



# XSIG, Inc.

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info@xsigroup.com

(1) Name: Last: _____ First: _____ Middle: _____ Suffix: _____		
(2) Street Address: _____		
(3) City: _____ State: _____ Zip: _____ County: _____		
(4) Phone #'s: Home: ( ) _____ Cell: ( ) _____ Other: ( ) _____		
(5) Social Security#: _____ Date of Birth: _____ Birth Place: (City/State) _____ Country: _____		
(6) Driver's License#: _____ State: _____		
(7) Sex: _____ Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____		
(8) Are you a United States Citizen? ( ) Yes ( <b>NOTE:</b> If Naturalized, attach a copy of your Naturalization paper) ( ) No ( <b>YOU MUST</b> attach a copy of your Employment Authorization Card with this application).		
(9) Occupation: _____ Position or Title: _____		
<b>ANSWER ALL OF THE FOLLOWING QUESTIONS COMPLETELY. EXPLAIN FULLY ALL YES RESPONSES ON ATTACHED CONTINUATION SHEET.</b>		
(10) Have you ever been served with an ex-parte or protection order for domestic violence?	YES	NO
(11) Have you ever been <b>ARRESTED</b> for a violation of any criminal law?	YES	NO
(12) Have you ever been <b>CHARGED</b> with a violation of any criminal law?	YES	NO
(13) Have you ever been <b>CONVICTED</b> of a violation of any criminal law?	YES	NO
(14) Have you ever been served with a criminal summons?	YES	NO
(15) Are you currently on parole or probation or mandatory supervision?	YES	NO
(16) Have you ever been confined or committed to a mental institution or hospital for treatment or observation for a mental or psychiatric condition on a temporary or permanent basis?	YES	NO
(17) Have you ever attended, or been treated, or observed by any medical doctor, psychiatrist, hospital, or institution, including voluntary commitment, for any mental or psychiatric condition?	YES	NO
(18) Are you addicted to, or have you ever been, or are you currently being treated for alcoholism?	YES	NO
(19) Are you addicted to or have you ever been addicted to controlled dangerous substances?	YES	NO
(20) Are you currently being treated, or have you ever been treated, for an addiction to controlled dangerous substances?	YES	NO
(21) Have you ever been a member of the United States Armed Forces? If so, attach a copy of DD-214/Discharge papers.	YES	NO
(22) Have you ever been employed as a Police Officer? (does not include being a Special Police Officer).	YES	NO
(23) On the attached continuation sheet, list all past employers for the last five (5) years: Must include company name, address, telephone number, dates worked, position of employment, supervisor's name and reason for leaving.		
Applicant's Signature: X _____ Date: _____		