseled, reprimanded, suspended or released from any employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details on separate sheet of paper.
<b>***For Present and Past Law Enforcement Officers***</b>	
Have you ever been the subject of an internal affairs investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details on separate sheet of paper.

## Military Service

Attach copy of military discharge or DD Form 214.

Branch of military service:			
Dates of military service:	Month/Year	To	Month/Year
Indicate type of military service:	<input type="checkbox"/> Active <input type="checkbox"/> Reserve/National Guard <input type="checkbox"/> Inactive		
Supervisor's name:			
Telephone:		Last rank attained:	
Type of discharge:	<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General <input type="checkbox"/> Honorable Conditions <input type="checkbox"/> Other		
If other than honorable discharge, state reason.			

Branch of military service:			
Dates of military service:	Month/Year	To	Month/Year
Indicate type of military service:	<input type="checkbox"/> Active <input type="checkbox"/> Reserve/National Guard <input type="checkbox"/> Inactive		
Supervisor's name:			
Telephone:		Last rank attained:	
Type of discharge:	<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General <input type="checkbox"/> Honorable Conditions <input type="checkbox"/> Other		
If other than honorable discharge, state reason.			

Branch of military service:			
Dates of military service:	Month/Year	To	Month/Year
Indicate type of military service:	<input type="checkbox"/> Active <input type="checkbox"/> Reserve/National Guard <input type="checkbox"/> Inactive		
Supervisor's name:			
Telephone:		Last rank attained:	
Type of discharge:	<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General <input type="checkbox"/> Honorable Conditions <input type="checkbox"/> Other		
If other than honorable discharge, state reason.			

Branch of military service:			
Dates of military service:	Month/Year	To	Month/Year
Indicate type of military service:	<input type="checkbox"/> Active <input type="checkbox"/> Reserve/National Guard <input type="checkbox"/> Inactive		
Supervisor's name:			
Telephone:		Last rank attained:	
Type of discharge:	<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General <input type="checkbox"/> Honorable Conditions <input type="checkbox"/> Other		
If other than honorable discharge, state reason.			

Branch of military service:			
Dates of military service:	Month/Year	To	Month/Year
Indicate type of military service:	<input type="checkbox"/> Active <input type="checkbox"/> Reserve/National Guard <input type="checkbox"/> Inactive		
Supervisor's name:			
Telephone:		Last rank attained:	
Type of discharge:	<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General <input type="checkbox"/> Honorable Conditions <input type="checkbox"/> Other		
If other than honorable discharge, state reason.			

## Military Service (continued)

Are you or were you ever on active or inactive duty in the military reserves?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Indicate military branch.	
Are you or were you ever a member of the National Guard?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you ever court-martialed or tried on criminal charges?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details on separate sheet of paper. Attach documentation you possess.
Were you ever the subject of a summary court, deck court, captain's mast, company punishment, Article 15 or any other disciplinary action while a member of the military?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details on separate sheet of paper. Attach documentation you possess.
List any disciplinary action taken against you while in military reserves or National Guard.		

## Criminal History

Have you ever been a witness or the subject of a police investigation?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details on separate sheet of paper.
Have you ever arrested, indicted, convicted or pleaded no contest to any violation of law or ordinance?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide information below.
Date	Offense	Name/Location of Court
		Sentence
<p><b>NOTE: A criminal history and driving record check will be conducted if you are considered for employment. Convictions may not disqualify an applicant. However, any applicant who falsifies the application by failing to provide required information will be disqualified from the hiring process or subject to dismissal.</b></p>		
Have you ever been placed on probation for any offense, including any sealed or expunged records?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details on separate sheet of paper.
Have you ever committed any criminal offense?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details on separate sheet of paper.
Have you been fingerprinted by a law enforcement agency?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agencies below.
Date	Agency	Purpose
Date	Agency	Purpose
<p>Have you ever taken a polygraph examination?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details on separate sheet of paper.		

## Organizations

Provide information on present or past membership in any organizations. Indicate type.

