Information:

First Name: Scott
Last Name: Weiss
Company: Weiss & Weiss LLC
Mailing Address 1: 50 Main Street
Mailing Address 2: 10th Floor
City: White Plains
State: NY
Zip Code: 10606
Email Address: scott@weissnweiss.com
Phone: 203 254-2707
Required copies of the records: Yes

List of specific record(s):
All and any personnel records and documents related to employment under contract between FJC and the Port of the following: Mr. Maldonado A. Galarza Jennifer Cornell Ms. Maccue Mr. Harewood Mr. Olvando Mr. Brooks Mr. Buchwood Mr. Ortiz Mr. Adama A. Brizar Mr. Letz H. Robonson Mr. Goodwin and Anna Poras.

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY PRA #15564
PUBLIC RECORD ACCESS FORM

Action by (print / type name):

William Shalewitz , Freedom of Information Administrator

Signature: Date:

09/27/2016

On behalf of the Secretary of the Port Authority, as Records Access Officer and Custodian of Government Records of the Port Authority.

- [x] The requested records are being made available.
- [ ] Any responsive records that may exist are currently in storage or archived, and a diligent search is being conducted. The Port Authority will respond by:
- [ ] A diligent search has been conducted, and no records responsive to your request have been located.
- [ ] The requested records that have been located are not being made available, as they are exempt from disclosure for the following specific reasons:
- [ ] Some requested records that have been located are being made available. The remainder are exempt from disclosure for the following specific reasons:
- [ ] The request does not reasonably describe or identify specific records; therefore, the Port Authority is unable to search for and locate responsive records. Please consider submitting a new request that describes or identifies the specific records requested with particularity and detail.
- [x] Other:

Material responsive to your request can be found on the Port Authority's website at http://corpinfo.panynj.gov/documents/15564-O/. Paper copies of the available records are available upon request. Exemptions applied for personal privacy and security.

This form is promulgated by the Port Authority pursuant to the Port Authority Public Records Access Policy and is intended to be construed consistent with the New York Freedom of Information Law and the New Jersey Open Public Records Act. It is intended to facilitate requests for Port Authority public records and does not constitute legal advice.

FOR OFFICE USE ONLY CASH#: FEE: $36

UID: PREV. UID: CLASS: CODE:

Employee Statement and Security Guard Application

NYS Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-7569
website: www.dos.state.ny.us

INSTRUCTIONS: Forms must be completed in blue or black ink. Incomplete forms will not be processed. Please refer to pages 5 and 6 for further instructions on completing this form.

APPLICANT INFORMATION SECTION

APPLICATION AS (Check only ONE): ◉ **Security Guard** ○ **Armed Security Guard**

Social Security Number: *(See Instructions-Privacy Notification)*

Birth Date: *(Must be at least 18 years old to apply.)* MM DD YYYY

Applicant's Name: LAST NAME Ortiz

FIRST NAME Efrain MIDDLE NAME Fernando NAME SUFFIX *(For example: Sr. / Jr. / III)*

Gender: ◉ Male ○ Female

Race: ○ White ○ Black ○ American Indian or Alaskan Native ○ Asian or Pacific Islander ◉ Other ○ Unknown

RESIDENCE ADDRESS

STREET ADDRESS (Required - P.O.Box may be added to ensure delivery)

APT/UNIT/PO BOX

CITY

STATE ZIP+4

COUNTY (Enter only if in New York State)

COUNTRY/NATION (Of above address)

DAYTIME PHONE (INCLUDING AREA CODE)

FAX NUMBER - IF ANY (INCLUDING AREA CODE)

E-MAIL ADDRESS (IF ANY)

DMV Consent Section - IMPORTANT INFORMATION Regarding Your Photo ID

The Department of State produces photo ID cards in cooperation with the NYS Department of Motor Vehicles (DMV). If you have a current NYS Driver License or Non-Driver ID card, please provide your 9-digit DMV ID Number in the space provided below. Then read the informed consent and sign this form. If you do not have a current NYS photo Driver License or Non-Driver ID card, please have your photo taken at any nearby DMV office BEFORE you complete this application. For more details, refer to our notice, "Request for Photo ID."

INFORMED CONSENT: I authorize the NYS Department of State and the NYS Department of Motor Vehicles (DMV) to produce an ID card bearing my DMV photo. I understand that DMV will send this card to the address I maintain with the Department of State. I also understand that the Department of State and DMV will use my DMV photo to produce all my subsequent ID Cards for as long as I maintain my license/ registration with the Department of State.

DMV ID#

X *Applicant's Signature* 1-8-2011 *Date Signed*

BACKGROUND QUESTIONS

Answer the following questions by checking either "YES" or "NO"

1. Are you a citizen of the United States or a legal resident of the United States in possession of a valid alien registration card? ◉ YES ○ NO
   → *IF "NO," you must submit an explanation.*

2. Are you a peace officer? ○ YES ◉ NO
   → *IF "YES," please read the attached Security Guard Training Advisory.*
   → *IF you qualify for an exemption, you must submit the documentation described in the Advisory. If you DO NOT qualify, you must submit training certificates.*

3. Are you a retired police officer? ○ YES ◉ NO
   → *IF "YES," please read the attached Security Guard Training Advisory.*
   → *IF you qualify for an exemption, you must submit the documentation described in the Advisory. If you DO NOT qualify, you must submit training certificates.*

4. Have you ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony? ○ YES ◉ NO
   → *IF "YES," you must submit with this application a written explanation giving the place, court jurisdiction, nature of the offense,sentence and/or other disposition. You must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must submit a copy with this application.*

5. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere? ○ YES ◉ NO
   → *IF "YES," you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).*

6. Has any license or permit issued to you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied? ○ YES ◉ NO
   → *IF "YES," you must submit an explanation.*

7. Have you ever been discharged from a correctional or law enforcement agency for incompetence or misconduct as determined by a court of competent jurisdiction, administrative hearing officer, administartive law judge, arbitor, arbitration panel or other duly constituted tribunal, or resigned from such an agency while charged with misconduct or incompetence? ○ YES ◉ NO
   → *IF "YES," you must submit an explanation.*

8. Have you ever been declared to be incompetent by reason of mental disease or defect which has not been removed by any court of competent jurisdiction? ○ YES ◉ NO
   → *IF "YES," you must submit an explanation.*

9. Have you ever applied in this state or elsewhere for a registration/license as a security guard; watch, guard or patrol agency; private investigator? ◉ YES ○ NO
   → *IF "YES," please provide the UID # or Reg. #.* ____ _____

EMPLOYMENT HISTORY

☞ Please enter the complete record of your occupation during the last five years. You may copy this page and attach as many sheets as needed.

Company One Information:

NAME OF COMPANY: Covenant Aviation
EMPLOYMENT STATUS *(Full-Time OR Part-Time)*: Full time
HOURS PER WEEK WORKED: 40
COMPANY ADDRESS: 3570 B - CTB - LaGuardia Airport - Flushing, N.Y. 11371
BUSINESS TELEPHONE: 718 205 3160
SUPERVISOR: Mark West
DATES OF EMPLOYMENT *(From – To)*: 2-1-2007 -
POSITION: Airport Security Agent
DUTIES: Patrol - Access Control - Escort

Company Two Information:

NAME OF COMPANY: Haynes Security
EMPLOYMENT STATUS *(Full-Time OR Part-Time)*: Full time
HOURS PER WEEK WORKED: 40
COMPANY ADDRESS: 3570 B - CTB - LaGuardia Airport Flushing, N.Y. 11371
BUSINESS TELEPHONE: 718 205 3160
SUPERVISOR: Michael Cline
DATES OF EMPLOYMENT *(From – To)*: 1-13-2003 - 2/1/2007
POSITION:
DUTIES:

Company Three Information:

NAME OF COMPANY: Self Employment
EMPLOYMENT STATUS *(Full-Time OR Part-Time)*: P.T.
HOURS PER WEEK WORKED: 6
COMPANY ADDRESS: —
DATES OF EMPLOYMENT *(From – To)*: 1-2006 - 12-2006
BUSINESS TELEPHONE: —
SUPERVISOR: —
POSITION: Deliveries
DUTIES:

Company Four Information:

NAME OF COMPANY: Shun Shing Trading
EMPLOYMENT STATUS *(Full-Time OR Part-Time)*: F.T.
HOURS PER WEEK WORKED: 40 +
COMPANY ADDRESS: 154 42nd Street Brooklyn N.Y.
BUSINESS TELEPHONE: 718 369 2288
SUPERVISOR: Phillip Lee
DATES OF EMPLOYMENT *(From – To)*: 1/2000 1/13/2003
POSITION: Driver, Sales Rep
DUTIES:

CHILD SUPPORT STATEMENT

You MUST complete this section. If you do not complete it, your application will NOT be processed.

I, the undersigned, do hereby certify that (You must "X" A or B, below):

A. ◉ **I am not under obligation to pay child support.** (SKIP "B" and go directly to **Applicant Affirmation**).

B. ○ I am under obligation to pay child support (You must "X" any of the four statements below that are true and apply to you):

- ○ I do not owe four or more months of child support payments.
- ○ I am making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties.
- ○ My child support obligation is the subject of a pending court proceeding.
- ○ I receive public assistance or supplemental social security income.

APPLICANT AFFIRMATION

I affirm, under the penalties of perjury, that the statements made in this application are true and correct. I further affirm that I have read and understand the provisions of Article 7A of the General Business Law and the rules and regulations promulgated thereunder.

X _____ 1-8-2011

Applicant's Signature *Date Signed*

Print Name: Efrain F. Ortiz

NOTICE OF EMPLOYMENT

If employment will commence with the filing of your application, this section MUST be completed by your employer.

DATE OF HIRE:

TRANSACTION NUMBER: TRANSACTION DATE:

GUARD'S NAME: GUARD'S SOCIAL SECURITY NUMBER:

EMPLOYER'S UID: EMPLOYER'S BUSINESS NAME:

I, *(Please Print)* _____, swear and affirm that I am the representative for the company identified as the employer and that I have verified the statements made by this employee and determined that these statements are true and correct to the best of my ability. I further attest that based on my verification of these statements, I find that the employee listed hereon is qualified for employment under the provisions of Articles 7 and 7-A of the General Business Law.

X _____ _____

Employer's Signature *Date Signed*

Department of State
Division of Licensing Services
Licensee Information

ID Number:

Name: ORTIZ EFRAIN F

Business Name: NOT APPLICABLE

Business Address: NOT APPLICABLE

County: NOT APPLICABLE

License Type: SECURITY GUARD - UNARMED
Expires: 07/24/2015

Training	Date Completed
8 Hour Preassignment:	05/31/2003
16 Hour On The Job:	02/11/2004
8 Hour Annual In Service:	05/17/2013
	05/15/2012

[Name Search] [Business Name Search] [ID Search]
[Licensee Search Menu]

Services/Programs | Privacy Policy | Accessibility Policy | Disclaimer | Return to DOS Homepage | Contact Us

SECURITY GUARD TRAINING CERTIFICATE

BE IT HEREBY KNOWN THAT

EFRAIN F. ORTIZ

HAS SUCCESSFULLY COMPLETED THE

EIGHT HOUR ANNUAL IN-SERVICE TRAINING COURSE FOR SECURITY GUARDS

WHICH SATISFIES THE MINIMUM CRITERIA RECOMMENDED BY THE NEW YORK STATE SECURITY GUARD ADVISORY COUNCIL

CONDUCTED BY

Thomas Shortman Training Fund
101 Sixth Avenue New York, NY 10013

THIS COURSE CONDUCTED ON

MAY 11TH, 2011

Michael J Green

SCHOOL DIRECTOR
Michael Green

311605
SCHOOL CODE

SECURITY GUARD TRAINING CERTIFICATE

BE IT HEREBY KNOWN THAT

EFRAIN F. ORTIZ

HAS SUCCESSFULLY COMPLETED THE

16 HOUR ON-THE-JOB TRAINING COURSE FOR
NEW YORK STATE SECURITY GUARDS

WHICH SATIFIES THE MINIMUM CRITERIA RECOMMENDED BY THE
NEW YORK STATE SECURITY GUARD ADVISORY COUNCIL

CONDUCTED BY

HAYNES SECURITY GUARD SCHOOL
1 NEW YORK AVENUE
NEWARK, NEW JERSEY 07105

THIS COURSE CONDUCTED ON

FEBRUARY 10/2004 AND FEBRUARY 11/2004

161426
SCHOOL CODE

Donald Rohrmann
Donald Rohrmann – SCHOOL DIRECTOR

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
High School Equivalency Program
Albany, New York 12234

HIGH SCHOOL EQUIVALENCY DIPLOMA TRANSCRIPT

A High School Equivalency Diploma is awarded by the New York State Education Department to any candidate who meets the requirements listed on the reverse side of this form. The test scores that enabled you to qualify for a New York State High School Equivalency Diploma are listed below. Your diploma number and the date that it was issued are provided below at the right.

Name of Test	Test No.	Test Score
Writing Skills	1	46
Social Studies	2	54
Science	3	47
Interpreting Literature & the Arts	4	47
Mathematics	5	49
	Total	243

Diploma No. : 01F000972
Date Issued : 02/26/2001
ID Number : 280-06532650D
Date of Birth

EFRAIN F ORTIZ

The University of the State of New York
Education Department

EXCELSIOR

Be it known that

EFRAIN F ORTIZ

having satisfactorily completed the requirements prescribed by the Commissioner of Education is thereby entitled to this

High School Equivalency Diploma

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
1181

In Witness Whereof the Regents issue this diploma under seal of the University at Albany in

FEBRUARY 2001

President of the University and Commissioner of Education

F000972

NYSED.gov

GED STATUS REPORT

NOTE: GED Testing results will not be available in the GED system for at least **8 weeks** after the date the GED Test was taken.

Please Enter the Following:

Social Security Number * Or GED ID(RETESTERS)	
DOB (mm/dd/yyyy):*	
* Required Fields	Search

(ORTIZ, EFRAIN)

Based on information provided the following results were found.

GED Testing Record

Test Date	Document Type	Issue Date
01/17/2001	Diploma.	February 26, 2001

FJC Security Services Inc.

Drug Screening Authorization

As a condition of employment/continued employment, I, Efrain Ortiz agree to be tested for controlled substances, marijuana, and alcohol. I understand that testing may occur prior to my employment with FJC Security Services, Inc., as well as from time to time during my employment, with or without cause or prior notice. In the event I refuse to take a test when requested or test results are positive, consideration of my application for employment or my employment with FJC Security Services, Inc., will be terminated.

I authorize the laboratory or medical personnel retained by the Company for these tests to release the results to the Company for whatever use the Company deems appropriate. Further, I release the laboratory, medical personnel, and FJC personnel conducting the drug test, the Company, and the Company's employees, directors, officers, and successors from any liabilities, claims, and causes of action, known or unknown, contingent or fixed, that may result from this drug test. I agree not to file any lawsuit or other action to assert a claim.

Searches of employees, their property, and Company or other property under their control may be made if there is reasonable suspicion that may they may be in possession of unlawful drugs or alcohol.

For those contracts which fall under the guidelines of the Department of Transportation:

DEPARTMENT OF TRANSPORTATION (DOT) REGULATIONS requires Pre-employment (drug tests only), Random, Reasonable Cause and Post Accident (serious accident) drug and alcohol testing for employees in safety sensitive jobs, such as aircraft mechanics, dispatchers, and screeners working with U.S. certified airlines or with U.S. (N-designated) airlines. In addition, the company must notify the FAA within five (5) days of any refusal to be tested by an A&P or dispatcher.

UNDER DOT REGULATIONS any person in a safety sensitive job who uses drugs or alcohol on the job who tests positive twice for either drugs or alcohol is permanently barred from ever working in a safety sensitive job for any employer.

I have carefully read and understood this agreement, and I sign this without any coercion or duress by any individual or institution.

