

Information to enter guard into CRC & N.C. P.P.S.B. (please print neatly)

Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
 Race: \_\_\_\_\_ Sex: \_\_\_\_\_ S.S. #: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye color: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Phone# \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Registered as a Guard with N.C.P.P.S.B (Guard ID#) \_\_\_\_\_ Expires: \_\_\_\_\_  
 If yes: who with and when: \_\_\_\_\_

**(4 YEARS OF PREVIOUS ADDRESSES)**

Mo/Yr.	Present	Street Address	City	County	State	Zip Code
_____	to _____	_____	_____	_____	_____	_____
Mo/Yr.	Mo/Yr.	Street Address	City	County	State	Zip Code
_____	to _____	_____	_____	_____	_____	_____
Mo/Yr.	Mo/Yr.	Street Address	City	County	State	Zip Code
_____	to _____	_____	_____	_____	_____	_____
Mo/Yr.	Mo/Yr.	Street Address	City	County	State	Zip Code
_____	to _____	_____	_____	_____	_____	_____
Mo/Yr.	Mo/Yr.	Street Address	City	County	State	Zip Code
_____	to _____	_____	_____	_____	_____	_____

**(4 YEARS OF PREVIOUS Employment)**

Mo/Yr.	Present	Name	Street Address	City	County	State	Zip Code
_____	to _____	_____	_____	_____	_____	_____	_____
Mo/Yr.	Mo/Yr.	Name	Street Address	City	County	State	Zip Code
_____	to _____	_____	_____	_____	_____	_____	_____
Mo/Yr.	Mo/Yr.	Name	Street Address	City	County	State	Zip Code
_____	to _____	_____	_____	_____	_____	_____	_____
Mo/Yr.	Mo/Yr.	Name	Street Address	City	County	State	Zip Code
_____	to _____	_____	_____	_____	_____	_____	_____
Mo/Yr.	Mo/Yr.	Name	Street Address	City	County	State	Zip Code
_____	to _____	_____	_____	_____	_____	_____	_____
Mo/Yr.	Mo/Yr.	Name	Street Address	City	County	State	Zip Code
_____	to _____	_____	_____	_____	_____	_____	_____

Have you ever pled guilty, or been convicted or entered a plea of no contest to any Felony, Misdemeanor or traffic violation, if so give details, charge, state, county.

N/A \_\_\_\_\_

Name of Charge	Date	Fel./Misd. Infraction	State	County	Guilty/Not Guilty/Other
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Education (with in the last 4 years) N/A \_\_\_\_\_

School Name: \_\_\_\_\_

Date Attended	Address	State	Zip Code	County	Degree Earned
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Mental Disorders (Required answer for N.C. P.P.S.B. Armed Guards only)

Have you ever been diagnosed with a mental disorder? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm all the information entered above is true and accurate to the best of my knowledge. I further give consent for my background to be completed by Overwatch Protection Service Inc. per employment guidelines and as a requirement of North Carolina Private Protection Services Board.

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Overwatch Protection Service Inc.  
 418 Tyler Ridge  
 Murphy, N.C. 28906  
 (828) 367-3713

Employment Application

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Street Address Apt/Unit #  
 \_\_\_\_\_  
City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Driver License #: \_\_\_\_\_ State: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Have you ever been employed with another N.C. Security Company, if so who? \_\_\_\_\_

Are you a U.S. Citizen? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever been employed by this company? Yes No If yes, when? \_\_\_\_\_

Have you ever been convicted of a Felony Yes No If yes, give offense, date, location,

If yes, give offense, date, location, and disposition. \_\_\_\_\_

(use scratch sheet of paper if needed)

Have you ever been convicted of a Misdemeanor or Traffic Offense Yes No  
 (Pled guilty, found guilty or entered a no contest plea)

If yes, give offense, date, location, and disposition. \_\_\_\_\_

(Use scratch sheet of paper if needed)