Name	Type	Membership Dates	Position Held
	<input type="checkbox"/> Fraternal <input type="checkbox"/> Social <input type="checkbox"/> Professional		
	<input type="checkbox"/> Fraternal <input type="checkbox"/> Social <input type="checkbox"/> Professional		

## Subversive Organizations

Are you now or have you ever been a member of the Communist Party USA or any Communist organization anywhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now or have you ever been a member of a fascist organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now or have you ever been a member of any organization, association, movement, group or combination or persons which advocates the overthrow of the government of the United States, or which has adopted the policy of advocating or approving the commission of acts of terror or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by violent or illegal means?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now or have you ever been affiliated or associated with any organization of the type described above as an agent, official or employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been engaged in any of the following activities or organizations of the type described above: contributions to, or attendance at or participation in any organizational, social or any activities of said organizations or of any projects sponsored by them; the sale, gift or distribution or any written, printed or other matter prepared, reproduced or published by them or any of their agents or instrumentalities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you answered <b>YES</b> to any of the above questions, describe the circumstances on a separate sheet of paper. If associated with any of these organizations, specify the nature and extent of association with each organization, including any position you held as a member. Include dates, locations and credentials you hold or have held with said organizations. If associations have been with individuals who are members of these organizations, list the individuals and organizations with which they were or are affiliated.</p>	

## Foreign Languages

List any languages you read, write, speak or understand. Indicate level of proficiency.

Language	Reading	Speaking	Writing	Understanding
	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair

## Financial and Legal

The ability to manage personal finances is relevant to an individual's qualifications with S.O.R.D. International, LLC. It therefore is important that you answer the following questions. Your answers must be complete and accurate. Indebtedness will not be used in evaluating an individual's qualifications, but rather serves as an indicator of behavior toward meeting financial obligations.

### Merchant's Credit Bureau Disclosure

In compliance with the Federal Fair Credit Reporting Act as amended by the Consumer Credit Reporting Reform Act of 1996 (the "Act"), you are hereby signing a disclosure allowing S.O.R.D. International, LLC to obtain a copy of your credit report for pre-employment screening purposes.

Applicant Signature:		Date:	
Witness:			

List spouse's occupation and place of employment.	
Occupation	Place of Employment

Have you ever filed for or declared bankruptcy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" indicated, list date, jurisdiction and amount below.
Date	Jurisdiction		Amount

Have you ever had purchased goods repossessed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" indicated, explain below.

Have your wages ever been garnished?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" indicated, explain below.

Except for minor traffic offenses, have you ever been arrested or convicted of a crime? If "Yes" indicated, explain below. Include date, agency and type of offense.		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Additional Information**

Are there any incidents in your life or facts not mentioned herein which may reflect positively or negatively on your suitability for employment? Explain below.



## Certification

**THE FOLLOWING IS TO BE EXECUTED PRIOR TO SUBMISSION. THIS SECTION MUST BE SIGNED AND NOTARIZED. PLEASE READ CAREFULLY.**

I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS IN THE STATEMENTS AND ANSWERS ON THIS APPLICATION AND THAT ALL THE FOREGOING ENTRIES MADE BY ME ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I HEREBY AUTHORIZE S.O.R.D. INTERNATIONAL, LLC TO VERIFY ALL INFORMATION CONTAINED HEREIN, INCLUDING CREDIT AND FINANCIAL INFORMATION AND I RELEASE ALL PAST EMPLOYERS AND ALL REFERENCES FROM ANY AND ALL LIABILITY FOR THE RELEASE OF INFORMATION TO S.O.R.D. INTERNATIONAL, LLC.