Efrain F Ortiz		1/8/2011
Print Name	Signature	Date

Efrain Ortiz

JFK MEDPORT

JFK International Airport
Bldg 14. (West Wing) Suite 14A
Jamaica, NY 11430
Voice: 718-656-1245
Fax: 718-656-3060

FJC Security- LGA

Applicant Name: EFRAIN ORTIZ Date: 1-6-12
Applicant SS # [illegible]

☑ Fit for Duty

☐ Not Fit for Duty

Comments: _____

Physician Name: Gerald Surya MD

Physician Signature

Gerald Surya M.D
NY 204213

FJC Security Services Inc.

Data Entry

New Hire	Re-Hire	Transfer

SOCIAL SECURITY #	PHONE NUMBER	EMERGENCY CONTACT NAME and PHONE
		MARIBEL ORTEGA

LAST NAME	FIRST NAME	MIDDLE
ORTIZ	EFRAIN	Fernando

ADDRESS	APT#	CITY	STATE	ZIP CODE

EMPLOYEE INFORMATION

SEX	BIRTH DATE	ETHNIC BACKGROUND	HIRE DATE
MALE FEMALE		Hispanic	1/19/11

DEPARTMENT	SITE LOCATION	UNION	ACCOUNT MANAGER	ORIGINAL START DATE
PALGA	LGA	32 BJ	G Robson	

PAYROLL INFORMATION

PAY RATE:	HOURS	STATUS	DEPENDANTS
16.24		MARRIED SINGLE A B C D E	1

LICENSES AND EXPIRATION DATES

TRANSACTION #/NJ TEMP #	DATE	ALIEN CARD/WORK AUTH/CITIZEN	EXP. DATE
695451	01-20-11		

GUARD UID#	EXP. DATE	DEDUCTION	DRUG TEST	DATE TAKEN
10009245059	7/24/11	$25 $142 $453	10 PANEL	

PORT AUTHORITY ID CARD #	EXP. DATE	FIRE GUARD LICENSE	EXP. DATE
3020079409	6/26/11	82877499 F93	2/7/13

STATE DL, PERMIT, OR ID	EXP. DATE	EXEC OVERRIDE BY	DATE	CERTIFICATION OF COMPLIANCE	DATE

[illegible]

HEIGHT	WEIGHT	HAIR	EYES
5'-5"	205 lbs	Brown	Brown

TRAINING COURSES AND CERTIFICATIONS

8 HOUR PRE-ASSIGNMENT	DATE ISSUED	16 HOUR OJT	DATE ISSUED	8 HOUR ANNUAL	DATE ISSUED
	5.31.03		2.11.04		3.17.10
47 HR ARMED TRAINING	DATE ISSUED	8 HR ARMED GUARD ANNUAL	DATE ISSUED	FJC 5 DAY INITIAL TRAINING	DATE
SIDA CERTIFICATE	DATE	ASA TRAINING	DATE	DHS TRAINING	DATE

AOA TRAINING	DATE	PA TRAINING	DATE	32BJ TRAINING	DATE	GUN LICENSE	DATE

Processor: Giancarlo Nobos Date: 1/20/11

CCD Auditor: _____ Date Entered: _____

Rev. 05/03/10

FJC SECURITY SERVICES Over 20 Years of Service, Support & Solutions!

December 22, 2010

Re: Conditional Offer of Employment

Dear: Efrain Ortiz

On behalf of FJC Security Services, Inc., I am delighted to offer you a position as an Airport Security Agent (ASA) with the Company. This is a full-time non-exempt position. In this capacity your salary will be as follows:

Your initial rate of pay will be $16.24 per hour as dictated by The Port Authority Contract. You will receive overtime pay at 1 ½ times your regular rate of pay for all hours actually worked in excess of forty (40) during the work week. You will be paid on Friday of each week.

You will be initially assigned to The Port Authority of NY & NJ, LGA Airport Location. We would like you to begin work on 01-19-2011.

Please be aware that your employment is "at will", meaning either you or FJC may terminate the employment relationship at any time with or without cause or notice. Your employment is for no definite term, regardless of any oral or written statement by any FJC Security officer or representative, with the sole exception of an express written employment contract signed by the President of the Company.

The offer described above is contingent upon the results of a reference/background check, drug test and a physical examination, as required by the Company and The Port Authority Contract. The physical examination and drug test must be completed at least five (5) days before employment commences. Employment is also contingent upon compliance with immigration law and the completion of an I-9.I. Additionally, as a condition of employment, you must complete 40 Hours FJC Initial Training

We look forward to hearing from you about this offer. Please indicate your acceptance of our offer by signing the attached form and returning one copy of the letter, with your original signature, to me no later than 01-14-2011. Any acceptance after this date will be invalid.

Sincerely,

Karen L. O'Neill

Karen L. O'Neill

Corporate Director, Human Resources

FJC Security Services, Inc.

FJC SECURITY SERVICES Over 20 Years of Service, Support & Solutions!

I accept / decline (please circle one) FJC Security Services, Inc.'s offer of employment. I understand that my employment with FJC Security Services, Inc. is for no definite term, regardless of any other oral or written statement by any FJC Security officer or representative, and is considered "at-will." I understand further that either the company or I may terminate this employment relationship at any time or without cause or notice.

I understand that my employment is contingent upon completion of background check, drug test, or any other contingencies necessary.

I have been notified of my pay rate, overtime rate, and designated pay day on the date given below.

Accepted (Signature): _____

Print Name: Efrain F. Ortiz.

Date: 1-8-2011

Over 20 Years of Service, Support & Solutions!

FJC Security Services, Inc. – Job Description

POSITION: **Tour Supervisor** (Non-Exempt)
Reports to: **Assistant Project Manager**
Site: **LGA**

Position Definition: The Tour Supervisor will serve as the Contractor's representative at the facility (LaGuardia), assisting the Project Manager and Assistant Project Manager in fulfilling their responsibilities.

Essential Functions:

Responsible for direct supervision of the Airport Security Agents on post.
Record/Report non-compliance to instructions and policies for execution of appropriate disciplinary measures.
Prepare incident reports
Make recommendations for recognition or penalization
Assess and resolve scheduling issues
Transmit information between guards on post, the port authority security supervisor and the port authority police
Maintain guard attendance report
Make arrangements to replace guards who leave their post
Prepare, attend and conduct roll calls
Contact guards for work assignments
Maintain daily logs of unusual incidents and requests for service
Review written reports, including breach of rules, prepared by personnel for clarity, consistency and accuracy
Issue equipment to guards and maintain records of the same
Be readily available to the manager for compliance to orders, instructions, directions, and information, given in writing or orally regarding the performance of services under the contract
Maintain continuing contact with all guards on duty
Have demonstrated knowledge of rotating manpower schedules for large operation and shall perform administrative duties
Insure that all posts are properly covered and equipped
Review each guard's log book/relief sheets for conformity as directed by the manager and sign such in red ink, must include date and time
Provide, maintain and file approved sign-in sheets of each tour at the end of each shift.
Review time sheets for accuracy
Prepare a written report of each tour at the end of each shift as required
Supervise all personnel including the review of all time sheets and disciplinary action
Assist port authority staff with the breach of rules program
Follow and implement all directions from the port authority supervisory staff in the areas of the security identification card office, breach of rules program, bogus Bob/Babs and SIDA training programs, and overseeing personnel assigned to these areas from the contract
Reporting to and taking direction from the manager and Port Authority
Perform all other specific responsibilities and duties as required by the manager
Dress in uniform at all times while on duty

Minimal Qualifications:

Meet all requirements of the New York State Local Law, "Security Guard Act", including but not limited to the satisfactory completion of fingerprint checks.
Not be under indictment for any felony or any other offense specified in New York State law.
Must have a minimum of one year full-time supervisory experience with large workgroup in security environment or two years' experience as an ASA on a PA contract (combination of education and experience may be considered).
Must meet ALL contractual and FJC requirements, including:

- Must be a US Citizen and possess a valid social security number.
- Must possess two years of experience in any of the following categories: *security guard, watchman or police position, service in the US military services in a police or military security position or college credits from an accredited institution of higher learning in Criminal Justice or Police Science at the equivalent rate of 30 credit hours per year.*
- Must possess a valid driver's license (at least one year experience) for the operation of motor vehicles.
- Must possess a minimum of a US High School Diploma or the Equivalent issued from a U.S. school.
- Must possess NYS Security Guard License, 8 hours and 16 hours security training certificates and Fire Guard license (a NYC Certificate of Fitness for Fire Safety Director duties is a plus).

Must comply with all requirements of the "Tour of Duty" as it applies to this position.
Must pass pre-employment and annual assessment testing.
Must be capable of performing normal or emergency duties.

Competencies and Physical Demands:

Knowledge of fundamental airport security principles and practices applicable to guard service operations, including interpretation and enforcement of FJC's and PANYNJ's policies and procedures.
Must demonstrate exemplary leadership/supervisory/motivational skills.
Must demonstrate the ability to multi-task and quickly adapt to changes
Must possess strong oral and written, interpersonal, organizational and communications skills.
Must demonstrate the ability to write, read and speak English which may include the satisfactory completion of the standard test of English as a foreign language or its equivalent.
Proficiency in MS Outlook and working knowledge of MS Excel and Word (Computer literacy)

Work Environment:

Moderate physical exertion, such as walking over uneven surfaces, bending, stooping, stretching, and added hours resolving issues involving security screening operations (ex. scheduling additional coverage).
Some lifting, twisting and standing for prolonged periods of time will occur.
Some work using a computer
At times, the work environment can be fast paced, and highly stressful
Work is normally performed both inside and outside. Temperatures may vary from time to time.

Signature below acknowledges receipt and understanding of detail outlined above.

Print Name: Efrain Ortiz Signature: [illegible]

Date: 9/26/2011

FJC SECURITY SERVICES

COVENANT

January 5, 2011

To Whom It May Concern:

This is to certify that Covenant Aviation Security has employed Ortiz, Efrain F. since February 1, 2007, as an Airport Security Agent, earning $16.10 per hour.

If I may be of any further assistance, please feel free to contact me.

Sincerely,

Shelly-Ann Foster
Human Resources Generalist

COVENANT AVIATION SECURITY, LLC
LAGUARDIA AIRPORT
CENTRAL TERMINAL BUILDING
ROOM 3570B
FLUSHING, NY 11371
PHONE: 718-203-3160 • FAX: 718-205-3322

COVENANT

COVENANT AVIATION SECURITY, LLC

CHECK NO : A31990
CHECK DATE : 12/31/2010
PERIOD ENDING : 12/24/2010
PAY FREQUENCY : BI-WEEKLY

ORTIZ,EFRAIN F

ID NUMBER: 26LGAA0235
BASE RATE: 16.10
SSN:

STATUS EXEMPT
FED: SINGLE 2
ST1: S 0
ST2:

TAX ADJUSTMENTS:
FED: ST:
DI / UC: 0
LOCAL:

STATE AND LOCAL CODES
PRI: NY LOC1: NY LOC3: MT
SEC: LOC2: LOC4:
LOC5:

IMPORTANT MESSAGE

HOURS AND EARNINGS					TAXES AND DEDUCTIONS			SPECIAL INFORMATION	
	CURRENT		Y - T - D			CURRENT	Y - T - D		
DESCRIPTION	HOURS/UNITS	EARNINGS	HOURS/UNITS	EARNINGS	DESCRIPTION	AMOUNT	AMOUNT		
REGULAR	60.50	974.05	1,830.24	29,755.39	SO SEC TAX	72.20	2,114.98		
REGULAR	3.00	61.68	.00	.00	MEDICARE TAX	16.88	494.63	401K MATCH	5.82
REGULAR ADJST	.00	.00	8.00	128.80	FED INC TAX	89.25	3,032.18	VAC END BAL	11.90
VACATION	8.00	128.80	128.00	2,047.98	PRI-STATE TAX	46.12	1,447.10	PTO END BAL	0.00
SICK	.00	.00	21.85	351.81	PRI-LOCAL TAX	28.72	887.77	SICK END BAL	14.78
OVERTIME	.00	.00	19.49	477.68	SUP-LOCAL TAX	.00	.00		
OVERTIME ADJ	.00	.00	.00	2.41	SDI/UC TAX	.00	.00		
OJT	.00	.00	4.50	72.45					
TRAIN OTHER	.00	.00	7.25	116.73					
HOLIDAY	.00	.00	72.00	1,159.32	TOTAL TAXES	253.17	7,976.66		
TOTAL H/E	71.50	1,164.53	2,091.33	34,112.57					

PRE-TAX ITEMS			AFTER-TAX ITEMS			CURRENT NET PAY DISTRIBUTION	
			DEP LIFE	.00	21.60	C 852069905	899.71
			FEDERAL LEVY	.00	686.88	CHECK AMOUNT	.00
			ROTH 401K	11.65	341.15		
			VLIFE	.00	86.40		
TOTAL	71.50	1,164.53	2,091.33	34,112.57	TOTAL PER DED	11.65	1,136.03

	GROSS	PRE-TAX	FIT TAXABLE	LESS TAXES	LESS DEDS	EQ NET PAY	TOTAL CURRENT NET PAY	899.71
CURRENT	1,164.53	.00	1,164.53	253.17	11.65	899.71		
Y-T-D	34,112.57	.00	34,112.57	7,976.66	1,136.03	24,999.88		

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COVENANT

COVENANT AVIATION SECURITY, LLC

CHECK NO : A31660
CHECK DATE : 12/17/2010
PERIOD ENDING : 12/10/2010
PAY FREQUENCY : BI-WEEKLY

ORTIZ,EFRAIN F

ID NUMBER: 26LGAA0235
BASE RATE: 16.10
SSN:

STATUS EXEMPT
FED: SINGLE 2
ST1: S 0
ST2:

TAX ADJUSTMENTS:
FED: ST:
DI / UC: 0
LOCAL:

STATE AND LOCAL CODES
PRI: NY LOC1: NY LOC3: MT
SEC: LOC2: LOC4:
LOC5:

IMPORTANT MESSAGE

HOURS AND EARNINGS					TAXES AND DEDUCTIONS			SPECIAL INFORMATION	
	CURRENT		Y - T - D			CURRENT	Y - T - D		
DESCRIPTION	HOURS/UNITS	EARNINGS	HOURS/UNITS	EARNINGS	DESCRIPTION	AMOUNT	AMOUNT		
REGULAR	11.00	226.16	1,766.74	28,719.66	SO SEC TAX	85.08	2,042.78	401K MATCH	6.86
REGULAR	35.00	563.50	.00	.00	MEDICARE TAX	19.90	477.75	VAC END BAL	17.15
REGULAR	12.35	198.84	.00	.00	FED INC TAX	120.40	2,942.93	PTO END BAL	0.00
REGULAR	15.83	254.92	.00	.00	PRI-STATE TAX	60.35	1,400.98	SICK END BAL	13.42
REGULAR ADJST	.00	.00	8.00	128.80	PRI-LOCAL TAX	36.82	859.05		
VACATION	.00	.00	120.00	1,919.18	SUP-LOCAL TAX	.00	.00		
SICK	8.00	128.80	21.85	351.81	SDI/UC TAX	.00	.00		
OVERTIME	.00	.00	19.49	477.68	TOTAL TAXES	322.55	7,723.49		
OVERTIME ADJ	.00	.00	.00	2.41					
OJT	.00	.00	4.50	72.45					
TRAIN OTHER	.00	.00	7.25	116.73					
HOLIDAY	.00	.00	72.00	1,159.32					
TOTAL H/E	82.18	1,372.22	2,019.83	32,948.04					

PRE-TAX ITEMS					AFTER-TAX ITEMS			CURRENT NET PAY DISTRIBUTION	
					DEP LIFE	.90	21.60	C 852069905	1,031.45
					FEDERAL LEVY	.00	686.88	CHECK AMOUNT	.00
					ROTH 401K	13.72	329.50		
					VLIFE	3.60	86.40		
TOTAL	82.18	1,372.22	2,019.83	32,948.04	TOTAL PER DED	18.22	1,124.38		