## Overwatch Protection Service Application

### Applicant Information Cont'

#### Address History

**(must have 5 years of previous address history)**

**Use blank sheet of paper if needed**

1. Current Address: From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Street Address

Apt/Unit #

City

State

Zip Code

2. Address: From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Street Address

Apt/Unit #

City

State

Zip Code

3. Address: From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Street Address

Apt/Unit #

City

State

Zip Code

4. Address: From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Street Address

Apt/Unit #

City

State

Zip Code



# Overwatch Protection Service Application

## Applicant Information Cont'

5. Address: From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Street Address

Apt/Unit #

City

State

Zip Code

6. Address: From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Street Address

Apt/Unit #

City

State

Zip Code

7. Address: From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Street Address

Apt/Unit #

City

State

Zip Code

8. Address: From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Street Address

Apt/Unit #

City

State

Zip Code



# Overwatch Protection Service Application

## Applicant Information Cont'

### Employment History to include any unemployed dates

(must have 5 years of previous employment history)

Use blank sheet of paper if needed)

1. From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ May we contact this employer? Yes No  
Month Year Month Year

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

2. From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ May we contact this employer? Yes No  
Month Year Month Year

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

3. From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ May we contact this employer? Yes No  
Month Year Month Year

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_



# Overwatch Protection Service Application

## Applicant Information Cont'

### Employment History to include any unemployed dates

(must have 5 years of previous employment history)

Use blank sheet of paper if needed)

4. From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ May we contact this employer? Yes No  
Month Year Month Year

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

5. From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ May we contact this employer? Yes No  
Month Year Month Year

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

6. From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ May we contact this employer? Yes No  
Month Year Month Year

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_



## Overwatch Protection Service Application

### Education

High School Name: \_\_\_\_\_ Did you Graduate? Yes  No   
\_\_\_\_\_  
Diploma? Yes  No   
Street Address \_\_\_\_\_  
\_\_\_\_\_  
Dates Attended? \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
City State Zip Code

College Name: \_\_\_\_\_ Did you Graduate? Yes  No   
\_\_\_\_\_  
Diploma? Yes  No   
Street Address \_\_\_\_\_  
\_\_\_\_\_  
Dates Attended? \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
City State Zip Code

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
If other than honorable discharge, explain: \_\_\_\_\_

### References

**(List professional reference and email address if known)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_



**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to my employment, I understand any false or misleading information on my application or interview may result in immediate termination.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Drug Test Consent Form**

**CONFIDENTIAL**

In accordance with our company policy, you have been selected for a \_\_\_\_\_ controlled substance test (specify "post-accident, random etc.") In accordance with 13 NCAC 20.0401, this Notice explains your rights and responsibilities under the N.C. Controlled Substance Examination Regulation Act ("CSERA") (Chapter 95, Article 20 of the N.C. General Statutes) and the corresponding administrative rules (Title 13, Chapter 20 of the N.C. Administrative Code.)

- You may refuse this test; however, your job or employment opportunity may be in jeopardy.
- Although applicants may be screened by means of a "Quick Test", any positive results must be confirmed by an approved lab using gas chromatography with mass spectrometry (GS/MS) or equivalent scientifically accepted method before hiring decisions are made.
- Current employees cannot be screened by means of a "Quick Test".
- You can request a "retest" of any positive sample. Retests must be of the same sample and must be paid for by the employee.
- You can file a complaint with the N.C. Department of Labor – Wage and Hour Bureau at (919) 807-2796 or 1-800-NC-LABOR if you believe procedural requirements of the CSERA were violated. The Department has no jurisdiction regarding an employer's requirement for controlled substance testing or its decisions regarding results of controlled substances testing.

