



## APPLICATION FOR EMPLOYMENT

We appreciate your interest in our Company. Our Company is an equal employment opportunity employer. The Company's policy is not to discriminate against any applicant or employee based on race, color, sex, religion, national origin, age, disability, or any other basis protected by applicable law. The Company also prohibits harassment of applicants or employees based on any of these protected categories.

**Note to Applicants:** Smoking is prohibited in all indoor areas of the Company unless designated smoking areas have been established by a particular office in accordance with applicable state and local law.

### GENERAL INFORMATION

Please complete all requested information. Use ink and print.

Location	Today's Date	Position Applying For	
Name (Last)	(First)	(Middle)	Minimum Salary Desired Date Available for Work
Street Address		Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	Zip	Telephone (Home)      Telephone (Work)
Have you ever used any other name(s) which is (are) necessary for us to know in order for us to verify your employment or educational record? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you available to work overtime as needed? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, are you available weekdays? ____ weekends? ____	
Have you previously worked for or applied for a position with the Company, in any of our offices either as an employee or through an employment agency?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please explain when and, if employed, in what capacity:		Do you have any relatives now employed at the Company?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, state name(s) and where they are located.	

### PERMISSION TO WORK

If hired, can you present evidence of your US Citizenship or proof of your legal right to work in the US?  Yes  No

### REFERRAL INFORMATION

How did you learn about our Company?]

- |  |  |
|--|--|
| <input type="checkbox"/> Employment Agency (state name): _____ | <input type="checkbox"/> School (state name): _____          |
| <input type="checkbox"/> Reputation of Company                 | <input type="checkbox"/> Newspaper ad (name of paper): _____ |
| <input type="checkbox"/> Referral (state name): _____          | <input type="checkbox"/> Other: _____                        |

## WORK EXPERIENCE

Please specify your complete full-time and part-time employment history, including self-employment. **Begin with your most recent employer.** If you require additional space, please use the reverse side of this page and/or the following page.

	Company Name	Telephone (    )
	Address	Employed (Month and Year) From                      To
<b>1</b>	Name, Title, and Phone Number of Supervisor	Monthly Wages Start                                      Last
	Job Title, and Work Responsibilities	Reason for Leaving:

	Company Name	Telephone (    )
	Address	Employed (Month and Year) From                      To
<b>2</b>	Name, Title, and Phone Number of Supervisor	Monthly Wages Start                                      Last
	Job Title, and Work Responsibilities	Reason for Leaving:

	Company Name	Telephone (    )
	Address	Employed (Month and Year) From                      To
<b>3</b>	Name, Title, and Phone Number of Supervisor	Monthly Wages Start                                      Last
	Job Title, and Work Responsibilities	Reason for Leaving:

*(Employment record continued on next page.)*

4	Company Name	Telephone (    )
	Address	Employed (Month and Year) From                      To
	Name, Title, and Phone Number of Supervisor	Monthly Wages Start                                      Last
	Job Title and Work Responsibilities	Reason for Leaving:

Please explain any gaps in your employment \_\_\_\_\_  
\_\_\_\_\_

All employers including your current employer may be contacted to verify the information you provide. May we contact your current employer prior to any offer of employment? Yes \_\_\_\_\_ No \_\_\_\_\_

### PROFESSIONAL REFERENCES

Individuals not related to you. Business references preferred.

Name	Occupation	Phone	Address	Years Known and Capacity

### EDUCATION & TRAINING

Please include name, street, city, state and zip code for each school.

School	Name and Location of School	Number of Years Completed	Degree	Type of Course/Major
Graduate				
College				
High School				
Business/Trade/ Technical				

Do you have a Florida Class D License? \_\_\_\_\_ License # \_\_\_\_\_ Expiration date: \_\_\_\_\_

Have you completed the full 40 hour Class D training class? \_\_\_\_\_ Yes \_\_\_\_\_ No

## SKILLS

### General Office Skills

- Typing ( \_\_\_\_\_ wpm)
- Shorthand ( \_\_\_\_\_ wpm)
- Telephone Console
- Data Entry
- Fax Machines
- Mail Equipment
- Dictation Transcription
- Filing Systems
- 10-Key Calculator

List any other office/business skills you possess which are relevant to the position you seek:

### Software and Technology

Check only those with which you are proficient. For those marked with an (\*), provide information as to the specific version, release, or model.