	GROSS	PRE-TAX	FIT TAXABLE	LESS TAXES	LESS DEDS	EQ NET PAY	
CURRENT	1,372.22	.00	1,372.22	322.55	18.22	1,031.45	TOTAL CURRENT NET PAY 1,031.45
Y-T-D	32,948.04	.00	32,948.04	7,723.49	1,124.38	24,100.17	

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COVENANT

COVENANT AVIATION SECURITY, LLC

CHECK NO : 000011477
CHECK DATE : 1/16/2009
PERIOD ENDING : 1/9/2009
PAY FREQUENCY : BI-WEEKLY

ORTIZ,EFRAIN F

ID NUMBER: 26LGAA0235
BASE RATE: 15.32
SSN:

STATUS EXEMPT
FED: SINGLE 0
ST1: S 0
ST2:

TAX ADJUSTMENTS:
FED: ST:
DI / UC: 0
LOCAL:

STATE AND LOCAL CODES
PRI: NY LOC1: NY LOC3:
SEC: LOC2: LOC4:
LOC5:

IMPORTANT MESSAGE

HOURS AND EARNINGS					TAXES AND DEDUCTIONS			SPECIAL INFORMATION	
	CURRENT		Y - T - D			CURRENT	Y - T - D		
DESCRIPTION	HOURS/UNITS	EARNINGS	HOURS/UNITS	EARNINGS	DESCRIPTION	AMOUNT	AMOUNT		
REGULAR	45.50	697.06	123.29	1,922.54	SO SEC TAX	60.51	143.63	401K MATCH	4.88
REGULAR	8.00	156.40	.00	.00	MEDICARE TAX	14.15	33.59	VAC END BAL	81.07
SICK	.00	.00	8.00	122.56	FED INC TAX	116.21	287.11	PTO END BAL	0.00
OVERTIME	.00	.00	1.15	26.43	PRI-STATE TAX	33.80	91.99	SICK END BAL	26.02
HOLIDAY	8.00	122.56	16.00	245.12	PRI-LOCAL TAX	21.72	57.31		
TOTAL H/E	61.50	976.02	148.44	2,316.65	SDI/UC TAX	.00	.00		
					TOTAL TAXES	246.39	613.63		

PRE-TAX ITEMS					AFTER-TAX ITEMS			CURRENT NET PAY DISTRIBUTION	
					DEP LIFE	.90	1.80	CHECK AMOUNT	715.37
					ROTH 401K	9.76	23.17		
					VLIFE	3.60	7.20		
TOTAL	61.50	976.02	148.44	2,316.65	TOTAL PER DED	14.26	32.17		

	GROSS	PRE-TAX	FIT TAXABLE	LESS TAXES	LESS DEDS	EQ NET PAY	
CURRENT	976.02	.00	976.02	246.39	14.26	715.37	TOTAL CURRENT NET PAY 715.37
Y-T-D	2,316.65	.00	2,316.65	613.63	32.17	1,670.85	

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COVENANT

COVENANT AVIATION SECURITY, LLC

CHECK NO : 000011283
CHECK DATE : 1/2/2009
PERIOD ENDING : 12/26/2008
PAY FREQUENCY : BI-WEEKLY

ORTIZ,EFRAIN F

ID NUMBER: 26LGAA0235
BASE RATE: 15.32
SSN:

STATUS EXEMPT
FED: SINGLE 0
ST1: S 0
ST2:

TAX ADJUSTMENTS:
FED: ST:
DI / UC: 0
LOCAL:

STATE AND LOCAL CODES
PRI: NY LOC1: NY LOC3:
SEC: LOC2: LOC4:
LOC5:

IMPORTANT MESSAGE

HOURS AND EARNINGS					TAXES AND DEDUCTIONS			SPECIAL INFORMATION	
	CURRENT		Y - T - D			CURRENT	Y - T - D		
DESCRIPTION	HOURS/UNITS	EARNINGS	HOURS/UNITS	EARNINGS	DESCRIPTION	AMOUNT	AMOUNT		
REGULAR	22.77	348.78	69.79	1,069.08	SO SEC TAX	83.12	83.12	401K MATCH	6.70
REGULAR	28.50	436.62	.00	.00	MEDICARE TAX	19.44	19.44	VAC END BAL	85.95
REGULAR	18.52	283.68	.00	.00	FED INC TAX	170.90	170.90	PTO END BAL	1.07
SICK	8.00	122.56	8.00	122.56	PRI-STATE TAX	58.19	58.19	SICK END BAL	25.20
OVERTIME	1.15	26.43	1.15	26.43	PRI-LOCAL TAX	35.59	35.59		
HOLIDAY	8.00	122.56	8.00	122.56	SDI/UC TAX	.00	.00		
TOTAL H/E	86.94	1,340.63	86.94	1,340.63	TOTAL TAXES	367.24	367.24		

PRE-TAX ITEMS					AFTER-TAX ITEMS			CURRENT NET PAY DISTRIBUTION	
					DEP LIFE	.90	.90		
					ROTH 401K	13.41	13.41	CHECK AMOUNT	955.48
					VLIFE	3.60	3.60		
TOTAL	86.94	1,340.63	86.94	1,340.63	TOTAL PER DED	17.91	17.91		

	GROSS	PRE-TAX	FIT TAXABLE	LESS TAXES	LESS DEDS	EQ NET PAY	
CURRENT	1,340.63	.00	1,340.63	367.24	17.91	955.48	TOTAL CURRENT NET PAY 955.48
Y-T-D	1,340.63	.00	1,340.63	367.24	17.91	955.48	

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*** REC 2011007 114032 H48419E0 CNPP CIPQYAE PQAE (F-CNP) ***

QRY DATE: 01/07/11 AN: DOC: 134 UNIT: AD PG: 001+ DEQR
INPUT: YRS REQ: 1997-2009; COVERED DETAILS; EMPLOYER ADDRESS
MEF: NA: E F ORTIZ DB: SX: M AK:

DETAIL COVERED FICA EARNINGS AND EMPLOYER NAME AND ADDRESS FOR YEARS REQUESTED

EIN: SOPHIA LA BELLE INC
425 5TH AVE
NEW YORK NY 10016-2222

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0097	AA		E ORTIZ	2000.00	2000.00	7147-86-38695	01598	V
			WAGE TOTAL	2000.00				
			OASDI EMPLOYER TOTAL	2000.00				
			97 OASDI YEARLY TOTAL	2000.00				

Social Security Adm.
Washington Heights District Office
4292 Broadway
New York, N.Y. 10033

98 NONE

99 NONE

EIN: SHUN SHING TRADING CO INC
154 42ND ST
BROOKLYN NY 11232-3317

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0000	AA		E F ORTIZ	14600.00	14600.00	0113-73-39954	01601	V
			WAGE TOTAL	14600.00				
			OASDI EMPLOYER TOTAL	14600.00				
			00 OASDI YEARLY TOTAL	14600.00				

EIN: SHUN SHING TRADING CO INC

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0001	AA		E F ORTIZ	19950.00	19950.00	1060-71-28314	00902	V
			WAGE TOTAL	19950.00				
			OASDI EMPLOYER TOTAL	19950.00				
			01 OASDI YEARLY TOTAL	19950.00				

EIN: SHUN SHING TRADING CO INC

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0002	AA		E F ORTIZ	23410.00	23410.00	2062-65-20948	00903	V
			WAGE TOTAL	23410.00				
			OASDI EMPLOYER TOTAL	23410.00				
			02 OASDI YEARLY TOTAL	23410.00				

EIN: SHUN SHING TRADING CO INC

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0003	AA		E F ORTIZ	960.00	960.00	3114-69-44164	01804	V
			WAGE TOTAL	960.00				
			OASDI EMPLOYER TOTAL	960.00				

EIN: HAYNES SECURITY INC
1 JERSEY CITY AVE
LAVALLETTE NJ 08735-2519

0003	AA		E F ORTIZ	5384.64	5384.64	3049-90-23734	00504	V
	AA		E F ORTIZ	32615.60	32615.60	3049-90-23734	00504	V
			WAGE TOTAL	38000.24				
			OASDI EMPLOYER TOTAL	38000.24				
			03 OASDI YEARLY TOTAL	38960.24				

EIN: HAYNES SECURITY INC

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S

Social Security Adm.
Washington Heights District Office
4292 Broadway
New York, N.Y. 10033

QRY DATE: 01/07/11 AN: DOC: 134 UNIT: AD PG: 002 DEQR

0004	AA	E F ORTIZ	43601.16	43601.16	4047-90-05371	00505	V
		WAGE TOTAL	43601.16				
		OASDI EMPLOYER TOTAL	43601.16				
		04 OASDI YEARLY TOTAL	43601.16				

EIN: HAYNES SECURITY INC

RPYR	REO LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0005	AA	E F ORTIZ	49115.66	49115.66	5045-87-03110	00506	V
		WAGE TOTAL	49115.66				
		OASDI EMPLOYER TOTAL	49115.66				
		05 OASDI YEARLY TOTAL	49115.66				

EIN: HAYNES SECURITY INC

RPYR	REO LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0006	AA	E F ORTIZ	53929.65	53929.65	6043-87-79071	00507	V
		WAGE TOTAL	53929.65				
		OASDI EMPLOYER TOTAL	53929.65				

SELF EMPLOYMENT

RPYR	REO SMEM	NAME	EARNINGS	SE NUMBER	CONTROL NUMBER	PR	S
SE06	OI	E ORTIZ	555.00	110600000	2210-60-59680	00807	V
OASDI	SELF EMPLOYMENT TOTAL		555.00				
	06 OASDI YEARLY TOTAL		54484.65				

EIN: HAYNES SECURITY INC

RPYR	REO LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0007	AA	E F ORTIZ	5568.64	5568.64	8058-AT-64793	00608	V
		WAGE TOTAL	5568.64				
		OASDI EMPLOYER TOTAL	5568.64				

EIN: COVENANT AVIATION SECURITY LLC
WORLDWIDE SECURITY SERVICES LTD
270 REMINGTON BLVD STE B
BOLINGBROOK IL 60440-3593

0007	AA	E F ORTIZ	32871.59	32871.59	8093-AF-32057	01108	V
		WAGE TOTAL	32871.59				
		OASDI EMPLOYER TOTAL	32871.59				
		07 OASDI YEARLY TOTAL	38440.23				

EIN: COVENANT AVIATION SECURITY LLC

RPYR	REO LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0008	AA	E F ORTIZ	41497.86	41497.86	9076-BD-72827	00809	V
		WAGE TOTAL	41497.86				
		OASDI EMPLOYER TOTAL	41497.86				
		08 OASDI YEARLY TOTAL	41497.86				

EIN: COVENANT AVIATION SECURITY LLC

RPYR	REO LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0009	AA	E F ORTIZ	35989.16	35989.16	0071-AJ-51006	00910	V
		WAGE TOTAL	35989.16				
		OASDI EMPLOYER TOTAL	35989.16				
		09 OASDI YEARLY TOTAL	35989.16				

FJC Security Services Inc.

REQUEST FOR DRIVER ABSTRACT

Acknowledgment A

This form is to be filled out by each employee who will drive a Company owned vehicle.

I acknowledge receipt of FJC Security Services's Fleet Safety Program. I understand that I am required to read and strictly comply with the requirements stated in the policy. I also authorize a representative of FJC Security Services to obtain a copy of my Motor Vehicle Report.

Print Name: Efrain Ortiz

Work Site: LGA Division: _____

Date of Birth: _____ SS#: _____

Driver's License #: _____ State: _____ Exp. Date: _____

Signature: _____ Date: 1-8-2011

Acknowledgment B

This form is to be completed if the employee regularly drives on Company business as a job requirement and does not drive a Company vehicle.

I acknowledge receipt of FJC Security Services's Fleet Safety Program. I understand I am required to read and strictly comply with the requirements stated in the policy. I also authorize a representative of FJC Security Services to obtain a copy of my Motor Vehicle Report.

Print Name: _____

Title: _____ Division: _____

Date of Birth: _____ SS#: _____

Driver's License #: _____ State: _____ Exp. Date: _____

Signature: _____

State of New York DEPARTMENT OF MOTOR VEHICLES Empire State Plaza Albany, New York 12228

ABSTRACT OF DRIVING RECORD

PRINT DATE: 01/19/2011 TIME: 02:52 28600 17
FJC SECURITY SERVICES INC

OK

ORTIZ,EFRAIN,F CLIENT ID#: 932323669
DOB: SEX: M
HEIGHT: 5-5 EYE COLOR: BROWN
COUNTY: NEWY
MI #: 018750 19781 487012 80

NAME ON LICENSE/ID: ORTIZ
EFRAIN F
RESTRICTIONS: CORRECTIVE LENSES

LICENSE CLASS *D* STATUS: VALID EXPIRATION: 11/04/2017
PERMIT CLASS: M STATUS: VALID EXPIRATION: 07/16/2009
APPLICATION DATE: 07/16/2008
ENDORSEMENTS: NONE
RESTRICTIONS: NONE

**********ACTIVITY**********

CLASS CHANGE: 01/06/1998	NEW: *DJ*	OLD: PERMIT
CLASS CHANGE: 11/04/1998	NEW: *D*	OLD: *DJ*
CLASS CHANGE: 12/14/1998	NEW: *E*	OLD: *D*
CLASS CHANGE: 10/26/2009	NEW: *D*	OLD: *E*

**********CONVICTIONS/BAIL FORFEITURES**********

CONVICTION: OP MV - MOBILE PHONE
VIOLATION: 06/29/2010 CONVICTED ON: 09/07/2010
LOCATION: QUEENS COUNTY, QUEENS NORTH ADM. AD.
PENALTY:
COMM VEH: NO HAZMAT: NO

EXCELSIOR

**********END OF RECORD**********

This is to certify that this document is a true and complete copy of an electronic record on file in the New York State Department of Motor Vehicles, Albany, New York. The record was made in regular course of New York State Department of Motor Vehicles daily business. It is the business of the New York State Department of Motor Vehicles to create and maintain the records of drivers in the state of New York. Entries in this document are made at the time the recorded transactions or events took place or within a reasonable time thereafter. The person who reports the information is under a business duty to do so accurately.

ABS-3 (01/11)

EXECUTIVE DEPUTY COMMISSIONER OF MOTOR VEHICLES

FJC Security Services Inc.

Physical Capabilities Sign-Off

FJC Security Services
Employee Statement

EMPLOYEE: Efrain F. Ortiz Date: 1-8-2011

I Efrain F. Ortiz do hereby certify that to the best of my knowledge I am capable of performing normal or emergency duties including arduous physical exertion such as standing or walking an entire shift, climbing stairs and ladders, lifting and carrying objects weighing up to *50* lbs., running and enduring exposure to extreme weather conditions for an entire shift. I further understand my assignment may require periods of prolonged standing.

I have no physical limitations that would preclude me from accepting an assignment.

Signed: _____ Date: 1-8-2011

Accepted by: _____

Title: PA DIVISION

Revised 09/30/05

FJC Security Services Inc.

FAIR CREDIT REPORTING ACT DISCLOSURE/AUTHORIZATION

In accordance with the provisions of Section 604 (b) (2) of the Fair Credit Reporting Act (FCRA) (Title II, Subtitle D, Chapter I, Public Law 104-208) you are hereby informed that a consumer report about you may be ordered and used for employment purposes. Under the provisions of the Act, a driving record is considered a consumer report when used for employment purposes.

I, the undersigned, acknowledge receipt of the above disclosure and authorize the above named company to obtain a consumer report about me for its use related to employment purposes.

Applicant Signature

Social Security #

Efrain F. Ortiz

Applicant Print Name

1 / 8 / 2011

Date

Street Address

Date of Birth

City, State, Zip

Revised 07/28/08

FJC Security Services Inc.

Port Authority Division

Employment Status Statement

Full Time Employment

Date 2/22/11

I, E. Ortiz hereby accept a full time position with FJC Security Services as a Security Agent as shown on the attached schedule. I fully understand and acknowledge that FJC considers a full time position as a schedule of 30 hours or more per week. I also understand that as a full time employee I am entitled to all benefits of a Full Time Employee as described in the Collective Bargaining Agreement with the SEIU 32BJ Union, which represents all security agents employed within the Port Authority Division.

Signature _____

Social Security Number

PA Division Representative: G Robson (Print Name) _____ (Signature)

Title P M.

26 Journal Square Jersey City NJ
Phone: (201)386-0530 Fax: (201)386-94034
Website: www.fjcsecurity.com

FJC Security Services, Inc. Employee Schedule

(MRO)

Airport Security Agent Name: E Ortiz **Date:** 2/22/11

Site: JFK or (LGA) (Circle One) **Status:** (Full Time) or Part Time (Circle One) **Category:** (ASA) LASA CSS ID TS (Circle One)

Listed below is your assigned schedule and the basic rules and regulations that are to be followed at all times as an employee of FJC Security.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours
TOUR	07-15	07-15	07-15	07-15	07-15	RDO	RDO	40

In case of Call Outs (Sick/Emergency); it is the ASA's responsibility to call their designated dispatch at: SECURITY OPERATIONS CENTER (SOC): 718.244.7318 OR 718.244.7319

1. Any ASA who unable to report for his/her scheduled tour of duty must adhere to the call out rule of at least 4 hours notification prior to scheduled start time.
2. All ASA's are required to report for roll call 30 minutes prior to their scheduled tour of duty.
3. Call if you are going to be late for roll call.
4. No ASA can make changes to his/her schedule without prior approval from their Project Manager.
5. If you have any problems with your schedule, co-workers or supervisors; contact or Project Manager or HR Manager.
6. Don't forget to sign in/out and hand scan in/out daily.
7. Any ASA who does not wait for their relief or does not report for their scheduled tour of duty will face disciplinary action.
8. Please note that this is a temporary schedule and subject to change.

The pay period is Monday-Sunday. Checks are distributed on Fridays.

My signature below indicates that I read, understand and accept the schedule assigned to me.

Employee Signature — Date: 2/22/11 — FJC Manager

My signature below indicates that I am unable to accept the schedule assigned and I understand that I will be removed from the active employee list.

Employee Signature — Date — FJC Manager

Entered

VOLUNTARY DISCLOSURE OF EQUAL EMPLOYMENT OPPORTUNITY RECORD

FJC Security Services, Inc. is an equal employment opportunity employer and prohibits discrimination in its employment practices based on race, color, religion, sex, age, national origin, or disability, or any similar legally protected status.

In order to comply with EEOC, OFCCP and Affirmative Action regulations, the Company is required to compile summary data on the gender and ethnicity of its applicants. The information solicited is collected for the sole purpose of providing data to be used for statistical analysis by the Office of Human Resources. We request that you **voluntarily** provide the information listed below. Refusal to provide this information **will not** affect your current application for employment.

All information provided will be retained **separately** from your application and will be used only for record maintenance purposes as required by Federal and State regulations. Those individuals evaluating your application and making hiring decisions will not have access or review your answers on this form.

☐ I do **not** wish to provide this information to FJC Security Services, Inc.

1. Name: Efrain Ortiz

2. Position applied for: Airport Security Agent

3. Date of Birth: _____ (Month/Year)

4. Gender:

☐ Female ☑ Male

5. Ethnic Group:

☐ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

☐ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☑ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

6. **HANDICAPPED:** Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s). ☐ Handicapped

7. Pursuant to the Vietnam Era Veterans Readjustment Act of 1974, governmental contractors are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era. If you are a qualified veteran, you are invited to volunteer this information. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

Are you a veteran? ☐ Yes ☑ No. If Yes, indicate dates of military service:

from _____ to _____
Month / Day / Year Month / Day / Year

Signature of Job Applicant

1/8/2011
Date

ACKNOWLEDGMENT BY RELATED PARTY INDIVIDUAL

I, Efrain Ortiz (name of employee) ("**Related Party**"), am employed as a(n) Airport Security Agent (job title) by FJC Security Services, Inc. (name of employer). I have been provided with and have read the Non Disclosure and Confidentiality Agreement between FJC Security Services (the "**Recipient**") and The Port Authority of New York and New Jersey (the "**Port Authority**") dated February 1, 2011 (hereinafter the "**Agreement**".) I understand that because of my employer's relationship with Port Authority (name of Recipient, or the Port Authority if Related Party Individual is an employee of Recipient), both my employer and I may be provided with access to, and/or copies of, sensitive security materials or confidential information. If it is required for me to review or receive Confidential Information, as it is defined in the aforementioned Agreement, I acknowledge that I will be bound by each and every term and provision contained therein, and that failure to do so may include, but is not limited to, the imposition of disciplinary action and sanctions, and/or the institution of legal action seeking injunctive relief, monetary and/or criminal penalties for violation of law and/or Port Authority policies and procedures, as well as for violation of federal and/or state regulations.

To the extent that I am currently in the possession of, or have previously come into contact with, marked information as it relates to the aforementioned Agreement, I agree to conform my handling procedures for Confidential Information to the practices and procedures set forth and defined herein, or risk loss of access to said Information, removal from said Project and/or subjecting myself to the aforementioned disciplinary actions and/or civil and criminal penalties.

Signed: [signature]

Print Name: Efrain Ortiz

Title: Airport Security Agent

Date: 4-13-2011

Ortiz. Efrain

Employee Acknowledgement Form

I understand that the FJC Security Services, Inc. Corporate Handbook contains employment and benefits information only and is in no way to be interpreted as a contract between FJC Security Services, Inc. and myself. I also understand that no supervisor or management employee has any authority to make any statements to the contrary. I further recognize that the Company reserves the right to modify or delete any of the policies without notice at any time.

I have entered into my at-will employment relationship with FJC voluntarily and acknowledge that there is no specified length of employment. In a similar respect, the Company can terminate or change the terms and condition of my employment at any time, for any reason, with or without cause, notice or liability. so long as there is no violation of applicable federal or state law.

I have read and understand all foregoing policies and have received a copy of the Corporate Handbook, and agree to abide by them. If there is anything I do not understand, I will request an explanation from my supervisor or Human Resources.

Signature _____ Date 1-22-2011

Witness _____ Date _____

FJC Security Services Inc.

Terms and Conditions of Employment

TO ALL EMPLOYEES OF FJC SECURITY SERVICES INC. PLEASE READ AND SIGN THE FOLLOWING.

TO ENSURE THE GENERAL WELFARE OF ALL COMPANY EMPLOYEES AND THE PROPER FUNCTIONING OF COMPANY OPERATION, ALL EMPLOYEES ARE EXPECTED TO FOLLOW ESTABLISHED COMPANY TERMS AND CONDITIONS. THE FOLLOWING ARE EXAMPLES OF CONDUCT WHICH MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION. THEY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

1. INSUBORDINATION - WILLFULLY REFUSING TO FOLLOW INSTRUCTIONS OR TO PERFORM DESIGNATED WORK.
2. REFUSAL TO ACCEPT A JOB ASSIGNMENT.
3. FALSIFYING EMPLOYMENT APPLICATION, TIME SHEETS AND ANY OTHER OFFICIAL DOCUMENT.
4. FOUND TO BE CONVICTED OF ANY CRIME, RESULTING IN DENIAL OF SECURITY GUARD LICENSE (BEFORE OR DURING EMPLOYMENT).
5. FRATERNIZATION WITH CLIENTS OR CO-WORKERS.
6. THEFT OR UNAUTHORIZED REMOVAL, USE OR POSSESSION OF COMPANY, CUSTOMER, CLIENT OR ANOTHER EMPLOYEE'S PROPERTY.
7. FAILURES TO PASS A DRUG/ALCOHOL TEST OR REFUSAL TO TAKE A DRUG/ALCOHOL TEST.
8. REPORTING TO ANY FJC FACILITY INTOXICATED (ON OR OFF DUTY).
9. UNSATISFACTORY WORK PERFORMANCE.
10. FAILURE TO FOLLOW UNIFORM DRESS CODE OR MAINTAIN PERSONAL HYGIENE.
11. INATTENTION TO DUTIES OR SLEEPING ON DUTY OR ASSUMING THE POSITION SUGGESTING SLEEP, ON THE JOB.
12. EXCESSIVE PERSONAL USE OF TELEPHONES OR POSSESSION OF PERSONAL CELL PHONES/BEEPERS/CD PLAYERS/RADIOS OR ANY UNAUTHORIZED ELECTRONIC DEVICE WHILE WORKING.
13. UNAUTHORIZED EATING, DRINKING OR CHEWING GUM AT WORK STATIONS.
14. WALKING OFF POST, ABANDONMENT OF SCHEDULE, LEAVING AN ASSIGNED WORK AREA DURING WORK HOURS FOR ANY REASON OTHER THAN IN THE LINE OF DUTY OR WITH AUTHORIZATION FROM THE SUPERVISOR.
15. MALICIOUS DAMAGE TO COMPANY OR CLIENT PROPERTY.
16. DISLOYALTY TO THE COMPANY OR DISPARAGEMENT OF ITS PRODUCTS.
17. DISHONESTY.
18. PUNCHING ANOTHER EMPLOYEE'S TIME CARD OR FALSIFYING A TIME SHEET.
19. FIGHTING ON DUTY.
20. DISCLOSURE OF CONFIDENTIAL COMPANY INFORMATION TO UNAUTHORIZED PERSONS.
21. CREATING UNSAFE OR UNSANITARY CONDITIONS.
22. REFUSAL TO COOPERATE IN ANY INVESTIGATION IN THE WORKPLACE.
23. DELAYING OR RESTRICTING PRODUCTION OR ENCOURAGING OTHERS TO DO SO.
24. FAILURE TO MAINTAIN THE FOLLOWING LICENSES UP TO DATE (ALIEN CARD; SECURITY LICENSE; FIRE GUARD AND DMV.)
25. EMPLOYEES ARE RESTRICTED FROM SMOKING IN RESTRICTED AREAS. NEW YORK CITY FIRE DEPARTMENT CODE PROHIBITS SMOKING IN ALL PUBLIC BUILDINGS; THIS INCLUDES ALL BUILDINGS AND TERMINALS AT THE AIRPORTS. SMOKING ON THE AOA IS PROHIBITED EVEN IN A CLOSED VEHICLE.
26. FAILURE TO ABIDE BY COMPANY, CUSTOMER OR AIRPORT SECURITY, TRAFFIC, AND VEHICLE OPERATION OR PARKING REGULATIONS.
27. FAILURE TO REPORT EQUIPMENT FAILURES OR SAFETY HAZARDS IMMEDIATELY TO A MANAGER OR MAINTENANCE PERSONNEL.
28. CONSUMING ALCOHOLIC BEVERAGES OR TAKING NON-PRESCRIBED MEDICATION BEFORE START OF TOUR.

29. TAKING OF OVER THE COUNTER MEDICATION THAT COULD IMPAIR JUDGMENT, REFLEXES, OR ABILITY TO DO YOUR STATED DUTIES.
30. DISTRIBUTION OF LITERATURE, OF ANY DESCRIPTION, IS PROHIBITED IN THE WORKPLACE AT ALL TIMES.
31. COLLECTION OF MONEY, SUCH AS SELLING RAFFLES OR CANDIES, COLLECTING MONEY FOR VARIOUS CAUSES, SELLING TICKETS, ETC.
32. FAILURE OF FJC OFFICER TO COMMUNICATE TO SUPERVISORY STAFF ANY MATTERS PERTAINING TO A CHANGE IN AGREED UPON EMPLOYEE CONTRACT. IT IS THE RESPONSIBILITY OF THE OFFICER TO SUPPLY ANY DOCUMENTS THAT WILL CAUSE A CHANGE IN AGREED UPON SCHEDULE, AS SOON AS CHANGE IS KNOWN.
33. GAMBLING DURING WORK HOURS OR ON COMPANY OR CLIENTS PROPERTY
34. VIOLATION OF COMPANY, CUSTOMER SAFETY RULES AND COMMON KNOWN SAFETY PRACTICES.
35. FAILURE TO MAKE A PROMPT REPORT OF ANY INCIDENT THAT INVOLVES, OR IS ON COMPANY, CLIENT PROPERTY.
36. POSSESSION OF WEAPONS, NOT AUTHORIZED BY THE COMPANY, ON COMPANY, CLIENT PROPERTY.
37. TARDINESS OR ABSENCE FROM WORK WITHOUT PROPER NOTIFICATION OR EXPLANATION. ALL CALL OFFS MUST BE WITHIN 4HRS OF COMMENCEMENT OF THE BEGINNING OF YOUR TOUR.
38. ABUSIVE LANGUAGE TO ANY SUPERVISOR, CLIENT, MEMBER OF THE PUBLIC OR TO ANY EMPLOYEE.
39. VIOLATION OF LOCAL, STATE OR FEDERAL LAWS AND OR FAILURE TO NOTIFY COMPANY OF ANY ARREST OR CONVICTION FOR ANY OFFENCE OF SAID LAWS.
40. ABANDONMENT OF WORK SCHEDULE/ OR REASSIGNMENT: IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO REPORT BACK TO THE PERSONNEL OFFICE FOR REASSIGNMENT TO A NEW JOB LOCATION. OFFICER MUST SUBMIT DOCUMENTATION TO SAID OFFICE FOR ALL WORK STOPPAGE NOT APPROVED THROUGH THE CHAIN OF COMMAND.
41. FAILURE TO MAINTAIN STATE REQUIRED TRAINING CERTIFICATION UP TO DATE, INCLUDING THE 160JT (TAKEN ONCE WITHIN 90DAYS OF HIRING), 8HR.ANNUAL UNARMED TRAINING AND THE 8 HR ANNUAL ARMED TRAINING EVERY YEAR.

RULES OF CONDUCT AND DISCIPLINE ACKNOWLEDGEMENT:

I HAVE READ AND UNDERSTAND THE EMPLOYMENT TERMS AND CONDITIONS OF FJC SECURITY SERVICES, INC. FURTHERMORE, I HAVE BEEN GIVEN A COPY OF SUCH RULES AND HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THEM AND HAVE MY QUESTIONS ANSWERED. I HEREBY ATTEST TO THIS BY VIRTUE OF MY SIGNATURE APPEARING BELOW.

Efrain Ortiz
PRINT NAME

Div: PA-LGA

SECURITY OFFICER'S SIGNATURE

DATE: 12/09/11

Eric Dainkins
SIGNATURE of FJC STAFF

DATE: 12/9/11

Revised 06/17/08

ANTI-DISCRIMINATION AND HARASSMENT POLICY

FJC Security Services, Inc. is committed to maintaining a work environment that is free of discrimination and harassment. In keeping with this commitment, we will not tolerate harassment of FJC employees by anyone, including any supervisor, co-worker, vendor, client, or customer of FJC. All employees are expected to avoid any behavior or conduct that could reasonably be interpreted as unlawful harassment of employees or persons who do business with FJC Security Services, Inc.

Harassment consists of unwelcome conduct, whether verbal, physical, or visual, that is based upon a person's protected status, such as sex, color, race, religion, national origin, age, physical or mental disability, veteran status, citizenship status, ancestry, creed, marital status, sexual orientation or other protected group status. The Company will not tolerate harassing conduct that affects tangible job benefits, that interferes unreasonably with an individual's work performance, or that creates an intimidating, hostile, or offensive working environment.

Sexual harassment deserves special mention. Unwelcome sexual advances, requests for sexual favors, and other physical, verbal, or visual conduct based on sex constitute sexual harassment when (1) submission to the conduct is an explicit or implicit term or condition of employment, (2) submission to or rejection of the conduct is used as the basis for an employment decision, or (3) the conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. Sexual harassment is conduct based on sex, whether directed towards a person of the opposite or same sex, and may include explicit sexual propositions, sexual innuendo, suggestive comments, sexually oriented "kidding" or "teasing," "practical jokes," jokes about obscene printed or visual material, and physical contact such as patting, pinching, or brushing against another person's body.