Employee Agree: YES: \_\_\_\_\_ NO: \_\_\_\_\_

EMPLOYEE Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

EMPLOYEE Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Test Results: POSITIVE: \_\_\_\_\_ NEGATIVE: \_\_\_\_\_

OPS Representative: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



Receipt for Uniform and Property

Officer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Assigned Location: \_\_\_\_\_

Item	Issued	Size	Date	Return Date	Officer Initial Issue / Return
Pants	_____	_____	_____	_____	____/____
S/S Polo Shirt	_____	_____	_____	_____	____/____
LS Polo Shirt	_____	_____	_____	_____	____/____
Hat	_____	_____	_____	_____	____/____
Beanie	_____	_____	_____	_____	____/____
Duty Belt	_____	_____	_____	_____	____/____
Holster	_____	_____	_____	_____	____/____
Cuff Case	_____	_____	_____	_____	____/____
Handcuffs	_____	_____	_____	_____	____/____
Glove Pouch	_____	_____	_____	_____	____/____
Firearm	Make _____	Model# _____			____/____
	Serial# _____	50 rds of Ammo _____			____/____

I acknowledge that I have received the items listed above. I understand that I am required to return items in good condition, subject to normal wear and tear. I authorize Overwatch Protection Service LLC to withhold a deposit of \$150.00 for these items from my wages, at \$50.00 per pay period. If the above items are not returned, the above named deposit will not be returned

Signature of employee: \_\_\_\_\_ Date: \_\_\_\_\_



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **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 <span style="border: 1px solid black; padding: 2px;">▼</span> 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: _____ <b>OR</b></p> <p>2. Form I-94 Admission Number: _____ <b>OR</b></p> <p>3. Foreign Passport Number: _____ Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write in This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**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 10/31/2022

**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.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status United States
-------------------------------------	-------------------------	-------------------------	------	---

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title <b>Driver's License</b>		Document Title <b>Social Security Card</b>		Document Title
Issuing Authority <b>DMV</b>		Issuing Authority <b>Social Security Administration</b>		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy) <b>N/A</b>		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): 02/23/2022 (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Company Owner	
Last Name of Employer or Authorized Representative <b>Williams</b>	First Name of Employer or Authorized Representative <b>Herbert</b>	Employer's Business or Organization Name <b>Overwatch Protection Service LLC</b>		
Employer's Business or Organization Address (Street Number and Name) <b>418 Tyler Ridge Rd</b>		City or Town <b>Murphy</b>	State <b>NC</b>	ZIP Code <b>28906</b>

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
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)
----------------	-----------------	---------------------------------------

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
--	---------------------------	---



# North Carolina Department of Public Safety

## Private Protective Services Board

### Registration Affidavit and Public Notice Statement

I, the applicant, declare and affirm the following:

- I have reviewed for accuracy and completeness the registration application being submitted on my behalf.
- The information contained within the application is true and accurate to the best of my knowledge.
- I understand that any false or misleading information in, or in connection with, the application may be cause for denial, suspension or revocation of my registration application.

Further, I hereby attest that I have read and understand the *Public Notice Statement under Employee Fair Classification Act* below, and that if I have ever been investigated for employee misclassification, I have included the result(s) of the investigation with this registration application, in accordance with N.C. Gen. Stat. § 143-789.

Employee misclassification is defined in N.C. Gen. Stat. § 143-786(5) as avoiding tax liabilities and other obligations imposed by Chapters 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor.

Anyone who believes that a North Carolina employee has been misclassified as an independent contractor by that employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

The Employee Classification Section can be contacted via email at [emp.classification@ic.nc.gov](mailto:emp.classification@ic.nc.gov), by phone at (888) 891-4895, by fax at (919) 508-8300, and by mail at 1233 Mail Service Center, Raleigh NC 27699-1233. The preferred method of contact is via email.

