



CONTRACTOR APPLICATION ARCADIA SECURITY

a division of: CLOT INTELLIGENCE AGENCY, LLC
BLACK TIE and UNIFORMED PROFESSIONALS



DATE OF APPLICATION:	APPLICANT NAME / BUSINESS	DPSST LICENSE/ CERTIFICATION #:
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TAX ID #: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR SOC SEC #: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PRIMARY PHONE #: () - <small>TYPE OF PHONE:</small> OTHER PHONE #: () - <small>TYPE OF PHONE:</small>
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STRUCTURE <input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify) : _____ <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership _____	YEARS PROVIDING SERVICES <small>(Date when services 1st began/established)</small> _____	FAX #: () - E-MAIL: _____
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LEGAL ADDRESS:

NUMBER	STREET	APT #	CITY/TOWN	STATE	ZIP
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POSITION	On-Site	Patrol	Contracted	Force Security	Admin	EMT /	OTHER
APPLYING FOR:	Officer	Officer	Investigator	Agent	/ Mgmt	Medic	Specify:

BUSINESS REFERENCES (The last 3 companies/contracted employment with whom you have done business with/for) :

Dates of Contract	Name of Employer	Full Address	Phone Number
From _____ To _____	_____	_____	_____
<small>Contact's Name</small>	<small>Compensation Rate</small>	<small>Describe Services Provided</small>	<small>Reason Services Ended</small>
_____	_____	_____	_____

Dates of Contract	Name of Employer	Full Address	Phone Number
From _____ To _____	_____	_____	_____
<small>Contact's Name</small>	<small>Compensation Rate</small>	<small>Describe Services Provided</small>	<small>Reason Services Ended</small>
_____	_____	_____	_____

Dates of Contract	Name of Employer	Full Address	Phone Number
From _____ To _____	_____	_____	_____
<small>Contact's Name</small>	<small>Compensation Rate</small>	<small>Describe Services Provided</small>	<small>Reason Services Ended</small>
_____	_____	_____	_____

(Attach a complete portfolio/resume for all services rendered during the last 5 years of providing service in the position(s) applying for)

ACKNOWLEDGMENTS: I understand that I am applying for contracted employment with Clot Intelligence Agency, LLC/Arcadia Security Department. I understand that I must stay in complete compliance with all licensing/certification laws associated with the services I/we are to perform. I understand that I will be acting as a direct representative of Clot Intelligence Agency, LLC/Arcadia Security Department and as such I/we may be provided a uniform that must be worn during the performance of my/our services so that anyone coming in contact with me/us can readily identify me/us as a representative of Clot Intelligence Agency, LLC/Arcadia Security Department. I understand that beyond this I am responsible for providing all necessary tools/equipment required/allowed to complete my job(s) and that we/I am responsible for any and all of the costs associated with this. I acknowledge that I/we will only be receiving financial compensation for the services rendered and no other compensation (financial or otherwise) beyond this and that all services will be paid at a straight time rate. I understand and agree that this compensation will be the gross amount earned and I/we are responsible for all applicable taxes associated with this compensation. I understand and agree that I/we must maintain workers compensation coverage and that I/we will not be covered by Clot Intelligence Agency, LLC/Arcadia Security Department. I additionally understand that I/we must maintain a general liability insurance policy naming Clot Intelligence Agency, LLC/Arcadia Security Department as an additional insured. I agree, understand & acknowledge that I/we may be terminated from employment at any time without prior notice or any specific reason and that any items issued by Clot Intelligence Agency, LLC/Arcadia Security Department must be returned in the same condition issued or any financial compensation will be withheld in the amount of 300% of the total worth of any item not returned or any item not in proper condition. Lastly, I understand that as a contracted employee should my/our employment/contract with Clot Intelligence Agency, LLC/Arcadia Security Department be terminated (regardless of reason) I/we are in no way granted protection under employment laws allowing for compensation under unemployment benefits. I/we further agree that should my/our employment/services be terminated (regardless of reason) I/we have no legal claim to seek any compensation from Clot Intelligence Agency, LLC/Arcadia Security beyond that of what is owed for my/our services rendered.

_____ APPLICANT - Print Name	_____ APPLICANT - Signature	_____ DATE OF SIGNATURE
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