Everyone at FJC Security Services, Inc. especially supervisors, are expected to avoid any behavior or conduct that could be interpreted as unlawful harassment. All employees should also understand the importance of informing an individual whenever that individual's behavior is unwelcome, offensive, in poor taste or inappropriate.

Discrimination consists of any disparate treatment of employees or actions that have a disparate impact on employees based on their sex, color, race, religion, national origin, age, physical or mental disability, veteran status, citizenship status, ancestry, creed, marital status sexual orientation or other protected group status. Such discrimination includes, but is not limited to, the hiring, assignment, promotion, demotion or discipline of any employee or applicant for employment based on her or his status as a member of one or more protected groups.

The policy of FJC Security Services, Inc. is to investigate each complaint promptly and to keep complaints and the result of our investigation confidential to the fullest extent possible.

If an investigation confirms that a violation of this policy has occurred, then appropriate disciplinary actions will be taken. In investigating complaints of discrimination or harassment under this policy, the Company may impose discipline for inappropriate conduct without regard to whether the conduct constitutes a violation of the law and even if that conduct does not rise to the level of violation of this policy. The company will advise interested parties of the outcome of an investigation, although not necessarily all details of the actions the company has taken to maintain a discrimination and harassment free environment.

If you feel that you have experienced or witnessed discrimination or harassment, you are to immediately contact the FJC Anti-Discrimination Hotline at 347-418-3127 *and* your immediate supervisor. If for any reason you feel uncomfortable addressing your concerns/complaints with your immediate supervisor, contact the Corporate Risk Manager at (516) 328-6000 x1153. FJC will then take the necessary steps to ensure that your report is properly investigated. There will be no retaliation against anyone for reporting a harassment or discrimination charge. Nor will there be any retaliation taken against anyone who cooperates with an investigation of a complaint of discrimination or harassment. Any retaliation should be reported immediately in the same manner as a discrimination or harassment complaint and will be investigated thoroughly.

Employee Acknowledgement:

I, the undersigned employee of FJC Security Services, Inc., hereby confirm and acknowledge that I have read and understood the above Anti-Discrimination and Harassment policy. I agree to abide by it and understand that any violation of it will be grounds for discipline, up to and including termination of my employment.

Ortiz, E.	05/13/2011	
Print Employee Name	Date	Signature

FJC SECURITY SERVICES, INC. IS AN EQUAL OPPORTUNITY EMPLOYER.

White Copy – Corporate File Yellow Copy – Personnel File Pink Copy – Employee

ORTIZ, EFRAIN
XXX-XX-6500
PA JFK LGA
PALG02

Notice and Acknowledgement of Pay Rate and Payday Under Section 195.1 of the New York State Labor Law

Notice for Multiple Hourly Rate Employees

1. Employer Information

Name:

FJC Security Services Inc

Doing Business As (DBA) Name(s):

Physical Address:

275 Jericho Turnpike
Floral Park, NY 11001

Mailing Address:

Same as Above

Phone:

(516) 328-6000

2. Notice given:

- ☐ At hiring
- ☒ On or before February 1
- ☐ Before a change in pay rate(s), allowances claimed or payday

3. Employee's rate(s) of pay for each type of work or shift:

$29.47 per hour for TS

N/A per hour for N/A

N/A per hour for N/A

4. Allowances taken:

- ☒ None
- ☐ Tips_____per hour
- ☐ Meals_____per meal
- ☐ Lodging_____
- ☐ Other_____

5. Regular payday: Friday

6. Pay is:

- ☒ Weekly
- ☐ Bi-weekly
- ☐ Other

7. Overtime Pay Rate(s) for each type of work or shift:

This must be at least 1 ½ times the worker's weighted average of the multiple rates of pay for the week, with few exceptions. The weighted average is the total regular pay divided by the total hours worked in the week. The overtime rate may vary from week to week depending on how many hours you worked at each rate of pay. The overtime rate may vary from week to week.

8. Employee Acknowledgement: On this date, I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated payday. I told my employer what my primary language is:

Check one:

- ☑ I have been given this pay notice in English only, because it is my primary language.
- ☐ My primary language is _____. I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

Employee Signature

1-19 2012

Date Received and Signed

JOAN DILBERT, PAYROLL SPECIALIST

Preparer Name and Title

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.

LS 55 (03/11)

Effective date. 10.1.11.

FJC Security Services, Inc.

Employee Schedule

TS Rate of pay. $29.47/hr

~~Airport Security Agent~~ Name: Efrain Cruz

Date: 10.14.11

Site: JFK or (LGA) (Circle One)

Status: (Full Time) or Part Time (Circle One)

Category: ASA LASA CSS ID (TS) (Circle One)

Listed below is your assigned schedule and the basic rules and regulations that are to be followed at all times as an employee of FJC Security.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours
TOUR	B TOUR	RDO	RDO	RDO	B TOUR	B TOUR	B TOUR	22

[redacted]

1. Any ASA who unable to report for his/her scheduled tour of duty must adhere to the call out rule of at least 4 hours notification prior to scheduled start time.
2. All ASA's are required to report for roll call 30 minutes prior to their scheduled tour of duty.
3. Call if you are going to be late for roll call.
4. No ASA can make changes to his/her schedule without prior approval from their Project Manager.
5. If you have any problems with your schedule, co-workers or supervisors; contact or Project Manager or HR Manager.
6. Don't forget to sign in/out and hand scan in/out daily.
7. Any ASA who does not wait for their relief or does not report for their scheduled tour of duty will face disciplinary action.
8. Please note that this is a temporary schedule and subject to change.

The pay period is Monday-Sunday. Checks are distributed on Fridays.

My signature below indicates that I read, understand and accept the schedule assigned to me.

Employee Signature | Date 10.14.2011 | FJC Manager

My signature below indicates that I am unable to accept the schedule assigned and I understand that I will be removed from the active employee list.

Employee Signature | Date | FJC Manager

Revised 032709

FJC SECURITY SERVICES, INC. 26 Journal Square, Jersey City, NJ 07306

EMPLOYEE INFRACTION/VIOLATION REPORT

PLEASE PRINT ALL INFORMATION

DATE OF REPORT 08/20/12 Day Monday VIOLATION #

Employee Name B . Ortiz Date of Occurrence 08/20/12-

Location LGA Tour/Shift 2200-0600

Report Prepared By APM Title/Position Tour Supervisor

ALLEGATION-OF INFRACTION/VIOLATION: (X)

[ ] 01 No Call/No Show
[ ] 02 Lateness
[ ] 03 Post Absence
[ ] 04 Improper Uniform
[ ] 05 Sitting on Post
[ ] 06 Personal Phone Calls
[ ] 07 Safety Violation
[ ] 08 Carelessness
[ ] 09 Abandon Post
[ ] 10 Improper Conduct
[ ] 11 Unsatisfactory Performance
[ ] 12 Lost Equipment
[ ] 13 Refuse Post Assignment
[ ] 14 Disrupting Roll Call
[ ] 15 Taking Gratuity
[ ] 16 Insubordination
[ ] 17 Inattentive to Duty
[ ] 18 Fighting on Duty
[ ] 19 Harassment
[ ] 20 Falsifying Information
[x] 21 Other

BRIEFLY EXPLAIN DETAILS: (Refer and attach Any/all Supporting Statements/Documents Marked as Attachments A-Z)

Mr. Ortiz you failed to follow proper procedure as per company policy writing up attendence policy

Signature of Reporting Party 8/20/12 Date Monday Day

EMPLOYEE RESPONSE (X): [ ] I agree with the above [ ] I disagree with the above-response follows

Due to the amount of open post and my strong attempt to cover all the assignments. I put off the writting of these report to the morning since the ASA was not present to be served.

Signature 8/20/12 Date Monday. Day

MANAGER COMMENTS/RECOMMENDATION (X):

[ ] Referred To-specify [x] Verbal Warning/Reprimand [ ] Suspension [ ] Probation [ ] Other-explain

Print Name Signature

DIRECTOR REVIEW: ___/___/___ Date Day

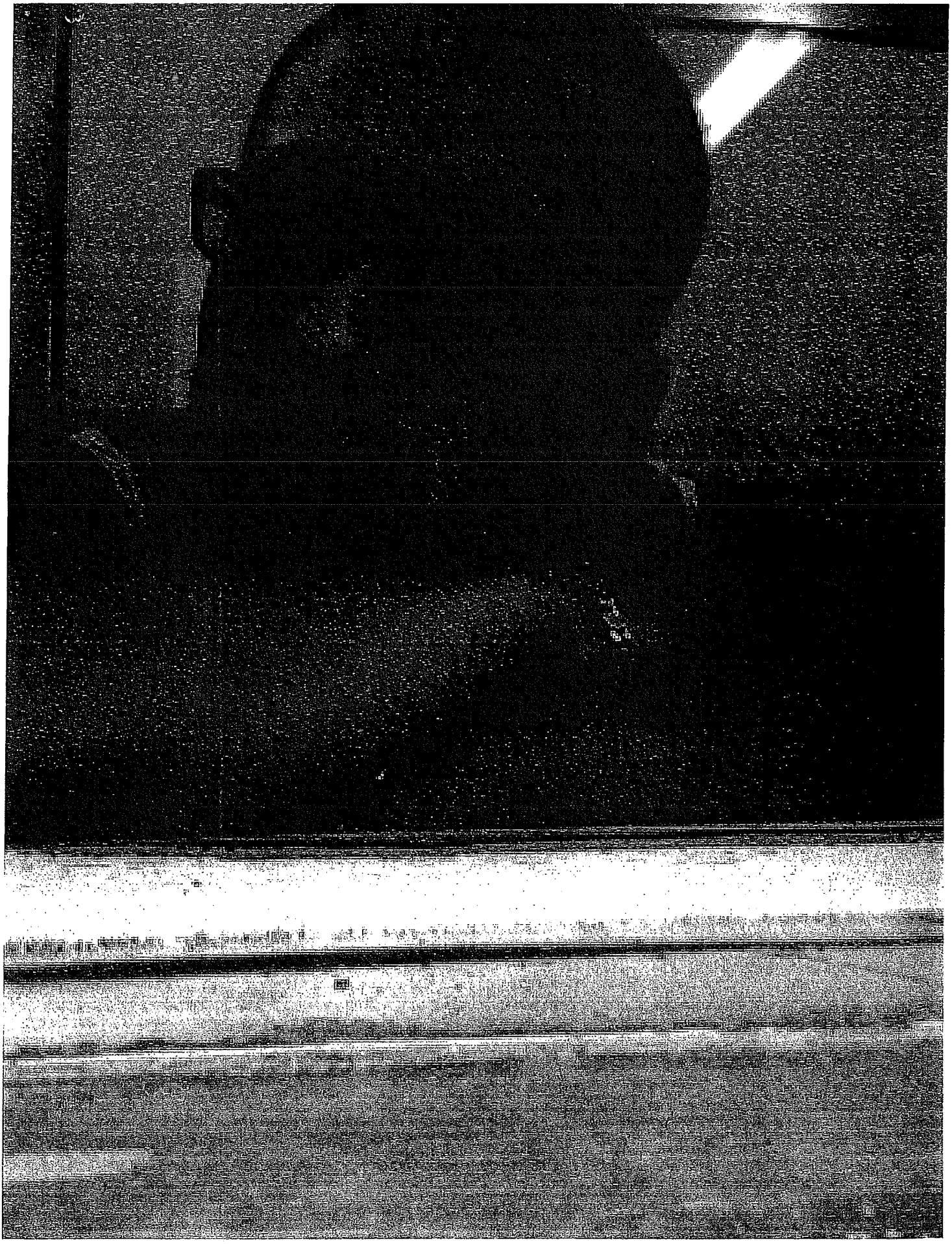
COMMENTS/RECOMENDATION:

PRINT NAME SIGNATURE

Katanga Joseph

From: stephen becko <stephenbecko@gmail.com>
Sent: Thursday, April 05, 2012 12:22 AM
To: Katanga Joseph; Gerard Robson
Subject: attention: social network post
Attachments: sleeping beauty.jpg

Is this the type of security officer that you want protecting you and your family while u travel through one of the nations busiest airports. I think not but FJC management seems to think yes and even give promotions to this caliber of their personnel. This very attentive security officer is now a supervisor



FJC Security Services Inc.

Service. Support. Solutions!

EMPLOYEE RECORD-Absentee/Lateness Notice

Subject Employee-Last Name: ORTIZ **First Name:** E

Position: (check one) ☐ Officer ☒ Agent ☐ Supervisor ☐ Other: _____

Assignment & Location: M/R

Attn Operations: _____
(Print Name & Title)

Report prepared by: _____
(Print Name & Title)

The following information is provided for your immediate attention/future reference as it relates to the subject employee:

☐ Reported for Duty Late

- **Date:** 8/29/11 **Day:** Monday **Scheduled Tour:** B
- _____ **Minutes Late** **Arrival Time:** _____
- **Reason-** as provided by employee HURRICANE IRENE

☐ Calling out for:

- **Date:** 8/29/11 **Day:** _____ **Scheduled Tour:** _____
- **Time of Call out:** _____
- **Reason-** Other additional Comments:

Position was filled with: _____ OT Incurred: ☒ NO ☐ YES – 16 TOTAL HRS
(Name of replacement officer)

Notified Supervisor/Manager: _____ Time: _____ Date: _____
(Print name & Title)

MANAGEMENT USE ONLY

☐ **Unexcused absence:** ☐ **Excused absence / Reason:** **Date:** ___/___/___

EmployeeAbsenteeismDoc092308

FJC SECURITY SERVICES, INC. 26 Journal Square, Jersey City, NJ 07306

EMPLOYEE INFRACTION/VIOLATION REPORT

PLEASE PRINT ALL INFORMATION

DATE OF REPORT 07/13/11 Day Wednesday VIOLATION # 02

Employee Name Ortiz, E. Date of Occurrence 07/13/11

Location LGA/FJC Tour/Shift B/0700

Report Prepared By Osa Title/Position Tour Supervisor

ALLEGATION-OF INFRACTION/VIOLATION: (X)

[ ] 01 No Call/No Show	[ ] 08 Carelessness	[ ] 15 Taking Gratuity
[X] 02 Lateness	[ ] 09 Abandon Post	[ ] 16 Insubordination
[ ] 03 Post Absence	[ ] 10 Improper Conduct	[ ] 17 Sleeping on Duty
[ ] 04 Improper Uniform	[ ] 11 Unsatisfactory Performance	[ ] 18 Fighting on Duty
[ ] 05 Sitting on Post	[ ] 12 Lost Equipment	[ ] 19 Harassment
[ ] 06 Personal Phone Calls	[ ] 13 Refuse Post Assignment	[ ] 20 Falsifying Information
[ ] 07 Safety Violation	[ ] 14 Disrupting Roll Call	[ ] 21 Other

BRIEFLY EXPLAIN DETAILS: (Refer and attach Any/all Supporting Statements/Documents Marked as Attachments A-Z)

ASA Ortiz Called @ approx. 0614HRS. stating he missed his Bus. ASA arrived @ approx. 0655HRS. - ASA Missed his 0630 HRS. Roll Call.

Osa 07/13/11 Wednesday

Signature of Reporting Party *Date* *Day*

EMPLOYEE RESPONSE (X): [ ] I agree with the above [ ] I disagree with the above-response follows

Signature ___/___/___ *Date* *Day*

MANAGER COMMENTS/RECOMMENDATION (X):

[ ] Referred To-specify [ ] Verbal Warning/Reprimand [ ] Suspension [ ] Probation [ ] Other-explain

Print Name *Signature*

DIRECTOR REVIEW: ___/___/___ *Date* *Day*

COMMENTS/RECOMENDATION:

PRINT NAME *SIGNATURE*

FJC Security Services, Inc. 275 Jericho Turnpike, Floral Park, NY 11001 • Tel. (516) 328-6000 • Fax (516) 328-0340

SECURITY INCIDENT REPORT

CLIENT LOCATION: FJC / PANYNJ (Name of Account)

REPORT DATE: 4-19-2011 (Day of Week-Month/Day/Yr.)