- MS Word™\*
- WordPerfect™\*
- PowerPoint™
- LOTUS 1-2-3™
- Excel™\*
- Paradox™/Access™\*
- Windows™\*
- Electronic Mail Programs\*
- Netware\*
- Programming/Database Applications\*
- Litigation Support Programs\*
- Document Management Programs\*
- Telecommunications\*
- Legal Solutions™/Proforma™
- Computer Hardware

List any other software programs with which you are proficient, and any other technical skills you possess:

Do you have any other experience, skills, or qualifications which you feel would benefit our Company? If so, please explain:

## ADDITIONAL EMPLOYMENT INQUIRIES

### Driver's License Information:

Driver's License Information: State: \_\_\_\_\_ Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

List Restrictions, Suspensions, citations (tickets) or Accidents:

If hired, you may be required to provide proof of insurance coverage.

### Emergency Contact Person:

Name \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

## ADDITIONAL EMPLOYMENT INQUIRIES (Continued)

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Have you ever been arrested or convicted of a crime? Do not include convictions that were sealed or expunged pursuant to a court order.

Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain any "Yes" answer. Use additional paper if necessary.

Are you currently awaiting trial for any criminal offense?

Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain any "Yes" answer. Use additional paper if necessary.

Have you ever initiated an act of violence in the workplace?

Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain any "Yes" answer. Use additional paper if necessary.

## APPLICANT PERSONALITY SUITABILITY QUESTIONS

In your own words tell us about yourself, your qualifications and your experience: \_\_\_\_\_

Why are you seeking employment with American Eagle Sentry, LLC? \_\_\_\_\_

Have you had any disciplinary action taken against you while employed with another employer? \_\_\_\_\_

What attributes do you possess that would contribute to the success of American Eagle Sentry, LLC? \_\_\_\_\_

What does security services with a concierge touch mean to you? \_\_\_\_\_

## APPLICANT'S STATEMENT & ACKNOWLEDGMENT

THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED.

- Initial: \_\_\_\_\_ I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.
- Initial: \_\_\_\_\_ I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, I will be an **at-will employee**, meaning that either the Company or I may end the employment relationship at any time with or without cause or notice. I understand that only the Managing Director of American Eagle Sentry, LLC, and no manager, supervisor, or representative of American eagle Sentry, LLC, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to the Managing Director, any such agreements must be in writing and are subject to approval by the Company's Board of Directors. I understand that my employment, if hired, is for no specific term and may be terminated by me or American Eagle Sentry, LLC with or without notice or cause at any time. I further understand that no oral promise, employer policy, custom, business practice or other procedure (including any personnel handbook, memo or policy manuals) constitutes an employment contract or modification of the at-will employment relationship between me and American Eagle Sentry, LLC.
- Initial: \_\_\_\_\_ I clearly understand that American Eagle Sentry, LLC applicants accepted for employment that the company makes every effort to provide steady, continuous work, that American Eagle Sentry, LLC has no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in law or employee policies, conformity to company work rules, performance, client demands to replace assigned persons, etc. And of course, an employee may elect to leave on their own accord to seek other jobs.
- Initial: \_\_\_\_\_ I understand the contents of any employee handbook, personnel manuals, benefits as well as other American Eagle Sentry, LLC policies and practices are subject to change or modification by American Eagle Sentry, LLC solely at its discretion, without notice. I also understand that no supervisor, manager or other company representative (expect its managing partners, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.
- Initial: \_\_\_\_\_ I further understand and agree that, except for employment-at-will status, if hired my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by American Eagle Sentry, LLC.
- Initial: \_\_\_\_\_ I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement, as a condition of the employment.
- Initial: \_\_\_\_\_ I understand that American Eagle Sentry, LLC may share the information contained in this application with other American Eagle Sentry, LLC employees for employment and administrative purposes and hereby consent to such transfer.
- Initial: \_\_\_\_\_ I hereby authorize American Eagle Sentry, LLC to conduct any necessary investigation regarding my background as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information.
- Initial: \_\_\_\_\_ I agree to submit to legally permissible drug testing upon an offer of employment from American Eagle Sentry, LLC and prior to starting work. I agree that any offer of employment is contingent upon my receiving a negative test result. I specifically agree to post accident drug testing if employed by American Eagle Sentry, LLC.
- Initial: \_\_\_\_\_ I understand and expressly agree that if employed by American Eagle Sentry, LLC, storage areas provided for me (locker, desk, etc.) by AES or its clients are open to investigation by the Company without prior notice to me.
- Initial: \_\_\_\_\_ I agree to undergo a pre-employment physical examination consistent with federal and state law.
- Initial: \_\_\_\_\_ I acknowledge that if I am hired that I am required to promptly report all incidents of discrimination, harassment, or retaliation, regardless of the offender's identity or position. I further acknowledge that American Eagle Sentry, LLC is responsible for investigating my complaint and taking appropriate action, if any is determined to be necessary, to end or remediate the discrimination or retaliation.