Applicant name: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_

Rev. 1/2024

**MAILING ADDRESS:**  
3101 Industrial Drive, Suite 104  
Raleigh, NC 27609



[www.ncdps.gov/pps](http://www.ncdps.gov/pps)  
An Equal Opportunity employer

**OFFICE LOCATION:**  
3101 Industrial Drive, Suite 104  
Raleigh, NC 27609  
Telephone: (919) 788-5320  
Email: [ppsas1@ncdps.gov](mailto:ppsas1@ncdps.gov)

# AUTHORITY FOR RELEASE OF INFORMATION

I authorize the North Carolina Department of Public Safety through THE STATE BUREAU OF INVESTIGATION to perform a fingerprint search of the State's criminal history record file and, if applicable, a fingerprint search of the FEDERAL BUREAU OF INVESTIGATION'S files for a national criminal history record check in connection with my application for employment, or my employment with PRIVATE PROTECTIVE SERVICES BOARD pursuant to PRIVATE PROTECTIVE SERV APPLIC - STATE AND FED - NCGS 74C-8. I understand my rights to complete or challenge the accuracy of the information contained in the FBI identification record. The procedures for obtaining a change, correction, or update of an FBI identification record are set forth in Title 28, CFR, 16.34

(Type or print clearly)

Last Name

First

Middle

Maiden

Social Security Number  
(Optional\*)

Date of Birth

Sex

Race

I understand that the North Carolina State Bureau of Investigation and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the agency cannot provide a HARD COPY of the results of this criminal history record check to me.

\*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's Signature

Date

NCBCI0016

This form must be maintained on file with the above named agency for one year. DO NOT MAIL THIS FORM OR A COPY OF THIS FORM TO THE STATE BUREAU OF INVESTIGATION.



The obligations of the Parties under this Agreement shall continue and survive the completion or abandonment of the Business Relationship and shall remain binding for a period of two (2) years from the Effective Date.

4. As a violation by either Party of this Agreement could cause irreparable injury to the other Party and as there is no adequate remedy at law for such violation, the non-breaching Party may, in addition to any other remedies available to it at law or in equity, enjoin the breaching Party in a court of equity for violating or threatening to violate this Agreement. In the event either Party is required to enforce this Agreement through legal action, then it will be entitled to recover from the other Party all costs incurred thereby, including without limitation, reasonable attorney's fees.

5. Neither Party makes any representation or warranty with respect to any Confidential Information disclosed by it, nor shall either Party or any of their respective representatives have any liability hereunder with respect to the accuracy or completeness of any Confidential Information or the use thereof.

6. Any provision of this Agreement held or determined by a court (or other legal authority) of competent jurisdiction to be illegal, invalid, or unenforceable in any jurisdiction shall be deemed separate, distinct and independent, and shall be ineffective to the extent of such holding or determination without (i) invalidating the remaining provisions of this Agreement in that jurisdiction or (ii) affecting the legality, validity or enforceability of such provision in any other jurisdiction.

7. Any notice required or permitted to be given hereunder shall be (a) in writing, (b) effective on the first business day following the date of receipt, and (c) delivered by one of the following means: (i) by personal delivery; (ii) by prepaid, overnight package delivery or courier service; or (iii) by the United States Postal Service, first class, certified mail, return receipt requested, postage prepaid. All notices given under this Agreement shall be addressed to the addresses stated at the outset of this Agreement, or to new or additional addresses as the Parties may be advised in writing.

8. This Agreement is to be governed by and construed in accordance with the laws of the state of North Carolina. Neither Party shall be deemed to waive any of its rights, powers or remedies hereunder unless such waiver is in writing and signed by said Party. This Agreement is binding upon and inure to the benefit of the Parties and their successor and assigns.

9. This Agreement constitutes the entire agreement and understanding of the Parties with respect to the subject matter hereof, and is intended as the Parties' final expression and complete and exclusive statement of the terms thereof, superseding all prior or contemporaneous agreements, representations, promises and understandings, whether written or oral. Neither Party is to be bound by any pre-printed terms appearing in the other Party's form documents, tariffs, purchase orders, quotations, acknowledgments, invoices, or other instruments. This Agreement may be amended or modified only by an instrument in writing signed by both Parties.

**IN WITNESS WHEREOF**, the Parties have caused this Agreement to be executed by their duly authorized officers on the day and year first above written.

Sign: \_\_\_\_\_

Print: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

*H. L. Williams*

By: Overwatch Protection Service Inc.

Name: Herbert Lee Williams

Title: President and CEO

Date: \_\_\_\_\_