



## EMPLOYMENT APPLICATION (INVESTIGATOR)

Please FAX Completed Application to 800-238-3974 or email to [recruiting@advantagesurveillance.net](mailto:recruiting@advantagesurveillance.net)  
A Signature is Required.

Advantage Surveillance, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

| PERSONAL DATA                           |                          |                                   |                  |
|---|--------------------------|-----------------------------------|------------------|
| Last Name:                              | First:                   | Middle:                           | Today's Date:    |
| Street Address:                         |                          |                                   |                  |
| City:                                   | State:                   | ZIP:                              |                  |
| Primary Telephone:                      | Secondary Telephone:     | Email Address:                    |                  |
| Are you a citizen of the United States? |                          | Are you 18 years of age or older? |                  |
| NO YES                                  |                          | NO YES                            |                  |
| SSN:                                    | Driver's License Number: | State:                            | Expiration Date: |

| CRIMINAL HISTORY   |              |       |              |
|--|--------------|-------|--------------|
| Have you ever been convicted of a crime? (CIRCLE ONE) YES NO |              |       |              |
| If "YES", please explain:                                    | City, State: | Date: | Disposition: |
|  |              |       |              |
|  |              |       |              |

| DRIVING RECORD  |         |              |
|---|---------|--------------|
| Do you currently possess a valid Driver's License: YES NO               |         |              |
| Please list all moving violations incurred within the previous 3 years: |         |              |
| Date:   | Charge: | Disposition: |
|   |         |              |
| Date:   | Charge: | Disposition: |
|   |         |              |
| Date:   | Charge: | Disposition: |
|   |         |              |



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| EDUCATION    |             |            |                |
|--------------|-------------|------------|----------------|
| Type         | City, State | # of Years | Major / Degree |
| High School: |             |            |                |
| College:     |             |            |                |
| Graduate:    |             |            |                |
| Vocational:  |             |            |                |

| LICENSING /REGISTRATION   |        |         |             |
|---|--------|---------|-------------|
| Please list all current and previous Private Investigator Licenses / Registrations / Certifications |        |         |             |
| Type:   | State: | Number: | Expiration: |
| Type:   | State: | Number: | Expiration: |
| Type:   | State: | Number: | Expiration: |
| Type:   | State: | Number: | Expiration: |

| EMPLOYMENT (Begin with most recent employer & add additional sheets as necessary) |        |  |            |
|---|--------|--|------------|
| Company Name 1 :  |        | From:  | To:        |
| Address:  |        | Supervisors Name:                                  |            |
| City :  | State: | Zip Code:  | Telephone: |
| Job Title / Duties:   |        |  |            |
| Reason For Leaving:   |        |  |            |
|   |        |  |            |
| Wages:<br>\$            Hourly    Weekly    Annually    (Circle One)              |        | May we contact your employer?<br>YES            NO |            |



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| EMPLOYMENT   |        |  |            |
|--|--------|--|------------|
| Company Name 2:  |        | From:  | To:        |
| Address:   |        | Supervisors Name:  |            |
| City :   | State: | Zip Code:  | Telephone: |
| Job Title / Duties:  |        |  |            |
| Reason For Leaving:  |        |  |            |
|  |        |  |            |
| Wages:<br>\$                  Hourly    Weekly    Annually    (Circle One) |        | May we contact your employer?                  YES          NO |            |

| EMPLOYMENT   |        |  |            |
|--|--------|--|------------|
| Company Name 3:  |        | From:  | To:        |
| Address:   |        | Supervisors Name:  |            |
| City :   | State: | Zip Code:  | Telephone: |
| Job Title / Duties:  |        |  |            |
| Reason For Leaving:  |        |  |            |
|  |        |  |            |
| Wages:<br>\$                  Hourly    Weekly    Annually    (Circle One) |        | May we contact your employer?                  YES          NO |            |



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| EMPLOYMENT   |                               |                   |            |
|--|-------------------------------|-------------------|------------|
| Company Name 4:  |                               | From:             | To:        |
| Address:   |                               | Supervisors Name: |            |
| City :   | State:                        | Zip Code:         | Telephone: |
| Job Title / Duties:  |                               |                   |            |
| Reason For Leaving:  |                               |                   |            |
|  |                               |                   |            |
| Wages:   | May we contact your employer? |                   |            |
| \$            Hourly    Weekly    Annually    (Circle One) | YES            NO             |                   |            |

| EMPLOYMENT   |                               |                   |            |
|--|-------------------------------|-------------------|------------|
| Company Name 5:  |                               | From:             | To:        |
| Address:   |                               | Supervisors Name: |            |
| City :   | State:                        | Zip Code:         | Telephone: |
| Job Title / Duties:  |                               |                   |            |
| Reason For Leaving:  |                               |                   |            |
|  |                               |                   |            |
| Wages:   | May we contact your employer? |                   |            |
| \$            Hourly    Weekly    Annually    (Circle One) | YES            NO             |                   |            |

| EMPLOYMENT   |
|--|
| Have you ever been fired or asked to resign from an employer? If yes, please explain |
|  |
|  |



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| MILITARY SERVICE |         |        |
|------------------|---------|--------|
| Branch:          | Duties: | Years: |
|                  |         |        |
|                  |         |        |

| SKILLS  |
|---|
| WPM Typing:   |
| What Computer Operating Systems are you familiar with?                  |
| What Word Processing programs are you familiar with?                    |
| Please list Additional Skills that would qualify you for this position: |
|   |

| PROFESSIONAL REFERENCES |        |          |            |                            |
|-------------------------|--------|----------|------------|----------------------------|
| NAME:                   | Title: | Company: | Telephone: | Professional Relationship: |
| 1.                      |        |          |            |                            |
| 2.                      |        |          |            |                            |
| 3.                      |        |          |            |                            |

| ACKNOWLEDGEMENTS  |       |
|---|-------|
| <p>The position of Advantage Surveillance Investigator includes the follow Job Requirements:</p> <ul style="list-style-type: none"><li>• The ability to work a schedule which may vary greatly from week to week, including all hours of the day, all days of the week, and holidays.</li><li>• The availability for overnight travel within ASI service areas, with occasional overnight stays of up to five days at a time.</li><li>• Broad Band Internet Service. ASI does not provide internet service and does not reimburse for internet service charges.</li><li>• All ASI Investigators are required to provide a suitable video camera for occasional use.</li><li>• ASI Investigators are NOT allowed to carry weapons.</li></ul> |       |
| Signature:  | Date: |



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### RELEASE & APPLICANT SIGNATURE

In connection with my application for employment and as a condition of continuing employment, I understand that a drug screening and investigative background inquiries may be made including previous employers, schools, consumer credit, criminal convictions, motor vehicle, public information, internet based research, social media and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Advantage Surveillance, Inc. and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

All hiring and employment at Advantage Surveillance, Inc. is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Advantage Surveillance, Inc. has no specific term and may be terminated by the employee or Advantage Surveillance, Inc. with or without notice. I acknowledge that Advantage Surveillance, Inc. has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Advantage Surveillance, Inc., and that failure to provide this evidence will result in the termination of my employment. I also understand that any employment offer is contingent on the successful completion of the background and drug screenings.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Advantage Surveillance, Inc. I agree to release and hold harmless Advantage Surveillance, Inc. from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Advantage Surveillance, Inc. may be terminated.

Signature:

Date: