

Citizen's Investigation, LLC

Employee Equipment & Checklist

Name _____ DSN # _____

Starting rate \$ _____

_____ (qty) _____ (size) shirt

_____ (qty) _____ (size) jacket/coat

_____ (qty) _____ (_____)

I understand and agree that failure to return undamaged equipment issued by the company will result in my final pay check deducted to cover the cost to replace unreturned or damaged items.

Employee: _____ Date: _____

____ Employment Application with Emergency Contact

____ I-9 Form & e-Verify

____ Security Officer license

____ Photo of officer

____ Driver's license/Photo ID

____ Insurance Card (if using employee owned vehicles)

____ Social Security Card

____ Operations Manual/Payroll/Call Off Policy

____ Workforce Payroll

____ Code of Conduct

____ Crew App installed

____ Clock Shark app installed

____ email address: _____

Completed by: _____ Date: _____



CITIZEN'S INVESTIGATION, LLC
 100 S 4th St Suite 550
 St Louis, MO 63102

Application Information

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Are you over the age of 21?
 YES NO

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Do you have a Watchman/Security Officer License? Y/N If so, License Number: _____ State: _____

Do you have a valid firearm permit? _____ If so, License Number: _____ State: _____

Employment Type:

Full-Time Part-Time PRN

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Do you have reliable transportation? YES NO If yes, when? _____

Have you ever been convicted of a crime? YES NO

If yes, explain: _____

Please List
 Criminal
 History:

Date	Charge	Disposition

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Emergency Contact

Please list who to contact in an emergency:

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____

Place your security license, driver's license and, social security card in the appropriate box. Take a clear photo then send it with your employment package.

SECURITY LICENSE

DRIVER'S LICENSE

SOCIAL SECURITY CARD

Citizen's Guard Security

Mission Statement:

To provide excellent and high quality customer services in order to best protect liberty, lives and property for our clients and community.

The four core values;

1. **Provide Excellent Customer Service:** in a professional and ethical manner. Providing excellent service to everyone is the most important priority. As a security and investigative agency, we are diversified in ways our competitors are not equipped or are willing to provide. Our agency will focus on avoidance of security and safety incidents by way of deterrence, observation, intervention, and accurate reporting. It's always important that everyone does the right thing both ethically and for the client's needs.
2. **Appearance and Demeanor** as security officers and private investigators shall be above the industry's standards. Officers or investigators professional appearance and demeanor shall reflect the Mission Statement, General Orders and policies of this company. In addition, it is highly encouraged that individual security officers adopt their own principles that go beyond the company's standards and practices.
3. **Teamwork** is the most critical element in the security industry. Teamwork is using individual skills and collectively bringing them together to create an effective and efficient working environment. Being positive and working together will create an enjoyable and low stress environment that will enable every employee to perform at their most optimum abilities.
4. **Authority to Protect** people and personnel from bodily harm by an aggressor. All Security Officers have the right to self defense using the least amount of force necessary. All Security Officers are screened and trained in accordance to applicable law in all levels of protection to include understanding criminal laws, use of force and tactical skills required to provide the best protection for the customers and community.

General Orders:

1. I will take charge of my post and protect all personnel and property for which I am responsible until properly relieved.
2. I will report all incidents observed on my post and contact my immediate superior in any case not covered by my instructions.
3. I will sound the alarm in any case of disorder or emergency.

Motto: Providing excellent customer service by helping business become safe, secure and more profitable.

SECURITY OFFICER CODE OF CONDUCT

The Security Officer Code of Conduct is the totality of the Employee Conduct section. All Security Officers agree to fully follow the rules under this section, including instructions issued by the company. Failure to adhere to the rules and policies of this company will result in discipline up to termination from employment.

1. Security Officers shall report to their assignments on time, in the uniform prescribed for the assignment, and be ready to start work.
2. All Security Officers shall adhere to the chain of command. The only exception is for the Open Door Policy.
3. Security Officers shall not accept any favors or gifts in exchange for special services not authorized by the organization.
4. Security Officers shall not answer any questions to the media. Direct all media questions to the Chief Executive Officer or Director of Security.
5. Security Officers shall be sober and alert from the time of their assignment begins and until properly relieved.
6. Security Officers shall use professional communication and demeanor with clients, other Security Officer, security officers, customers, and suspects.
7. Improper and excesses force shall not be used in arresting or handling suspects.
8. No unauthorized weapons shall be in the possession by the officer. No illegal weapons and/or illegal contraband shall be brought upon the assignment at any time.
9. Security Officers shall use truthfulness in all reports including verbal, electronic or written to the company and clients.
10. No unauthorized persons will be taken into secure areas nor be allowed to travel in company owned vehicles including personal vehicles authorized for the assignment.
11. Security Officers shall not identify themselves as any government official including Federal, state and local law enforcement (excluding *sworn law enforcement officers*). When dealing with persons the officer shall properly identify themselves both verbally and visually.
12. No Security Officers will conduct business, provide services, obtain contracts, or receive payment for services without the approval from Citizen's Investigation, LLC.