**APPLICANT'S STATEMENT & ACKNOWLEDGEMENT CONTINUED**

Initial: \_\_\_\_\_ I do hereby agree to comply with the following **Safe Working Practices**, if employed: 1. I agree to follow all safety requirements, procedures and practices, including but not limited to those imposed or recommended by: any government entity, OSHA, American Eagle Sentry, LLC, Client property, or any other entity whatsoever without exception. 2. I agree to report work-related accident, or injury, to my supervisor as soon as it occurs, without exception. 3. If I need treatment for a work-related injury, I agree to: (a) Notify my supervisor of the need for treatment; (b) Only go to the American Eagle Sentry, LLC direct physicians for the initial treatment; (c) On the initial visit, hand carry a Medical Authorization for Treatment form to the authorized treating facility; (d) Notify American Eagle Sentry, LLC or their Workers' Compensation carrier when I am referred to any specialist for treatment; and (e) Only go to the workers' compensation carriers' directed specialists for care. I understand that failure on my part, to follow these procedures, could result in disciplinary action up to and including termination. I also agree to inform American Eagle Sentry, LLC of any safety violations I encounter in the workplace. I also understand that according to Section 440.09(4) of the Florida Workers' Compensation Law, my compensation benefits could be reduced for any injury, which occurs because of a failure to follow established safety procedures.

Initial: \_\_\_\_\_ I understand that American Eagle Sentry, LLC maintains a **Post-Accident/Reasonable Suspicion Program** requiring all employees to work in a substance free condition if employed. I have read, or had read to me, a copy of this policy and I understand the consequences of violating the policy, including my obligations under the Post-Accident/ Reasonable Suspicion Policy. I specifically understand that if I am injured on the job and either refuse to be tested or test positive for drugs or alcohol that I may forfeit eligibility for all workers' compensation medical and indemnity benefits. I understand that as a condition of continued employment, where reasonable suspicion of drug/or alcohol exists that American Eagle Sentry, LLC will require me to undergo substance screening by urinalysis for drugs and blood for alcohol. I hereby agree to such tests and the required post-accident testing. I further consent to the results of any such drug or alcohol tests being released to the authorized representative of American Eagle Sentry, LLC. I understand that I am legally authorized to receive a copy of this consent form if requested. I acknowledge that the testing laboratory and American Eagle Sentry, LLC will have access to the test results and may disclose such results to its attorney and/or workers' compensation carrier in connection with workers' compensation proceedings, and may use the test results when relevant to its defense in other civil or administrative matters. I release any testing facility personnel and/or physicians who have tested me from any liability arising from a release or use of any and all test results, written reports, medical records and data concerning my test(s) to the appropriate American Eagle Sentry, LLC officials. I further release all AES officials, employees or representatives from liabilities arising from the release or use of the test results. I also understand that the Post-Accident/Reasonable Suspicion Policy and related documents do not constitute a contract between AES and me.

Initial: \_\_\_\_\_ I understand that American Eagle Sentry, LLC, has an arbitration procedure governed by the Federal Arbitration Act, 9 U.S.C. sections 1 et seq. The arbitration procedure applies to claims brought by me against American Eagle Sentry, LLC or by American Eagle Sentry, LLC against me. I agree that any claim arising out of or relating to the application process, including, without limitation, a claim alleging unlawful discrimination and/or harassment, and any claim arising out of or relating to my employment or its termination (if I am offered and accept employment), including, without limitation, a claim of unfair business practices, unlawful employment discrimination, harassment, wrongful demotion and/or wrongful termination, will be presented to a neutral arbitrator for final and binding decision in accordance with procedures adopted by American Eagle Sentry, LLC. These procedures do not prevent me from filing a claim or charge with the Equal Employment Opportunity Commission or National Labor Relations Board. Nor do these procedures prevent me from making a claim for workers compensation benefits or unemployment insurance. I understand and agree that I may review American Eagle Sentry, LLC's arbitration procedures before submitting this application for employment by making a written request for a copy of those procedures from American Eagle Sentry, LLC, 4873 Palm Coast Parkway NW, Suite 1, Palm Coast, FL 32137.