ADDRESS: LGA - CTB - 35106 (Street Number/Name)

REPORT TIME: 1505 AM/PM

Flushing, NY 11371 (City/State/Zip Code)

ON DUTY SUPERVISOR:

REPORT PREPARED BY: Efrain Ortiz (Print Full Name)

POSITION/TITLE: ASA

TYPE OF INCIDENT: Misunderstanding. (Classify by Category/Subject/ Handling-See "Incident" Examples)

DATE OF INCIDENT: (Day of Week-Month/Day/Yr.)

TIME OF OCCURRENCE: AM/PM

DETAILS OF INCIDENT: (In detail describe the when, where, who, what, why and how-if known)

It has been brought to my attention that during a conversation between ASA Novkovik and my self (ASA Ortiz) a joke between two friends was taken out of context. I had a friendship with Mr. Novkovik for the lenght of his emplayment at the LGA site and this allegation stunned me. Just for example on wed. April 13 during the FJC training class ASA Novkovik waved a North korean flag at me; I found this offensive and advised him that I found it offensive for personal reasons and walked away from him. Considering our friendship I never formally complainted accepted that as a joke. However, today I feel obligated to clear my name as anything I said or did was not in an offensive manner but just a joke. I am not a member of any organization but a proud citizen of the United States.

(Use Additional pages, as required-Remember to number all pages)

NOTIFICATIONS

Name of Agency	Name of Person	Title/Position	Date/Time Notified
FJC SECURITY SERVICES			
CLIENT REPRESENTATIVE			

(Signature of Writer) (Security Supervisor Review/Signature) (FJC Representative Review/Signature)

(Print Full Name) (Print Full Name) (Print Full Name/Title)

Distribution: FJC (Original) CLIENT COPY (Yellow)

FJC Security Services Inc.

Summary of Complaint & Outcome - Novkovic/Ortiz
(Memorandum to Employees' Files)

April 20, 2011

On Friday, 4/15/11, ASA Acevedo complained that ASA Ortiz demonstrated inappropriate behavior to him, when he greeted him (ASA Novkovic) with a Nazi Salute. On Tuesday, 4/19/11, ASA Ortiz was confronted about the allegations, to which he admitted, stating that he and ASA Novkovic were joking around, as was the norm for them; he was unaware that this action offended ASA Novkovic, particularly since they'd been joking around about the postings and stickers ASA Novkovic left in the locker room, and discussions held about an upcoming Nazi rally. He further stated that ASA Novkovic had made similar gestures to him, which were laughed about and treated as a joke between friends. He was warned that this action is unacceptable, and that it must immediately be discontinued. He agreed and said he would apologize to ASA Novkovic for the incident.

Today, (4/20/11), I met with ASA Novkovic regarding the matter. He too, admitted that it was in jest, and that this was just a cop out from ASA Ortiz. He did not wish to pursue matter any further and expressed satisfaction with us speaking with ASA Ortiz on the matter. He was also warned about this action and told that the activity must discontinue, as well as required to remove all postings/ stickers in locker room. He agreed and discussed giving up his locker, it was explained that he was not required to.

Both parties have been verbally warned, informed of the outcome, and reminded that it is generally expected that professionalism and courtesy be employed at all times assigned. Further to our meeting with both, we will review procedures and advise all Agents, via roll call over the next week, that professional standards must be exercised. No formal action was taken against either.

SF 4/24/11

Cc: PM Robson
APM Scantlebury
Personnel Files

FJC Security Services, Inc. - LGA Central Terminal Building, Ste. #3570 B Flushing,, NY 11371
Phone: (718) 424-7438/Fax: (718)424-7579

FJC SECURITY SERVICES, INC. 26 Journal Square, Jersey City, NJ 07306

ENTERED

EMPLOYEE INFRACTION/VIOLATION REPORT

PLEASE PRINT ALL INFORMATION

DATE OF REPORT 03/10/11 Day Thursday VIOLATION # 02

Employee Name Ortiz, E. Date of Occurrence 03/10/11

Location LGA/FJC office Tour/Shift B/0430

Report Prepared By E. Rosa Title/Position Supervisor

ALLEGATION-OF INFRACTION/VIOLATION: (X)

[ ] 01 No Call/No Show
[✓] 02 Lateness
[ ] 03 Post Absence
[ ] 04 Improper Uniform
[ ] 05 Sitting on Post
[ ] 06 Personal Phone Calls
[ ] 07 Safety Violation
[ ] 08 Carelessness
[ ] 09 Abandon Post
[ ] 10 Improper Conduct
[ ] 11 Unsatisfactory Performance
[ ] 12 Lost Equipment
[ ] 13 Refuse Post Assignment
[ ] 14 Disrupting Roll Call
[ ] 15 Taking Gratuity
[ ] 16 Insubordination
[ ] 17 Sleeping on Duty
[ ] 18 Fighting on Duty
[ ] 19 Harassment
[ ] 20 Falsifying Information
[ ] 21 Other

BRIEFLY EXPLAIN DETAILS: (Refer and attach Any/all Supporting Statements/Documents Marked as Attachments A-Z)

ASA. E. Ortiz called @ approx. 0415HRS. Spoke w/ TJS Rodriguez stating he would be late. ASA Ortiz arrived @ 0450HRS. and Missed 0430HRS. Roll Call.

E. Rosa — Signature of Reporting Party — 03/10/11 Date — Thursday Day

EMPLOYEE RESPONSE (X): [ ] I agree with the above [ ] I disagree with the above-response follows

MTA BUS M60 DID NOT RUN ON SCHEDULE.

Signature — 3/10/11 Date — Thursday. Day

MANAGER COMMENTS/RECOMMENDATION (X):

[ ] Referred To-specify [ ] Verbal Warning/Reprimand [ ] Suspension [ ] Probation [ ] Other-explain

Print Name — Signature

DIRECTOR REVIEW: ____ Date ___/___/___ Day

COMMENTS/RECOMENDATION:

PRINT NAME — SIGNATURE

FJC SECURITY SERVICES, INC. 26 Journal Square, Jersey City, NJ 07306

EMPLOYEE INFRACTION/VIOLATION REPORT

PLEASE PRINT ALL INFORMATION

DATE OF REPORT 04/01/11 Day Friday VIOLATION # 02

Employee Name Ortiz, E. Date of Occurrence 04/01/11

Location LGA/FJC office Tour/Shift B/0630

Report Prepared By [signature] Title/Position Tour Supervisor

ALLEGATION-OF INFRACTION/VIOLATION: (X)

[ ] 01 No Call/No Show	[ ] 08 Carelessness	[ ] 15 Taking Gratuity
[✓] 02 Lateness	[ ] 09 Abandon Post	[ ] 16 Insubordination
[ ] 03 Post Absence	[ ] 10 Improper Conduct	[ ] 17 Sleeping on Duty
[ ] 04 Improper Uniform	[ ] 11 Unsatisfactory Performance	[ ] 18 Fighting on Duty
[ ] 05 Sitting on Post	[ ] 12 Lost Equipment	[ ] 19 Harassment
[ ] 06 Personal Phone Calls	[ ] 13 Refuse Post Assignment	[ ] 20 Falsifying Information
[ ] 07 Safety Violation	[ ] 14 Disrupting Roll Call	[ ] 21 Other

BRIEFLY EXPLAIN DETAILS: (Refer and attach Any/all Supporting Statements/Documents Marked as Attachments A-Z)

ASA Ortiz, E. called @ approx. 0630 HRS. stating he was running late and should be in within 5-10 mins. ASA Did not attend R/C - arrived @ 0650 HRS.

[signature] 04/01/11 Friday

Signature of Reporting Party *Date* *Day*

EMPLOYEE RESPONSE (X): [ ] I agree with the above [ ] I disagree with the above-response follows

[signature] 4/1/11 Friday

Signature *Date* *Day*

MANAGER COMMENTS/RECOMMENDATION (X):

[ ] Referred To-specify [ ] Verbal Warning/Reprimand [ ] Suspension [ ] Probation [ ] Other-explain

Print Name *Signature*

DIRECTOR REVIEW: ____ ___/___/___ ____

Date *Day*

COMMENTS/RECOMENDATION:

PRINT NAME *SIGNATURE*

FJC SECURITY SERVICES, INC. 26 Journal Square, Jersey City, NJ 07306

EMPLOYEE INFRACTION/VIOLATION REPORT

PLEASE PRINT ALL INFORMATION

DATE OF REPORT 04.08.11 Day Friday VIOLATION # 02

Employee Name Ortiz, E. Date of Occurrence 04.08.11

Location LGA/FJC Tour/Shift B/0630

Report Prepared By E. Rosa Title/Position Tour Supervisor

ALLEGATION-OF INFRACTION/VIOLATION: (X)

[ ] 01 No Call/No Show	[ ] 08 Carelessness	[ ] 15 Taking Gratuity
[X] 02 Lateness	[ ] 09 Abandon Post	[ ] 16 Insubordination
[ ] 03 Post Absence	[ ] 10 Improper Conduct	[ ] 17 Sleeping on Duty
[ ] 04 Improper Uniform	[ ] 11 Unsatisfactory Performance	[ ] 18 Fighting on Duty
[ ] 05 Sitting on Post	[ ] 12 Lost Equipment	[ ] 19 Harassment
[ ] 06 Personal Phone Calls	[ ] 13 Refuse Post Assignment	[ ] 20 Falsifying Information
[ ] 07 Safety Violation	[ ] 14 Disrupting Roll Call	[ ] 21 Other

BRIEFLY EXPLAIN DETAILS: (Refer and attach Any/all Supporting Statements/Documents Marked as Attachments A-Z)

ASA Ortiz called @ approx. 0620HRS. stating he just woke-up.
ASA Ortiz Missed R/C 0630HRS & ARRIVED @ approx. 0735

E. Rosa — Signature of Reporting Party — Date 04.08.11 — Day Friday

EMPLOYEE RESPONSE (X): [ ] I agree with the above [ ] I disagree with the above-response follows

Signature — Date 4.8.11 — Day Friday

MANAGER COMMENTS/RECOMMENDATION (X):

[ ] Referred To-specify [ ] Verbal Warning/Reprimand [ ] Suspension [ ] Probation [ ] Other-explain

Print Name — Signature

DIRECTOR REVIEW: ____ Date ___/___/___ Day

COMMENTS/RECOMENDATION:

PRINT NAME — SIGNATURE

FJC SECURITY SERVICES, INC. 26 Journal Square, Jersey City, NJ 07306

EMPLOYEE INFRACTION/VIOLATION REPORT

PLEASE PRINT ALL INFORMATION

DATE OF REPORT 06/03/11 Day Friday VIOLATION # 02

Employee Name E. Ortiz Date of Occurrence 06/03/11

Location LGA/FJC office Tour/Shift B/0430

Report Prepared By [signature] Title/Position Tour Supervisor

ALLEGATION-OF INFRACTION/VIOLATION: (X)

[ ] 01 No Call/No Show
[X] 02 Lateness
[ ] 03 Post Absence
[ ] 04 Improper Uniform
[ ] 05 Sitting on Post
[ ] 06 Personal Phone Calls
[ ] 07 Safety Violation
[ ] 08 Carelessness
[ ] 09 Abandon Post
[ ] 10 Improper Conduct
[ ] 11 Unsatisfactory Performance
[ ] 12 Lost Equipment
[ ] 13 Refuse Post Assignment
[ ] 14 Disrupting Roll Call
[ ] 15 Taking Gratuity
[ ] 16 Insubordination
[ ] 17 Sleeping on Duty
[ ] 18 Fighting on Duty
[ ] 19 Harassment
[ ] 20 Falsifying Information
[ ] 21 Other

BRIEFLY EXPLAIN DETAILS: (Refer and attach Any/all Supporting Statements/Documents Marked as Attachments A-Z)

ASA E. Ortiz called @ approx. 0425HRS. Stating he's running late - He missed his 0430 HRS. Roll Call - He arrived @ approx. 0440 HRS.

[signature] 06/03/11 Friday

Signature of Reporting Party *Date* *Day*

EMPLOYEE RESPONSE (X): [ ] I agree with the above [ ] I disagree with the above-response follows

Signature ___/___/___ *Date* *Day*

MANAGER COMMENTS/RECOMMENDATION (X):

[ ] Referred To-specify [ ] Verbal Warning/Reprimand [ ] Suspension [ ] Probation [ ] Other-explain

Print Name *Signature*

DIRECTOR REVIEW: ___/___/___ *Date* *Day*

COMMENTS/RECOMENDATION:

PRINT NAME *SIGNATURE*

FJC SECURITY SERVICES, INC. 26 Journal Square, Jersey City, NJ 07306

EMPLOYEE INFRACTION/VIOLATION REPORT

PLEASE PRINT ALL INFORMATION

DATE OF REPORT 03/23/11 Day Wednesday VIOLATION # 02

Employee Name Ortiz Date of Occurrence 03/23/11

Location LGA/FJC office Tour/Shift B/0630

Report Prepared By E Rosa Title/Position Supervisor

ALLEGATION-OF INFRACTION/VIOLATION: (X)

[ ] 01 No Call/No Show
[X] 02 Lateness
[ ] 03 Post Absence
[ ] 04 Improper Uniform
[ ] 05 Sitting on Post
[ ] 06 Personal Phone Calls
[ ] 07 Safety Violation
[ ] 08 Carelessness
[ ] 09 Abandon Post
[ ] 10 Improper Conduct
[ ] 11 Unsatisfactory Performance
[ ] 12 Lost Equipment
[ ] 13 Refuse Post Assignment
[ ] 14 Disrupting Roll Call
[ ] 15 Taking Gratuity
[ ] 16 Insubordination
[ ] 17 Sleeping on Duty
[ ] 18 Fighting on Duty
[ ] 19 Harassment
[ ] 20 Falsifying Information
[ ] 21 Other

BRIEFLY EXPLAIN DETAILS: (Refer and attach Any/all Supporting Statements/Documents Marked as Attachments A-Z)

ASA Ortiz E. Called and spoke w/ Katanga White I was conducting Roll call, stated to Katanga he was down stairs. He arrived @ approx. 0650 HRS.

E Rosa — Signature of Reporting Party — 03/23/11 Date — Wednesday Day

EMPLOYEE RESPONSE (X): [ ] I agree with the above [ ] I disagree with the above-response follows

Due to cab dispute my on time arrival was delay until police reported to site

Signature — 3/23/2011 Date — Wednesday Day

MANAGER COMMENTS/RECOMMENDATION (X):

[ ] Referred To-specify [ ] Verbal Warning/Reprimand [ ] Suspension [ ] Probation [ ] Other-explain

Print Name — Signature

DIRECTOR REVIEW: ___ Date ___/___/___ Day

COMMENTS/RECOMENDATION:

PRINT NAME — SIGNATURE

FJC SECURITY SERVICES, INC. 26 Journal Square, Jersey City, NJ 07306

EMPLOYEE INFRACTION/VIOLATION REPORT

PLEASE PRINT ALL INFORMATION

DATE OF REPORT 06/02/11 Day Thursday VIOLATION # 02

Employee Name E. Ortiz Date of Occurrence 06/02/11

Location LGA/FJC office Tour/Shift B/0630

Report Prepared By [illegible] Title/Position Tour Supervisor

ALLEGATION-OF INFRACTION/VIOLATION: (X)

[ ] 01 No Call/No Show
[X] 02 Lateness
[ ] 03 Post Absence
[ ] 04 Improper Uniform
[ ] 05 Sitting on Post
[ ] 06 Personal Phone Calls
[ ] 07 Safety Violation
[ ] 08 Carelessness
[ ] 09 Abandon Post
[ ] 10 Improper Conduct
[ ] 11 Unsatisfactory Performance
[ ] 12 Lost Equipment
[ ] 13 Refuse Post Assignment
[ ] 14 Disrupting Roll Call
[ ] 15 Taking Gratuity
[ ] 16 Insubordination
[ ] 17 Sleeping on Duty
[ ] 18 Fighting on Duty
[ ] 19 Harassment
[ ] 20 Falsifying Information
[ ] 21 Other

BRIEFLY EXPLAIN DETAILS: (Refer and attach Any/all Supporting Statements/Documents Marked as Attachments A-Z)

ASA E. Ortiz called stating he's going to Miss his 0630HRS. Roll Call - He arrived.