I UNDERSTAND THAT ALL JOB OFFERS FROM S.O.R.D. INTERNATIONAL, LLC ARE CONDITIONED ON SUCCESSFUL COMPLETION OF A HEALTH QUESTIONNAIRE AND MEDICAL EXAMINATION BY A COMPANY APPOINTED PHYSICIAN/FACILITY AND PSYCHOLOGICAL EVALUATION TO DETERMINE MY ABILITY TO PERFORM ANY JOB OFFERED. THE EXAMINATION SHALL INCLUDE AN ALCOHOL/DRUG SCREEN FOR WHICH I GIVE CONSENT AND AGREE TO GIVE A SPECIMEN OF MY BLOOD AND/OR URINE TO ANY MEDICAL FACILITY DESIGNATED BY S.O.R.D. INTERNATIONAL, LLC FOR THIS PURPOSE. **(MEDICAL SCREENING FOR OCONUS MISSIONS AND SPECIAL PROJECT REQUIREMENTS ONLY)**

I ALSO UNDERSTAND THAT IN ACCORDANCE WITH SOUTH CAROLINA STATUTES, EMPLOYMENT WITH S.O.R.D. INTERNATIONAL, LLC IS "AT-WILL" AND AS SUCH, MAY BE TERMINATED WITHOUT CAUSE AND WITHOUT NOTICE BY EITHER PARTY AT ANY TIME.

**I FURTHER UNDERSTAND AND AGREE IN ADVANCE THAT I MAY BE SUMMARILY DISCHARGED OR ANY EMPLOYMENT OFFER MAY BE WITHDRAWN IF ANY OF THE INFORMATION PROVIDED BY ME CONTAINS ANY MISREPRESENTATIONS OR FALSIFICATIONS OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED REGARDLESS OF WHEN THIS INFORMATION BECOMES KNOWN TO S.O.R.D. INTERNATIONAL, LLC.**

I HEREBY SWEAR OR AFFIRM THAT THERE ARE NO MISREPRESENTATIONS OR OMISSIONS IN OR FALSIFICATIONS OF THE ABOVE STATEMENTS AND ANSWERS TO QUESTIONS. I AM AWARE THAT SHOULD INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS, FALSIFICATIONS OR OMISSIONS, MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM PRESENT PROCESSING OR, IF AFTER MY ACCEPTANCE FOR EMPLOYMENT, SUBSEQUENT INVESTIGATION SHOULD DISCLOSE MISREPRESENTATIONS, FALSIFICATIONS OR OMISSIONS, IT WILL BE JUST CAUSE FOR IMMEDIATE DISMISSAL FROM EMPLOYMENT WITH S.O.R.D. INTERNATIONAL, LLC.

SIGNATURE: \_\_\_\_\_ PRINT NAME \_\_\_\_\_

DATE: \_\_\_\_\_

## AFFIDAVIT

STATE OF \_\_\_\_\_ CITY OF \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by \_\_\_\_\_

who personally known to me or produced the following identification: \_\_\_\_\_

Notary Public Seal of Office

Notary Public Signature: \_\_\_\_\_

Notary Public, Print Name: \_\_\_\_\_

**S.O.R.D. International, LLC**  
**AUTHORIZATION TO RELEASE INFORMATION**

I HEREBY AUTHORIZE ANY AUTHORIZED REPRESENTATIVE OF THE S.O.R.D. INTERNATIONAL, LLC BEARING THIS RELEASE, OR COPY THEREOF, TO OBTAIN FROM ANY AGENCY OF THE GOVERNMENT OF THE UNITED STATES, AND/OR ANY OTHER AGENCY, PERSON, FIRM OR CORPORATION HOLDING RECORDS CONCERNING ME THAT ARE CONSIDERED CONFIDENTIAL, ANY AND ALL INFORMATION REQUESTED THAT INVOLVES ME IN ANY WAY, UPON REQUEST. INCLUDED IN THIS GRANT OF AUTHORITY IS MY PERMISSION TO FORMER EMPLOYERS AND OTHER PERSONS ACQUAINTED WITH ME OR IN MY POSSESSION OF INFORMATION CONCERNING ME TO SUPPLY SUCH INFORMATION TO S.O.R.D. INTERNATIONAL, LLC.