I, _____, will adhere to the terms and conditions set by this Policy Manuel, Code of Conduct, Post Orders and instructions given by the company.



Citizen's Guard Security

100 S 4th St
Suite 550
St. Louis, MO 63102
877-322-8770

March 22, 2023

RE: EMPLOYEE ATTENDANCE POLICY

Effective March 23, 2023 Citizen's Guard Security shall update its employee call off policy. The revised policy shall be titled "EMPLOYEE ATTENDANCE POLICY". The purpose of the Employee Attendance Policy is to assure our customers that we will provide excellent security coverage and help the customer feel at ease that they can count on us to be there for them.

Nonetheless, as we all know, we are only effective given everyone attends their assigned shift. However, there are times when an employee may either have trouble arriving on time or may need to cancel work due to an illness or injury. In order to be most effective with our attendance, Citizen's Guard Security has implemented this Employee Attendance Policy and is as follows:

Remain On Post Until Properly Relieved.

Some post are considered as "perpetual" meaning there is an ongoing requirement to have security staff on post despite the individual employee's shift ending. Once the employee arrives on post, they are absolutely required to stay on post until they are properly relieved. Following are the elements of being properly relieved:

1. The shift end time has approached. For example, the shift ends at 22:00 hours and it is precisely 22:00 hours.

AND

2. The relief officer has arrived on post and is ready to begin their shift.

THEREFORE

3. The employee must clock out and vacate their post.

If a relief officer is expected and does not arrive, the employee is required to **contact their immediate supervisor and STAND BY for further instructions**. If vacating a required

post occurs it is a violation of the Post Orders, Operations Policy, and Rules and Regulations; thus is deemed as a “Breach of Security”. Violations for “Breach of Security” may result in revocations of the employee’s security license and termination of employment from the company. Therefore, remaining on post until properly relieve is a critical matter and will be treated with top priority.

The employee call off policy is as follows:

If s employee is assigned to the schedule, the employee is required to arrive on time at their assigned shift and be ready to start work. If an employee needs to obtain off duty status then the employee can request another security officer (either employee or contractor) to cover their shift. The security officer, both employee and contractor, is required to get approval from the security supervisor or manager. Approval can be granted so long there is no overtime incurred by the relieving security officer. If the employee is unable to find a replacement for the shift in question, then the employee is required to work the assigned shift.

If the employee needs to call off because of sudden illness or injury, the employee call off policy is as follows:

A phone call by the employee is required to be made to the supervisor or manager notifying them they are unable to attend their shift due to a sudden injury or illness. **No voice or text messages will be accepted.** The call off shall be made no less four **(4) hours** of the start of the shift. If more than three (3) call off occurs within thirty (30) days, the employee shall provide a medical document indicating they are being treated for the sudden illness or injury to be allowed to return to work. If more than three (3) call offs within thirty (30) days are exceeded without medical documentation, the employee may be disciplined including, but not limited to, written warning, suspension and or termination of employment from the company. If more than six (6) call offs without medical documentation occurs within one (1) year; the employee’s employment is subject to termination.

If the employee fails to call off and fails to show to their assigned, at this point the employee can officially be declared as self terminated of their employment with the

company and is not eligible for rehire. The only exception is if the employee is unable to make a phone call due to being incapacitated resulting from the injury or illness. Other reasons such as “my phone was dead” or “my phone service was shut off” will not be accepted. If the employee’s phone is dead or shut off then they need to call 877-322-8770 or 660-539-8900 from another phone. Failure to comply with this policy will result with progressive discipline to include suspension and termination of employment.

This Employee Attendance Policy only covers employees (not contractors). I hope this clarifies any concerns or questions employees may have. I expect excellent attendance to continue and we provide excellent customer service and teamwork. If you have any questions or concerns, please let me know.

Sincerely

Greg Miller

Greg Miller

Chief Executive Officer

Citizen’s Guard Security



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **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>	
<p><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></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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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 08/31/2019

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
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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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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)
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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
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.