Signature of Reporting Party Date / / Day

EMPLOYEE RESPONSE (X): [ ] I agree with the above [ ] I disagree with the above-response follows

Signature Date 6/2/11 Day Thursday.

MANAGER COMMENTS/RECOMMENDATION (X):

[ ] Referred To-specify [ ] Verbal Warning/Reprimand [ ] Suspension [ ] Probation [ ] Other-explain

Print Name Signature

DIRECTOR REVIEW: Date / / Day

COMMENTS/RECOMENDATION:

PRINT NAME SIGNATURE

FOR OFFICE USE ONLY CASH#: FEE: $36

UID: PREV. UID: CLASS: CODE:

Employee Statement and Security Guard Application

NYS Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-7569
website: www.dos.state.ny.us

INSTRUCTIONS: Forms must be completed in blue or black ink. Incomplete forms will not be processed. Please refer to pages 5 and 6 for further instructions on completing this form.

APPLICANT INFORMATION SECTION

APPLICATION AS (Check only ONE): ◯ Security Guard ◯ Armed Security Guard

Social Security Number: *(See Instructions-Privacy Notification)* ___ - ___ - ___

Birth Date: M M / D D / Y Y Y Y *(Must be at least 18 years old to apply.)*

Applicant's Name: LAST NAME: HAREWOOD

FIRST NAME: GLENVILLE MIDDLE NAME: NEVILLE NAME SUFFIX *(For example: Sr. / Jr. / III)*:

Gender: ● Male ◯ Female

Race: ◯ White ● Black ◯ American Indian or Alaskan Native ◯ Asian or Pacific Islander ◯ Other ◯ Unknown

RESIDENCE ADDRESS

STREET ADDRESS (Required - P.O.Box may be added to ensure delivery):

APT/UNIT/PO BOX:

CITY:

STATE: ZIP+4:

COUNTY (Enter only if in New York State):

COUNTRY/NATION (Of above address):

DAYTIME PHONE (INCLUDING AREA CODE):

FAX NUMBER - IF ANY (INCLUDING AREA CODE):

E-MAIL ADDRESS (IF ANY):

DMV Consent Section - IMPORTANT INFORMATION Regarding Your Photo ID

The Department of State produces photo ID cards in cooperation with the NYS Department of Motor Vehicles (DMV). If you have a current NYS Driver License or Non-Driver ID card, please provide your 9-digit DMV ID Number in the space provided below. Then read the informed consent and sign this form. If you do not have a current NYS photo Driver License or Non-Driver ID card, please have your photo taken at any nearby DMV office BEFORE you complete this application. For more details, refer to our notice, "Request for Photo ID."

INFORMED CONSENT: I authorize the NYS Department of State and the NYS Department of Motor Vehicles (DMV) to produce an ID card bearing my DMV photo. I understand that DMV will send this card to the address I maintain with the Department of State. I also understand that the Department of State and DMV will use my DMV photo to produce all my subsequent ID Cards for as long as I maintain my license/ registration with the Department of State.

DMV ID#

X Glenville Harewood
Applicant's Signature

01/05/11
Date Signed

BACKGROUND QUESTIONS

Answer the following questions by checking either "YES" or "NO"

1. Are you a citizen of the United States or a legal resident of the United States in possession of a valid alien registration card? — ☑ YES ☐ NO
   → *IF "NO," you must submit an explanation.*

2. Are you a peace officer? — ☐ YES ☑ NO
   → *IF "YES," please read the attached Security Guard Training Advisory.*
   → *IF you qualify for an exemption, you must submit the documentation described in the Advisory. If you DO NOT qualify, you must submit training certificates.*

3. Are you a retired police officer? — ☐ YES ☑ NO
   → *IF "YES," please read the attached Security Guard Training Advisory.*
   → *IF you qualify for an exemption, you must submit the documentation described in the Advisory. If you DO NOT qualify, you must submit training certificates.*

4. Have you ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony? — ☐ YES ☑ NO
   → *IF "YES," you must submit with this application a written explanation giving the place, court jurisdiction, nature of the offense,sentence and/or other disposition. You must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must submit a copy with this application.*

5. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere? — ☐ YES ☑ NO
   → *IF "YES," you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).*

6. Has any license or permit issued to you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied? — ☐ YES ☑ NO
   → *IF "YES," you must submit an explanation.*

7. Have you ever been discharged from a correctional or law enforcement agency for incompetence or misconduct as determined by a court of competent jurisdiction, administrative hearing officer, administartive law judge, arbitor, arbitration panel or other duly constituted tribunal, or resigned from such an agency while charged with misconduct or incompetence? — ☐ YES ☑ NO
   → *IF "YES," you must submit an explanation.*

8. Have you ever been declared to be incompetent by reason of mental disease or defect which has not been removed by any court of competent jurisdiction? — ☐ YES ☑ NO
   → *IF "YES," you must submit an explanation.*

9. Have you ever applied in this state or elsewhere for a registration/license as a security guard; watch, guard or patrol agency; private investigator? — ☑ YES ☒ NO
   → *IF "YES," please provide the UID # or Reg. #.* ___ _____

EMPLOYMENT HISTORY

☞ Please enter the complete record of your occupation during the last five years. You may copy this page and attach as many sheets as needed.

Company One Information:

NAME OF COMPANY: COVENANT SECURITY
EMPLOYMENT STATUS *(Full-Time OR Part-Time)*: FULL TIME
HOURS PER WEEK WORKED: 40
COMPANY ADDRESS: 3570 LGA FLUSHING NY 11371
BUSINESS TELEPHONE: 718 205 3161
SUPERVISOR: MARK WEST
DATES OF EMPLOYMENT *(From –To)*: 02/01/07 PRESENT
POSITION: AIRPORT SECURITY AGENT
DUTIES: CONDUCT SURVEILLANCE INSPECT VEHICLES

Company Two Information:

NAME OF COMPANY: HAYNES SECURITY
EMPLOYMENT STATUS *(Full-Time OR Part-Time)*: FULL TIME
HOURS PER WEEK WORKED: 40
COMPANY ADDRESS: 3570 LGA FLUSHING NY 11371
BUSINESS TELEPHONE: 718 205 3161
SUPERVISOR: MARK WEST
DATES OF EMPLOYMENT *(From –To)*: 04/03/06 02/01/07
POSITION: AIRPORT SECURITY AGENT
DUTIES: CONDUCT SURVEILLANCE CONSTRUCTION LEAD

Company Three Information:

NAME OF COMPANY: CAMBRIDGE SECURITY
EMPLOYMENT STATUS *(Full-Time OR Part-Time)*: FULL TIME
HOURS PER WEEK WORKED: 40
COMPANY ADDRESS: 419 PARK AVE SOUTH NY NY 10016
BUSINESS TELEPHONE:
SUPERVISOR: MISS MORRIS
DATES OF EMPLOYMENT *(From –To)*: 01/23/06 - 07/27/07
POSITION: SECURITY GUARD
DUTIES: Monitor Premises

Company Four Information:

NAME OF COMPANY: EASTERN MOUNTAIN SPORTS
EMPLOYMENT STATUS *(Full-Time OR Part-Time)*: FULL TIME
HOURS PER WEEK WORKED: 40
COMPANY ADDRESS: 590 BROADWAY NYC NY 10012
BUSINESS TELEPHONE: 212 966-8730
SUPERVISOR: JOHN TAYLOR
DATES OF EMPLOYMENT *(From –To)*: 02/03/86 - 11/17/2004
POSITION: CSR
DUTIES: Take care of all returns make sure customer is 100% sastified

EMPLOYMENT HISTORY

☞ Please enter the complete record of your occupation during the last five years. You may copy this page and attach as many sheets as needed.

Company One Information:

NAME OF COMPANY: UNEMPLOYED

EMPLOYMENT STATUS *(Full-Time OR Part-Time)*:

HOURS PER WEEK WORKED:

COMPANY ADDRESS:

BUSINESS TELEPHONE:

SUPERVISOR:

DATES OF EMPLOYMENT *(From – To)*: 11/17/04 – 01/23/06

POSITION:

DUTIES:

Company Two Information:

NAME OF COMPANY:

EMPLOYMENT STATUS *(Full-Time OR Part-Time)*:

HOURS PER WEEK WORKED:

COMPANY ADDRESS:

BUSINESS TELEPHONE:

SUPERVISOR:

DATES OF EMPLOYMENT *(From – To)*:

POSITION:

DUTIES:

Company Three Information:

NAME OF COMPANY:

EMPLOYMENT STATUS *(Full-Time OR Part-Time)*:

HOURS PER WEEK WORKED:

COMPANY ADDRESS:

BUSINESS TELEPHONE:

SUPERVISOR:

DATES OF EMPLOYMENT *(From – To)*:

POSITION:

DUTIES:

Company Four Information:

NAME OF COMPANY:

EMPLOYMENT STATUS *(Full-Time OR Part-Time)*:

HOURS PER WEEK WORKED:

COMPANY ADDRESS:

BUSINESS TELEPHONE:

SUPERVISOR:

DATES OF EMPLOYMENT *(From – To)*:

POSITION:

DUTIES:

CHILD SUPPORT STATEMENT

You MUST complete this section. If you do not complete it, your application will NOT be processed.

I, the undersigned, do hereby certify that (You must "X" A or B, below):

A. ☒ **I am not under obligation to pay child support.** (SKIP "B" and go directly to **Applicant Affirmation**).

B. ☐ I am under obligation to pay child support (You must "X" any of the four statements below that are true and apply to you):

- ☐ I do not owe four or more months of child support payments.
- ☐ I am making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties.
- ☐ My child support obligation is the subject of a pending court proceeding.
- ☐ I receive public assistance or supplemental social security income.

APPLICANT AFFIRMATION

I affirm, under the penalties of perjury, that the statements made in this application are true and correct. I further affirm that I have read and understand the provisions of Article 7A of the General Business Law and the rules and regulations promulgated thereunder.

X Glenville Harewood — 01/03/11

Applicant's Signature — *Date Signed*

Print Name: GLENVILLE HAREWOOD

NOTICE OF EMPLOYMENT

If employment will commence with the filing of your application, this section MUST be completed by your employer.

DATE OF HIRE:

TRANSACTION NUMBER: TRANSACTION DATE:

GUARD'S NAME: GUARD'S SOCIAL SECURITY NUMBER:

EMPLOYER'S UID: EMPLOYER'S BUSINESS NAME:

I, *(Please Print)* _____, swear and affirm that I am the representative for the company identified as the employer and that I have verified the statements made by this employee and determined that these statements are true and correct to the best of my ability. I further attest that based on my verification of these statements, I find that the employee listed hereon is qualified for employment under the provisions of Articles 7 and 7-A of the General Business Law.

X _____ — _____

Employer's Signature — *Date Signed*

Department of State

Division of Licensing Services

Licensee Information

ID Number:

Name: HAREWOOD GLENVILLE N

Business Name: NOT APPLICABLE

Business Address: NOT APPLICABLE

County: NOT APPLICABLE

License Type: SECURITY GUARD - UNARMED

Expires: 10/13/2013

Training	Date Completed
8 Hour Preassignment:	08/02/2005
16 Hour On The Job:	04/12/2006
8 Hour Annual In Service:	04/13/2013
	04/14/2012

[Name Search] [Business Name Search] [ID Search]
[Licensee Search Menu]

Services/Programs | Privacy Policy | Accessibility Policy | Disclaimer | Return to DOS Homepage | Contact Us

SECURITY GUARD TRAINING CERTIFICATE

BE IT HEREBY KNOWN THAT

GLENVILLE N. HAREWOOD

HAS SUCCESSFULLY COMPLETED THE

EIGHT HOUR ANNUAL IN-SERVICE TRAINING COURSE FOR SECURITY GUARDS

WHICH SATISFIES THE MINIMUM CRITERIA RECOMMENDED BY THE NEW YORK STATE SECURITY GUARD ADVISORY COUNCIL

CONDUCTED BY
AMERICAN SECURITY TRAINING
40 - 4th Avenue
Brooklyn, New York 11217
(718) 331-1001
THIS COURSE CONDUCTED ON

JANUARY 18, 2010

24-1295
SCHOOL CODE

Vincent Naimo
SCHOOL DIRECTOR

SECURITY GUARD TRAINING CERTIFICATE

BE IT KNOWN THAT

_____GLENVILLE N. HAREWOOD_____

HAS SUCCESSFULLY COMPLETED THE

EIGHT HOUR ANNUAL IN-SERVICE TRAINING COURSE FOR SECURITY GUARDS.

WHICH SATISFIES THE MINIMUM CRITERIA RECOMMENDED BY THE NEW YORK STATE SECURITY GUARD ADVISORY COUNCIL

CONDUCTED BY

Down State SUNY Security

Down State Security Guard Training School

948 NEW YORK AVE, BROOKLYN, N.Y. 11203

THIS COURSE CONDUCTED ON

241422	JANUARY 18TH 2011	Gerald W. Edwards
SCHOOL CODE	DATE	SCHOOL DIRECTOR

SECURITY GUARD TRAINING CERTIFICATE

BE IT HEREBY KNOWN THAT

GLENVILLE N. HAREWOOD

HAS SUCCESSFULLY COMPLETED THE

EIGHT HOUR ANNUAL IN-SERVICE TRAINING COURSE FOR SECURITY GUARDS

WHICH SATISFIES THE MINIMUM CRITERIA RECOMMENDED BY THE NEW YORK STATE SECURITY GUARD ADVISORY COUNCIL

CONDUCTED BY

Thomas Shortman Training Fund
101 Sixth Avenue New York, NY 10013

THIS COURSE CONDUCTED ON

May 14th, 2011

311605
SCHOOL CODE

Michael J Green
SCHOOL DIRECTOR
Michael Green

SECURITY GUARD TRAINING CERTIFICATE

BE IT HEREBY KNOWN THAT

GLENVILLE N. HAREWOOD

HAS SUCCESSFULLY COMPLETED THE

EIGHT HOUR ANNUAL IN-SERVICE TRAINING COURSE FOR SECURITY GUARDS

WHICH SATISFIES THE MINIMUM CRITERIA RECOMMENDED BY THE NEW YORK STATE SECURITY GUARD ADVISORY COUNCIL

CONDUCTED BY

Thomas Shortman Training Fund
25 West 18th Street
New York, NY 10011

THIS COURSE CONDUCTED ON

April 14th, 2012

311605
SCHOOL CODE

Michael J Green

SCHOOL DIRECTOR
Michael Green

SECURITY GUARD TRAINING CERTIFICATE

BE IT HEREBY KNOWN THAT

GLENVILLE HAREWOOD

HAS SUCCESSFULLY COMPLETED THE

EIGHT HOUR ANNUAL IN-SERVICE TRAINING COURSE FOR SECURITY GUARDS

WHICH SATISFIES THE MINIMUM CRITERIA RECOMMENDED BY THE NEW YORK STATE SECURITY GUARD ADVISORY COUNCIL

CONDUCTED BY

Thomas Shortman Training Fund
25 West 18th Street
New York, NY 10011

THIS COURSE CONDUCTED ON

April 13, 2013

311605
SCHOOL CODE

Michael J Green
SCHOOL DIRECTOR
Michael Green

SECURITY GUARD TRAINING CERTIFICATE

BE IT HEREBY KNOWN THAT

GLENVILLE N. HAREWOOD

HAS SUCCESSFULLY COMPLETED THE

SIXTEEN HOUR OJT TRAINING COURSE FOR SECURITY GUARDS

WHICH SATISFIES THE MINIMUM CRITERIA RECOMMENDED BY THE NEW YORK STATE SECURITY GUARD ADVISORY COUNCIL

CONDUCTED BY

AAAH @ CITY INVESTIGATIVE SECURITY SCHOOL
303 WEST 42ND STREET, SUITE 610
NEW YORK, NY 10036
(212)-957-1350
WWW.CITYINVESTIGATIVE.COM

311069
SCHOOL CODE

THIS COURSE CONDUCTED ON

11TH JANUARY 2006

SCHOOL DIRECTOR
MARTIN E. BURKE

Liberty High School

Brattleboro Vermont

LIBERTY HIGH SCHOOL SINCE 1952

This certifies that

Glenville N. Harewood

Has satisfactorily completed all the requirements prescribed
For graduation and is therefore awarded this

High School Diploma

In Witness Whereof we have affixed our signatures this

14th day of September, in the year of our Lord
Two Thousand and Seven

Director

Principal

FJC Security Services Inc.

