



INVESTIGATION SERVICES

Tel: (978) 772-7080

Fax: (978) 772-7082

Serving all of New England and New York:

Toll Free: (888) 345-0250



Massachusetts

New Hampshire

Connecticut

New York

Rhode Island

Vermont & Maine



Join Our Team

JOB APPLICATION

AIS
ATECH INVESTIGATION
SERVICES, INC.

**After submitting the application please
send your Resume and Cover letter to:**

jpero@atechpi.com



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AIS JOB APPLICATION PAGE 1

DATE: _____

LAST NAME: _____ FIRST: _____ MIDDLE: _____

CELLPHONE: _____ EMAIL: _____

STREET: _____ CITY: _____

STATE: _____ ZIPCODE: _____ YEARS AT THIS ADDRESS: _____

PREVIOUS ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ YEARS AT THIS ADDRESS: _____

SOCIAL SECURITY: _____ DRIVER'S LICENSE ID: _____

OVER 18 YEARS OLD? YES: _____ NO: _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYES: _____

DO YOU OWN A CAR? _____ IF YES:

YEAR: _____ MAKE: _____ COLOR: _____ PLATE: _____

POSITION DESIRED: _____ WEEKLY SALARY: _____

DO YOU SPEAK, READ, OR WRITE ANY FOREIGN LANGUAGES? IF YES, WHICH ONES?



AIS JOB APPLICATION PAGE 2

HAVE YOU SERVED IN THE ARMED FORCES? _____ IF YES, FROM: _____ TO: _____

BRANCH: _____ RANK: _____ TYPE OF DISCHARGE: _____

HAVE YOU EVER BEEN ARRESTED? _____ IF YES, WHY? _____

EVER BEEN FINGERPRINTED? _____ IF YES, WHY? _____

EVER TAKEN A POLYGRAPH? _____ IF YES, WHY? _____

HAVE YOU EVER HAD A PISTOL PERMIT? _____ IF YES, WHERE ISSUED: _____

TYPE: _____ EXPIRATION DATE: _____ NUMBER: _____

HAVE YOU EVER HAD A PRIVATE DETECTIVE LICENSE REVOKED OR DENIED? _____

IF YES, WHY? _____

SPECIFY ANY SPECIAL TRAINING OR SKILLS YOU HAVE: _____

SPECIFY ANY PRIOR INVESTIGATIVE EXPERIENCE: _____

ARE YOU WILLING TO TRAVEL? _____ IF YES, WHAT IS THE FURTHEST

TRAVELING DISTANCE/TIME? _____

WHAT IS YOUR AVAILABILITY? _____



AIS JOB APPLICATION PAGE 3

PERSONAL REFERENCES

LIST 3 PEOPLE, NOT RELATIVES OR FORMER EMPLOYEES:

NAME: _____ ADDRESS: _____ PHONE: _____

OCCUPATION: _____ RELATIONSHIP: _____

NAME: _____ ADDRESS: _____ PHONE: _____

OCCUPATION: _____ RELATIONSHIP: _____

NAME: _____ ADDRESS: _____ PHONE: _____

OCCUPATION: _____ RELATIONSHIP: _____



AIS JOB APPLICATION PAGE 4

EMERGENCY CONTACTS

IN CASE OF AN EMERGENCY, PLEASE LIST AT LEAST 2 CONTACTS

THAT WE ARE ABLE TO NOTIFY:

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

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AIS JOB APPLICATION PAGE 5

RELEASE AUTHROIZATION FOR POLICE RECORDS

A TECH INVESTIGATION SERVICES

FULL NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY: _____

I, _____, HEREBY AUTHORIZE THE POLICE DEPARTMENT OF _____ TO RELEASE ANY AND ALL CIVIL AND/OR CRIMINAL RECORDS IN ITS POSSESSION, ON WHICH IT HAS KNOWLEDGE CONCERNING MYSELF TO ATECH INVESTIGATION SERVICES, INC..

I UNDERSTAND THAT THE INFORMATION OBTAINED IN SUCH RECORDS SHALL BE PROVIDED TO ATECH INVESTIGATION SERVICES AND/OR MY PROSPECTIVE EMPLOYER FOR THEIR SOLE AND EXCLUSIVE USE. I AGREE TO INDEMNIFY AND HOLD HARMLESS MY PROSPECTIVE EMPLOYER, THE POLICE DEPARTMENT OF _____, THEIR OFFICERS, AGENTS, EMPLOYEES, AND REPRESENTATIVES FROM ANY ACTION TAKEN AS A RESULT OF INFORMATION PROVIDED BY THIS RELEASE.

FULL SIGNATURE: _____

DATE: _____

WITNESS: _____



AIS JOB APPLICATION PAGE 6

STATEMENT OF RESPONSIBILITY AND LIABILITY

I, _____, RECOGNIZE THAT IN MY CAPACITY AS AN EMPLOYEE OF ATECH INVESTIGATION SERVICES I WILL BE RESPONSIBLE TO MAKE ACCURATE REPORT ENTRIES, WHICH MUST BE HONESTLY SET FORTH AND ACCURATE TO THE BEST OF MY ABILITY.

