



# Private Security

## NEW APPLICANT DESCRIPTION FORM

### Wichita Police Department



Security Company Name: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Street City / State Zip

Phone: \_\_\_\_\_ Social Sec. # \_\_\_\_\_ Birth Date: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

**PRIVATE SECURITY PERSONAL HISTORY QUESTIONNAIRE PURSUANT TO CITY ORDINANCE 3.72.120 (Circle your answer)**

- 1. Are you at least 18 years of age? Yes No
- 2. Are you able to read, write and understand the English language? Yes No
- 3. Have you ever been convicted of any weapons violations? Yes No
- 4. Have you ever been convicted of a felony crime? Yes No
- 5. Have you ever been convicted of, physical force, threats, or an act of domestic violence? Yes No
- 6. Do you have any convictions of theft, falsifying information or financial crimes? Yes No
- 7. Do you have any past or present history of any mental or emotional impairment? Yes No
- 8. Are you a suspect, charged or on diversion for a criminal case? Yes No
- 9. Have you EVER been arrested as an adult? (If yes, please explain the circumstances below) Yes No
- 10. Have you EVER been arrested as a juvenile? (If yes, please explain the circumstances below) Yes No
- 11. Have you been convicted or found guilty of a misdemeanor or felony crime(s) Yes No

If you answered yes on questions 10, 11, or 12 please explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

**(READ AND SIGN ADDITIONAL INFORMATION ON BACK PAGE) →**

**PRIVATE SECURITY: Office Use Only**  
 Permit # \_\_\_\_\_  Temporary  Basic  
 Fingerprinted by: \_\_\_\_\_ Date \_\_\_\_\_ Date of Exp. \_\_\_\_\_

## PRIVATE SECURITY-GENERAL DUTIES AND RESPONSIBILITIES

### **AUTHORITY AND RESPONSIBILITY - Provide security services on behalf of a licensed security company. Patrol, guard, observe, enforce property rules and regulations and report crimes.**

- If you find an open door, window, or evidence of a crime, Call 9-1-1 Do not enter the business.
- Do not take property or evidence into your possession.
- You do not possess and you are not to assume police powers.
  - This includes matters of traffic control / enforcement, criminal investigations or identification.
  - If criminal matters arise, Call 9-1-1.

### **PRIVATE SECURITY PERMIT - Carry and maintain a valid permit at all times, when working.**

- You are responsible for maintaining a valid permit and acquiring the proper training.
- Contact the WPD private security office before you expire, if the training requirements cannot be met within 90 days.
- Contact the WPD Training, if your permit is lost or stolen.
- Return your permit in to the WPD Training when you are no longer working for the company.
- Do not work without a valid permit, you could be arrested.

### **WEARING OF UNIFORMS (including badges) :wear only from home, to work, on duty, and back home.**

- Do not wear a security uniform into any bar, tavern or private club, unless you are actively on duty, at the location.
- It is unlawful for any private security officer to wear a security uniform including an identifying private security badge, except as follows: Directly to and from his/her place of residence and to the location of duty.
- The uniform must be different than those worn by the Wichita Police, SG Co. Sheriff, the Kansas Highway Patrol or any reserve component of these agencies.
- Your last name must be displayed on the outer garment of your uniform.

### **REQUIREMENTS OF PRIVATE SECURITY PERMIT**

- All contracted private security services are accountable to city ordinance Chapter 3.72
- Applicants must pass the required Basic Private Security Class within 90 days.
- Working on an expired permit can result in arrest and/or disqualified from receiving another permit.
- A Temporary Permit does not allow you to carry ANY type of weapon. NO firearm, baton, mace, taser or handcuffs.
- The Private Security Permit is property of the Wichita Police Department; return it immediately to the Training Bureau if it expires or you are no longer working for the security company.

**Sergeant Kenneth Kimble Wichita Police Department –Training Bureau**

I understand that by signing this document all the information provided is complete and accurate. I will be disqualified or my permit revoked for falsifying information and will not be eligible to re- apply for a private security or armored permit for one year.

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

**WAIVER AGREEMENT  
AND  
FBI PRIVACY ACT STATEMENT**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize (*Name of Authorized Recipient*) THE WICHITA POLICE DEPARTMENT to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. Pursuant to K.S.A. 22-4701 et seq. and K.S.A. 22-5001, the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, received on me, for the purpose to challenge the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. (See 5 United States Code (USC) 552a(b); 28 USC 534(b); 42 USC 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), and 906.2(d).)

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**FBI PRIVACY ACT STATEMENT**

**Authority:**

The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C.534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

**Social Security Account Number (SSAN).**

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:**

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**WAIVER AGREEMENT  
AND  
FBI PRIVACY ACT STATEMENT (Cont.)**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34). The Authorized Recipient must submit a new set of fingerprints and fee to receive the updated federal criminal history record.

I have \_\_\_\_ *OR* have not \_\_\_\_ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under the provisions of Title 21 Kansas Statutes Annotated, Section 5903.

I have been provided the Waiver Agreement, FBI Privacy Act Statement, and information how to challenge my criminal records for accuracy and completeness.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residential Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**TO BE COMPLETED BY THE FINGERPRINTING AGENCY:**

Method of Verifying Identity:	<input type="checkbox"/> Driver's License	<input type="checkbox"/> State Issued ID Card
	<input type="checkbox"/> Military ID Card	
State/Branch: _____	ID Number: _____	

Agency Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Individual Verifying Identity: \_\_\_\_\_

***AUTHORIZED RECIPIENT: 1. Must maintain original or arrange for KBI to maintain.  
2. Must provide a copy to the applicant.***