***THIS AGREEMENT IS A WAIVER OF ALL RIGHTS TO CIVIL COURT ACTIONS FOR A CLAIM SUBJECT TO ARBITRATION. ONLY THE ARBITRATOR, NOT A JUDGE OR JURY, WILL DECIDE THE CLAIM OR DISPUTE.***

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between the Company and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Company and me on such issues.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

This application will only be considered for 60 days. If you have not been hired within 60 days of filling out this application and you wish to continue to be considered for employment, you must complete another application.

## Background Authorization Form

### Personal Information

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

\*\*Previous Names Used: (within the past 7 years) \_\_\_\_\_

Current Home Address: \_\_\_\_\_  
Street Address (No PO Boxes) City State Zip Code Country

How long have you lived at current address? \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street Address (No PO Boxes) City State Zip Code Country

How Long? \_\_\_\_\_ \*\*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Has your License ever been suspended or revoked Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested or convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes provide explanation:

Year of offense: \_\_\_\_\_ County offense was committed: \_\_\_\_\_

Offense Description: \_\_\_\_\_

\*\*THIS INFORMATION IS REQUIRED IN ORDER TO CONDUCT AN ACCURATE CRIMINAL BACKGROUND SEARCH AND WILL NOT BE USED AS CRITERIA IN THE HIRING PROCESS, AS DESCRIBED BY THE AGE DISCRIMINATION ACT OF 1967

In connection with my application and/or continued employment, (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer investigative criminal convictions and arrests. Further, I understand that you will be requesting information from various Federal, State, and other agencies, which maintain records concerning my past activities relating to any criminal experiences.

I acknowledge that I have been counseled that a person or entity may not procure or cause to be prepared an investigative consumer report on any consumer unless it is clearly and accurately disclosed to the consumer, that an investigative consumer report - including all applicable information as to his or her character, general reputation, personal characteristics, mode of living, education history, driving history (including but not limited to accident history, alcohol/drug and any other DOT requirements as permitted by the ADA), employment history and credit history - may be made. If you are denied employment because of the consumer investigation, it is your right under the Fair Credit Reporting Act (Law 91-508) SS606, to have the name of the agency or agencies from whom information concerning you was obtained. You are also entitled to receive free copies of the information supplied by those agencies within sixty days upon written request. You have the right to directly dispute with the consumer reporting agency the accuracy completeness of any information furnished by that agency.

I authorize without reservation any party or agency contacted by this employer to furnish the above mentioned information.

I release AMERICAN EAGLE SENTRY, LLC., BACKGROUND NETWORK, Inc, d.b.a. CRIMCHECK.COM and any other person and/or agencies from any suits, liens, judgements, damage, and/or liability resulting from this process.

The above information is used solely for inquiries and criminal history checks.

Falsifying any information on this release form will constitute grounds for immediate dismissal or declining any pending job offers.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# AMERICAN EAGLE SENTRY, LLC

## PRE-EMPLOYMENT NOTICE

### Position Duties and Responsibilities

1. **Purpose**

The purpose of the Security Officer Job description and responsibilities is to insure that officers are aware of the duties they are expected to perform, their physical abilities or limitations allow them to be performed and for use as a guideline to insure they perform their job in a professional manner.
2. **Policy**