I FURTHER RECOGNIZE THAT ALL INFORMATION PERTAINING TO ATECH INVESTIGATION SERVICES' (A.I.S.) CLIENTS IS HIGHLY CONFIDENTIAL AND I AGREE TO PROTECT SAID CONFIDENTIALITY OF CLIENT NAMES, JOB SITE LOCATIONS, JOB RELATED INCIDENTS, ETC. I FURTHER RECOGNIZE THAT FAILURE TO PROTECT SAID CONFIDENTIALITY, OR KNOWINGLY GIVE FALSE INFORMATION ON MY REPORTS MAY COMPROMISE MYSELF, THE CLIENT, OR A.I.S., AND I RECOGNIZE THAT ANY SUCH ACTIONS ON MY PART, MAY RESULT IN MY IMMEDIATE TERMINATION, AND MY ASSUMING LIABILITY, EITHER CIVIL OR CRIMINAL, INCLUDING MONETARY DAMAGES, AND I HEREBY INDEMNIFY ATECH INVESTIGATION SERVICES AGAINST SUCH ACTIONS. IN ACCEPTING EMPLOYMENT WITH A.I.S., I AGREE TO ABIDE BY RULES AND REGULATIONS, WHICH ARE IN EFFECT, OR MAY BE ESTABLISHED IN THE FUTURE.

I DECLARE THAT MY ANSWERS TO THE QUESTIONS ON MY APPLICATION ARE TRUE AND CORRECT, AND GIVE A.I.S. THE RIGHT TO INVESTIGATE ANY AND ALL REFERENCES GIVEN, AND TO SECURE ADDITIONAL INFORMATION RELATING TO THE APPLICATION. I HEREBY RELEASE FROM ALL LIABILITY OR RESPONSIBILITY, ALL PERSONS, COMPANIES, OR CORPORATIONS FURNISHING INFORMATION ABOUT ME IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT.

FULL SIGNATURE: _____ **DATE:** _____

WITNESS: _____ **DATE:** _____



AIS JOB APPLICATION PAGE 7

DRUG FREE WORKPLACE POLICY

DRUG FREE WORKPLACE POLICY

Drug use and abuse at the workplace or while on duty are subjects of immediate concern in our society. These problems are extremely complex and ones for which there are no easy solutions. From a safety perspective, the users of drugs may impair the well being of all employees, the public at large. And result in damage to property.

Therefore, it is the policy of ATec hInvestigation Services Inc., that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the workplace. Any employee(s) violating this policy will be subject to discipline up to and including termination. An employee may also be discharged or otherwise disciplined for a conviction involving illicit drug behavior, regardless of whether his/her actions were connected in any way with his or her employment. The specifics of this policy are as follows:

- 1) Any unauthorized employee who gives or in any way transfers a controlled substance to another person or sells or manufactures a controlled substance while on duty, regardless of whether the employee is on or off the premises of the employer will be subject to discipline up to and including termination.
- 2) The term "controlled substance" means any drugs listed in 21 U.S.C. 812 and other federal regulations. Generally, all illegal drugs and substances are included, such as marijuana, heroin, morphine, cocaine, codeine, or opium additives, LSD, DMT, STP, amphetamines, methamphetamines, and barbiturates.
- 3) Each employee is required by law to inform the agency within five (5) days after he/she is convicted for violation of any federal or state criminal drug statute. A conviction means a finding of guilt (including a plea of nolo contendere) or the imposition of a sentence by a judge or jury in any federal or state court.



AIS JOB APPLICATION PAGE 8

DRUG FREE WORKPLACE POLICY

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4) The employer (the hiring authority) will be responsible for reporting conviction(s) to the appropriate federal granting source, within (10) days after receiving notice from the employer or otherwise receiving actual notice of such conviction(s). All conviction(s) must be reported in writing to the Office of Personnel Administration (OPA) within the same time frame.

5) If an employee is convicted of violating any criminal drug statute while on duty, he/she will be subject to discipline up to and including termination. Conviction(s) while off duty may result in indiscipline or discharge.

6) ATECH Investigation Services Inc., encourages any employee with a drug problem to seek assistance from a substance abuse treatment program in his/her area.

7) The law requires all employees to abide by this policy

DATE: _____ SIGNATURE: _____



AIS JOB APPLICATION PAGE 9

EMPLOYEE AFFIDAVIT

PURSUANT TO MASSACHUSETTS GENERAL LAW C. 147 SECTION 28, "NO PERSON SHALL BE EMPLOYED BY ANY LICENSEE UNTIL HE/SHE SHALL HAVE EXECUTED AND FURNISHED TO SUCH LICENSEE A STATEMENT UNDER OATH SETTING FORTH

PLEASE FILL OUT THE FOLLOWING:

1. FULL LEGAL NAME: _____

2. DATE OF BIRTH: _____

3. RESIDENCE: _____

4. MOTHER'S NAME: _____

5. MOTHER'S PLACE OF BIRTH: _____

6. FATHER'S NAME: _____

7. FATHER'S PLACE OF BIRTH: _____

8. BUSINESS OF OCCUPATION ENGAGED IN FOR THE THREE (3) YEARS IMMEDIATELY PRECEDING THE DATE OF FILING THIS STATEMENT* _____

9. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ANY OTHER OFFENSE INVOLVING MORAL TURPITUDE?: _____

IF YES, EXPLAIN: _____

THE ABOVE STATEMENTS ARE MADE UNDER THE PAINS AND PENALTIES OF PERJURY.

SIGNATURE: _____ DATE: _____