



New Contract Employee Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Agency: _____

I HAVE READ AND WILL COMPLY WITH MY POLICE/SHERIFF DEPARTMENTAL RULES, REGULATIONS, AND OFF-DUTY EMPLOYMENT PROCEDURES AND FURTHER CERTIFY THAT I HAVE AUTHORIZATION TO WORK OFF-DUTY. I UNDERSTAND THAT I MUST CARRY MY APPROVED DEPARTMENT CREDENTIALS ON MY PERSON WHEN I AM ENGAGED IN OFF-DUTY EMPLOYMENT WITH WATCHMEN PROTECTIVE SERVICES LLC.

Employee Signature: _____

Start Date of Employment: _____

_____ Copy of Agency Credentials Provided
(Initials)

_____ Copy of State Driver's License Provided
(Initials)

Position: _____ Off Duty Police Officer
_____ Private Investigator
_____ K-9 Officer
_____ Other: _____