THIS FURTHER INCLUDES THE FURNISHING OF COPIES OF PERTINENT DOCUMENTS ABOUT MY BACKGROUND AS REQUIRED. SUCH RECORDS MAY PERTAIN TO MY EMPLOYMENT RECORDS OR EDUCATIONAL RECORDS INCLUDING BUT NOT LIMITED TO ACHIEVEMENT, ATTENDANCE, PERSONAL HISTORY, AND DISCIPLINARY RECORDS, MEDICAL RECORDS, REASONS FOR TERMINATION OF EMPLOYMENT, REASON FOR DISCHARGE FROM MILITARY SERVICE, JOB PERFORMANCE, COMPLETE HISTORY OF INJURIES SUFFERED, INCLUDING ANY DISABILITY REMAINING, CRIMINAL HISTORY AND OTHER PERSONAL INFORMATION WHICH MAY NOT OTHERWISE BE OBTAINED WITHOUT ANY PRIOR AGREEMENT. I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION UPON REQUEST OF THE BEARER.

THIS RELEASE IS EXECUTED WITH FULL KNOWLEDGE AND UNDERSTANDING THAT THE INFORMATION PROVIDED IS FOR THE OFFICIAL USE OF S.O.R.D. INTERNATIONAL, LLC. I FURTHER UNDERSTAND THAT ANY INFORMATION WHICH MAY BE OBTAINED ABOUT ME FROM WHATEVER SOURCE WILL BE OBTAINED UPON AN ASSURANCE OF CONFIDENTIALITY BY S.O.R.D. INTERNATIONAL, LLC AND FORM A PART OF THE COMPLETE BACKGROUND INVESTIGATION FILE, TO WHICH I WILL NOT HAVE ACCESS AT ANY TIME.

I HEREBY RELEASE YOU AS THE CUSTODIAN OF SUCH RECORDS AND AS AN EMPLOYER, EDUCATIONAL INSTITUTION, PHYSICIAN, HOSPITAL OR OTHER REPOSITORY OF MEDICAL RECORDS, OR CREDIT REPORTING AGENCY, OR ANY OTHER AGENCY OR ENTITY, AND INCLUDING ALL OF YOUR OFFICERS, EMPLOYEES, OR RELATED PERSONNEL, BOTH INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND WHICH MAY AT ANY TIME TO ME, MY HEIRS, FAMILY, OR ASSOCIATES ARISING OUT OF COMPLIANCE WITH THIS AUTHORIZATION ANY REQUEST TO RELEASE INFORMATION, OR ANY ATTEMPT TO COMPLY WITH IT.

SIGNATURE: \_\_\_\_\_ PRINT NAME \_\_\_\_\_

DATE: \_\_\_\_\_

**AFFIDAVIT**

STATE OF \_\_\_\_\_ CITY OF \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by \_\_\_\_\_

who personally known to me or produced the following identification: \_\_\_\_\_

Notary Public Seal of Office

Notary Public Signature: \_\_\_\_\_

Notary Public, Print Name: \_\_\_\_\_

## Criminal Domestic Violence Affidavit

Have you ever been convicted of a domestic violence-related crime ("Domestic Violence" means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, or any criminal offense resulting in physical injury or death of one family or household member by another who is or was residing in the same single family dwelling unit)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a party to a domestic violence injunction or petition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in any domestic violence incident where the police responded and a written police report of the incident was completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in any domestic violence incident where the police responded and a written police report of the incident was not completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered YES to any of the above questions, explain the circumstances and attach any supporting documentation. Attach additional sheets of paper if necessary for a full detailed statement.	
SIGNATURE: _____ PRINT NAME _____	
DATE: _____	

### AFFIDAVIT

STATE OF \_\_\_\_\_ CITY OF \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

who personally known to me or produced the following identification: \_\_\_\_\_

Notary Public Seal of Office

Notary Public Signature: \_\_\_\_\_

Notary Public, Print Name: \_\_\_\_\_