An AES Security Officer should have the ability through his or her training and experience to anticipate, recognize and reduce a privacy breach or crime risk and to take or initiate action to remove or reduce the risk or breach. Officers are responsible for performing their duties in a professional and lawful manner in compliance with these directives.
3. **Procedure – Officer Duties and Responsibilities**
  - A. Inquire verbally and visually of any person requesting access to an AES contracted property to validate their authorized entry into the property. Officers are to verify identification of the person if they do not know the person by face and name.
  - B. Inspect the safety, cleanliness and preparedness of the assignment (gatehouse, patrol vehicle) prior to accepting the post from the officer you are relieving. Each shift change will complete a facility or vehicle inspection report and turn it in to the shift leader. Facility inspection reports will be reviewed daily by the shift leader and maintained for a minimum of 90 days by the site manager. Any reports with discrepancies will be forwarded to AES corporate offices.
  - C. Each post and patrol will maintain a pass-on log to report critical information concerning that post or patrol. Officers will record and review and record all printed pass-on materials, emails or faxes, etc into a Pass-on Log. This log is mandatory for all posts and is intended to insure officer awareness of activities that may impact operations or the privacy of the property.
  - D. Officers will answer and respond to all electronic media or communication to insure receipt of current information and to best serve the property.
  - E. Provide traffic enforcement and control of vehicles driving within or entering and leaving the property in accordance with the property's traffic regulations.
  - F. Report and investigate any incident that affects the safety and privacy of persons or property within the AES contracted property. If necessary, write any reports or statements that may be required. All reports must be completed before the end of shift.
  - G. Record activities on the approved form or technological program that occur during your shift.
  - H. Maintain an accurate and complete log of all gate access and any items placed in the officer's care, such as, mail, packages, keys, etc.
  - I. Conduct visual and physical surveys of the contracted site documenting the patrols using the Patrol Verification System (PVS).
  - J. Respond to calls for service as requested.
  - K. Conduct physical inspections of AES contracted property and buildings and patrol the roadways of the property. Document the patrols using the PVS.
  - L. Know and have the ability to use technology.
  - M. Ability to lift up to 50lbs, push a disabled car, activate a fire extinguisher, hear and see surroundings.
  - N. Other duties as may be assigned or as required.

### Grooming Standards Expected:

The uniform and personal appearance of AES members influences the prestige of the service and the status of the Department in the eyes of the AES contracted site. It is difficult to build pride in an organization when personnel are dressed inappropriately, slovenly or neglect personal habits of cleanliness or grooming styles do not portray a conservative business appearance. When uniforms, personal clothing and personal appearance lend an air of dignity other employees automatically tend to develop these

traits. Therefore, all employees of AES shall be properly groomed, dressed in the assigned uniform or business professional attire and their attire appropriately cleaned and pressed at all times.

**Grooming and Hygiene Requirement:**

1. Hair of male employees shall be conservative and present a businesslike appearance, neatly trimmed and may not extend over the tops of the ears; the hair shall not extend over shirt or coat collar. Sideburns shall be tapered to the contour of the head, trimmed with no flair and may not extend beyond 2/3 the length of the ear (the center of the hole in the ear). Beards and goatees are not permitted. Mustache must be kept neatly trimmed and may not extend beyond the corners of the mouth or over the lip.
2. Hairstyles of female employees shall be conservative and present a businesslike appearance. Long hair will not be loose to the extent it becomes a hazard or detracts from the professional appearance. If a hair clasp or barrette is worn, it must correspond with hair color.
3. Fad hairstyles or colors that do not present a conservative businesslike professional appearance are not acceptable and shall not be worn.
4. Proper attention to personal hygiene is a requisite when in any duty status or situation.
5. Heavy perfumes and excessive use of cosmetics is prohibited.
6. Body and hair cleanliness is mandatory.
7. Clothes should be neat, clean and wrinkle free at all times.
8. Fingernails will be kept clean and should not interfere with work and may only extend 1/2 inch from the tip of the finger.
9. Tattoos may not be visible and if present must be covered.

**Shift Schedules & Days Off**

No candidate for employment or company transfer is promised any specific days off, shift hours or work days. Shifts, working hours and days off are assigned based on seniority, shift availability and needs of AES and the community assigned. AES reserves the right to make schedules and assignments without use of seniority.

**Licensing Requirement**

Candidates for employment must possess a current State of Florida Class D license or have the ability to obtain a temporary license prior to employment. This license must be maintained in an active and valid status with the State of Florida during employment with AES. A Class MB license is required of all site managers. The cost of the license and related training is the responsibility of the candidate and/or employee as it is a job requirement in the State of Florida or you cannot be employed by AES. In addition, you must maintain a valid driver's license and must not have been arrested or convicted of a serious crime and/or any crime that would bring suspicion to your integrity or character as a privacy officer before or during your employment with AES..

**Ownership of AES Uniforms, Equipment and Vehicles and Damage thereof**

I recognize that all uniforms and equipment including vehicles issued to me or used by me and provided by AES is owned by AES and entrusted to my care. I understand that should I negligently damage or lose AES uniforms, equipment or vehicles or fail to return issued uniform items at termination of employment I will be financially responsible for the loss or damage. In addition, negligent loss or damage may result in disciplinary action up to and including termination of employment. I further authorize that should I fail to immediately return any AES items or have an outstanding financial responsibility to AES for negligent loss or damage I authorize AES to deduct the amount owed from my final paycheck.

**Florida At-Will Employment State**

All American Eagle Sentry, LLC employment is for an indefinite duration and is therefore not contracted for a specific time. All offers are contingent upon successful completion of the background process. Employment does not convey any job related property rights and at anytime AES can inform you that your services are no longer needed without a reason.

**Applicant Acknowledgement**

As a candidate for employment with American Eagle Sentry, LLC, I certify that I have read the above requirements, physical ability requirements, grooming standards, licensing requirements and shift schedule and days off policy and understand that I will be required to meet these requirements and standards if selected for employment and that I can meet the required physical demands and abilities of a privacy services officer and that I have truthfully and completely completed the Southeast Personnel Application.

\_\_\_\_\_  
Candidate Signature & Date

\_\_\_\_\_  
Witness Signature & Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

## Non-Disclosure and Network Usage Agreement

**THIS NON-DISCLOSURE AND NETWORK USAGE AGREEMENT** (this "Agreement") is made and entered into effective as of \_\_\_\_\_, by and between \_\_\_\_\_ (Client), and \_\_\_\_\_ ("You" or "Your"). While providing services to Client through your employer, American Eagle Sentry, LLC ("Company"), Client and/or Company may disclose to You certain proprietary, copyrighted, and trade secret information in oral, written, or electronic form relating to Client's past, present and future business activities, products, and services, which is confidential to Client and/or confidential information of Client, owners or members that you may learn through conducting a visual inspection pursuant to the tasks that you perform for Company ("Confidential Information"). In consideration of the disclosures to be made hereunder, You agree as follows:

1. You will not disclose any Confidential Information in any manner to any third party.
2. You will not copy any Confidential Information for any purpose without Client's express prior written consent.
3. Nothing in this Agreement shall prohibit or limit You from using information You can demonstrate is (i) previously known to You, (ii) independently developed by You, (iii) rightfully acquired by You from a third party not under nondisclosure obligations to Client, or (iv) is or becomes part of the public domain without Your breach.
4. Client grants no license under any trade secrets, copyrights, or other rights by this Agreement or any disclosure of Confidential Information hereunder.
5. You acknowledge that any information regarding the rate(s) or other terms of remuneration agreed upon between Client and Company and between Company and You is Confidential Information for the purposes of this Agreement and You shall not disclose, directly or through another party, any such rate information and other terms of remuneration to any third party, including Client.
6. You acknowledge that the Confidential Information disclosed to You hereunder is owned solely by Client and that the threatened or actual breach of this Agreement would cause Client irreparable injury for which monetary damages would be inadequate. You agree that Client shall have the right to seek an immediate injunction enjoining any such breach or threatened breach of this Agreement. You shall be responsible for all costs incurred enforcing the terms of this Agreement.
7. The Agreement shall become effective as of the date any Confidential Information is first made available to You and shall survive return of the Confidential Information to Client. You agree not to retain any Confidential Information including any copies existing in any form (including electronic form) which are in Your possession or control upon the resignation or termination of providing services to Client through Company.
8. You acknowledge that You have the responsibility to use computer and network resources in an efficient, effective, ethical and lawful manner. Any access allowed through the Lenel Gate Access System or any software program or any codes provided to You are solely for use while providing services to Client through Company.

9. You may not attempt to access, copy or modify security information or to obtain system privileges to which you are not entitled and any such activity will result in strict disciplinary action.
10. Fraudulent, harassing, embarrassing, indecent, profane, obscene, intimidating, or other unlawful material may not be sent by e-mail or other form of electronic communication or displayed or stored in Client's computers.
11. You may not install software onto Client computers or the network.
12. Without prior written permission, the computer and telecommunications resources and services of Client may not be used for personal matters or for the transmission or storage of commercial or personal advertisements, solicitations, promotions, or destructive programs (virus and/or self replicating code).
13. You are responsible for safeguarding your passwords for the system. Individual passwords should not be printed, stored online, or given to others. You are responsible for all transactions made using Your passwords.
14. Your ability to connect to other computer systems through the network does not imply a right to connect to those systems or to make use of those systems unless specifically authorized by the operators of those said systems.

You hereby further understand, represent and agree that you are not an employee on Client's regular employee payroll, therefore reading and complying with this Agreement does not change your employment status with Company or render you a Client employee, nor does it provide you any rights or privileges of employment with Client, or confer upon you or otherwise make you eligible for Client employee compensation or benefits.

By signing below, You acknowledge that You have carefully read this Agreement and You understand its terms and conditions:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date