Drug Screening Authorization

As a condition of employment/continued employment, I, GLENVILLE HARENWOOD agree to be tested for controlled substances, marijuana, and alcohol. I understand that testing may occur prior to my employment with FJC Security Services, Inc., as well as from time to time during my employment, with or without cause or prior notice. In the event I refuse to take a test when requested or test results are positive, consideration of my application for employment or my employment with FJC Security Services, Inc., will be terminated.

I authorize the laboratory or medical personnel retained by the Company for these tests to release the results to the Company for whatever use the Company deems appropriate. Further, I release the laboratory, medical personnel, and FJC personnel conducting the drug test, the Company, and the Company's employees, directors, officers, and successors from any liabilities, claims, and causes of action, known or unknown, contingent or fixed, that may result from this drug test. I agree not to file any lawsuit or other action to assert a claim.

Searches of employees, their property, and Company or other property under their control may be made if there is reasonable suspicion that may they may be in possession of unlawful drugs or alcohol.

For those contracts which fall under the guidelines of the Department of Transportation:

DEPARTMENT OF TRANSPORTATION (DOT) REGULATIONS requires Pre-employment (drug tests only), Random, Reasonable Cause and Post Accident (serious accident) drug and alcohol testing for employees in safety sensitive jobs, such as aircraft mechanics, dispatchers, and screeners working with U.S. certified airlines or with U.S. (N-designated) airlines. In addition, the company must notify the FAA within five (5) days of any refusal to be tested by an A&P or dispatcher.

UNDER DOT REGULATIONS any person in a safety sensitive job who uses drugs or alcohol on the job who tests positive twice for either drugs or alcohol is permanently barred from ever working in a safety sensitive job for any employer.

I have carefully read and understood this agreement, and I sign this without any coercion or duress by any individual or institution.

GLENVILLE HARENWOOD	Glenville Harenwood	01/05/11
Print Name	Signature	Date

JFK International Airport
Bldg 14. (West Wing) Suite 14A
Jamaica, NY 11430
Voice: 718-656-1245
Fax: 718-656-3060

FJC Security- LGA

Applicant Name: Glenville Harewood Date: 1/4/12
Applicant SS # 9727

☑ Fit for Duty

☐ Not Fit for Duty

Comments:

Physician Name: Gerald Surya MD

Physician Signature

Gerald Surya M.D
NY 204213

FJC Security Services Inc.

Data Entry

✓ New Hire	Re-Hire		Transfer
SOCIAL SECURITY #	PHONE NUMBER	EMERGENCY CONTACT NAME and PHONE	
LAST NAME: Harewood	FIRST NAME: Glenville		MIDDLE: Neville
ADDRESS	APT#	CITY	STATE	ZIP CODE

SEX: MALE FEMALE	BIRTH DATE	ETHNIC BACKGROUND: Barbados	HIRE DATE: 01/19/11
DEPARTMENT: PAL6A	SITE LOCATION: LGA	UNION: 32BJ	ACCOUNT MANAGER: G. ROBSON	ORIGINAL START DATE

PAY RATE: $ 16.24	HOURS	STATUS: MARRIED SINGLE A B C D E	DEPENDANTS: 0

TRANSACTION #/NJ TEMP #: 695369	DATE: 01-20-11	ALIEN CARD/WORK AUTH./CITIZEN		EXP. DATE
GUARD UID#: 10009893367	EXP. DATE: 10/13/11	DEDUCTION: $25 $142 $453	DRUG TEST: 10 PANEL	DATE TAKEN
PORT AUTHORITY ID CARD #: 302-0084060	EXP. DATE: 10-1-11	FIRE GUARD LICENSE: 82604810 (F93)		EXP. DATE: 7/25/2012
STATE DL PERMIT, OR ID	EXP. DATE	EXEC OVERRIDE BY	DATE	CERTIFICATION OF COMPLIANCE	DATE

HEIGHT: 6'-3"	WEIGHT: 214 lbs	HAIR: Black	EYES: Brown

8 HOUR PRE-ASSIGNMENT	DATE ISSUED: 8/2/05	16 HOUR OJT: Yes	DATE ISSUED: 1/11/06	8 HOUR ANNUAL: Yes	DATE ISSUED: 1/18/10
47 HR ARMED TRAINING	DATE ISSUED	8 HR ARMED GUARD ANNUAL	DATE ISSUED	FJC 5 DAY INITIAL TRAINING	DATE
SIDA CERTIFICATE	DATE	ASA TRAINING	DATE	DHS TRAINING	DATE

AOA TRAINING	DATE	PA TRAINING	DATE	32BJ TRAINING	DATE	GUN LICENSE	DATE

Processor: Giancarlos Mobar Date: 1/8/11

CCD Auditor: _____ Date Entered: _____

Rev. 05/03/10

FJC SECURITY SERVICES Over 20 Years of Service, Support & Solutions!

December 22, 2010

Re: Conditional Offer of Employment

Dear: Glenville Harewood

On behalf of FJC Security Services, Inc., I am delighted to offer you a position as an Airport Security Agent (ASA) with the Company. This is a full-time non-exempt position. In this capacity your salary will be as follows:

Your initial rate of pay will be $16.24 per hour as dictated by The Port Authority Contract. You will receive overtime pay at 1 ½ times your regular rate of pay for all hours actually worked in excess of forty (40) during the work week. You will be paid on Friday of each week.

You will be initially assigned to The Port Authority of NY & NJ, LGA Airport Location. We would like you to begin work on 01-19-2011.

Please be aware that your employment is "at will", meaning either you or FJC may terminate the employment relationship at any time with or without cause or notice. Your employment is for no definite term, regardless of any oral or written statement by any FJC Security officer or representative, with the sole exception of an express written employment contract signed by the President of the Company.

The offer described above is contingent upon the results of a reference/background check, drug test and a physical examination, as required by the Company and The Port Authority Contract. The physical examination and drug test must be completed at least five (5) days before employment commences. Employment is also contingent upon compliance with immigration law and the completion of an I-9.I. Additionally, as a condition of employment, you must complete 40 Hours FJC Initial Training

We look forward to hearing from you about this offer. Please indicate your acceptance of our offer by signing the attached form and returning one copy of the letter, with your original signature, to me no later than 01-14-2011. Any acceptance after this date will be invalid.

Sincerely,

Karen L. O'Neill

Corporate Director, Human Resources

FJC Security Services, Inc.

FJC SECURITY SERVICES Over 20 Years of Service, Support & Solutions!

I accept / decline (please circle one) FJC Security Services, Inc.'s offer of employment. I understand that my employment with FJC Security Services, Inc. is for no definite term, regardless of any other oral or written statement by any FJC Security officer or representative, and is considered "at-will." I understand further that either the company or I may terminate this employment relationship at any time or without cause or notice.

I understand that my employment is contingent upon completion of background check, drug test, or any other contingencies necessary.

I have been notified of my pay rate, overtime rate, and designated pay day on the date given below.

Accepted (Signature): Glenville Harewood

Print Name: GLENVILLE H HAREWOOD

Date: 01/05/11

COVENANT

January 5, 2011

To Whom It May Concern:

This is to certify that Covenant Aviation Security has employed Harewood, Glenville N. since February 1, 2007, as an Airport Security Agent, earning $16.10 per hour.

If I may be of any further assistance, please feel free to contact me.

Sincerely,

Shelly-Ann Foster
Human Resources Generalist

COVENANT AVIATION SECURITY, LLC
LAGUARDIA AIRPORT
CENTRAL TERMINAL BUILDING
ROOM 3570B
FLUSHING, NY 11371
PHONE: 718-203-3160 • FAX: 718-205-3322

COVENANT

COVENANT AVIATION SECURITY
270 REMINGTON BLVD., SUITE B
BOLINGBROOK, IL 60440

CHECK NO: A031976
CHECK DATE: 12/31/10
PERIOD ENDING: 12/24/10
PAY FREQUENCY: BIWEEKLY
PAY PERIOD: 12/11/10-12/24/10

GLENVILLE N. HAREWOOD

ID NUMBER: 26LGAA2741
BASE RATE: 16.1000
SSN:

	STATUS	EXEMPT
FED:	SINGLE	00
ST1:	SINGLE	00
ST2:		

TAX ADJUSTMENTS
FED: ST:
DI/UC: .0000
LOCAL:

STATE AND LOCAL CODES
PRI: NY LOC1:NY LOC3:MT
SEC: LOC2: LOC4:
LOC5:

IMPORTANT MESSAGE

HOURS AND EARNINGS

DESCRIPTION	CURRENT HOURS/UNITS	CURRENT EARNINGS	Y-T-D HOURS/UNITS	Y-T-D EARNINGS
REGULAR	72.00	1172.64	1926.29	31657.78
SICK	8.00	128.80	39.00	628.01
OVERTIME	.50	12.07	12.82	314.63
VACATION			62.00	998.20
HOLIDAY			80.00	1288.12
TOTAL H/E	80.50	1313.51	2120.11	34886.74
PRE-TAX ITEMS				
401K		328.38-		8721.72-
TOTAL PRE-TAX		328.38-		8721.72-
TOTAL	80.50	985.13	2120.11	26165.02

TAXES AND DEDUCTIONS

DESCRIPTION	CURRENT AMOUNT	Y-T-D AMOUNT
SO SEC TAX	81.44	2162.98
MEDICARE TAX	19.05	505.86
FED INC TAX	104.45	2798.51
PRI-STATE TAX	34.33	930.40
PRI-LOCAL TAX	22.06	594.05
TOTAL TAXES	261.33	6991.80
AFTER-TAX DEDUCTIONS		
TOTAL PER DED		

SPECIAL INFORMATION

401K MATCH	52.54
SICK END BAL	13.70
VAC END BAL	16.32
YTD 401K MATCH	1395.48

CURRENT NET PAY DISTRIBUTION

C 4212256732	723.80
CHECK AMOUNT	.00
TOTAL CURRENT NET PAY	723.80

	GROSS	PRE-TAX	TAXABLE WAGES	LESS TAXES	LESS DEDS	EQ NET PAY
CURRENT	1313.51	328.38-	985.13	261.33	.00	723.80
Y-T-D	34886.74	8721.72-	26165.02	6991.80	720.00	18453.22

COVENANT

COVENANT AVIATION SECURITY
270 REMINGTON BLVD., SUITE B
BOLINGBROOK, IL 60440

CU7

DATE: 12-31-10 CHECK NO: A031976

YOUR ENTIRE NET PAY HAS BEEN DEPOSITED IN YOUR BANK ACCOUNT(S). PLEASE REVIEW THE "CURRENT NET PAY DISTRIBUTION" SECTION OF YOUR STATEMENT OF EARNINGS FOR DETAILS.

GLENVILLE N. HAREWOOD

NOT NEGOTIABLE

*** REC 2011007 150036 H51430E0 NGDW CIPQYA5 PQA5 (F-NGD) ***

QRY DATE: 01/07/11 AN: DOC: 150 UNIT: SF PG: 001+ DEQR
INPUT: YRS REQ: 2000-2009; COVERED DETAILS; SELF-EMPLOYMENT;
NON-COVERED DETAILS; RAILROAD; EMPLOYER ADDRESS
MEF: NA: G N HAREWO DB: SX: M AK:

DETAIL COVERED FICA EARNINGS AND EMPLOYER NAME AND ADDRESS FOR YEARS REQUESTED

EIN: EASTERN MOUNTAIN SPORTS
1 VOSE FARM RD
PETERBOROUGH NH 03458-2128

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0000	AA		G HAREWO	42549.47	35924.65	0065-87-34329	00601	V
			WAGE TOTAL	42549.47				
			OASDI EMPLOYER TOTAL	42549.47				
			00 OASDI YEARLY TOTAL	42549.47				

EIN: EASTERN MOUNTAIN SPORTS

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0001	AA		G HAREWO	43155.58	36381.73	1130-85-31685	01702	V
			WAGE TOTAL	43155.58				
			OASDI EMPLOYER TOTAL	43155.58				
			01 OASDI YEARLY TOTAL	43155.58				

EIN: EASTERN MOUNTAIN SPORTS

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0002	AA		G HAREWO	44272.21	37360.00	2083-86-27831	01003	V
			WAGE TOTAL	44272.21				
			OASDI EMPLOYER TOTAL	44272.21				
			02 OASDI YEARLY TOTAL	44272.21				

EIN: EASTERN MOUNTAIN SPORTS

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0003	AA		G HAREWO	48894.08	41256.28	3127-85-42330	01604	V
			WAGE TOTAL	48894.08				
			OASDI EMPLOYER TOTAL	48894.08				
			03 OASDI YEARLY TOTAL	48894.08				

EIN: EASTERN MOUNTAIN SPORTS

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0004	AA		G HAREWO	58803.26	52412.34	4091-85-61988	01205	V
			WAGE TOTAL	58803.26				
			OASDI EMPLOYER TOTAL	58803.26				
			04 OASDI YEARLY TOTAL	58803.26				

05 NONE

EIN: CAMBRIDGE SECURITY SERVICES CORP
419 PARK AVE S
NEW YORK NY 10016-8410

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0006	AA		G HAREWO	14865.25	14865.25	6094-85-24945	01207	V
			WAGE TOTAL	14865.25				
			OASDI EMPLOYER TOTAL	14865.25				

EIN: HAYNES SECURITY INC
1 JERSEY CITY AVE
LAVALLETTE NJ 08735-2519

0006	AA		G HAREWO	16858.91	16858.91	6043-87-79108	00507	V
			WAGE TOTAL	16858.91				

```
      OASDI EMPLOYER TOTAL        16858.91
     06 OASDI YEARLY TOTAL        31724.16

EIN:              CAMBRIDGE SECURITY SERVICES CORP
RPYR  REO LOAC  NAME            EARNINGS      TOTAL COMP  CONTROL NUMBER  PR     S
0007  AA        G   HAREWO         8583.54        8583.54 8122-AV-50109  01508 V
                 WAGE TOTAL        8583.54
      OASDI EMPLOYER TOTAL         8583.54
EIN:              HAYNES SECURITY INC
0007  AA        G   HAREWO         3187.11        3187.11 8058-AT-64967  00608 V
                 WAGE TOTAL        3187.11
      OASDI EMPLOYER TOTAL         3187.11
EIN:                        COVENANT AVIATION SECURITY LLC
                            WORLDWIDE SECURITY SERVICES LTD
                            270 REMINGTON BLVD STE B
                            BOLINGBROOK          IL  60440-3593
0007  AA        G N HAREWO        26211.99       19922.79 8093-AF-32302  01108 V
                 WAGE TOTAL       26211.99
      OASDI EMPLOYER TOTAL        26211.99
     07 OASDI YEARLY TOTAL        37982.64

EIN:              COVENANT AVIATION SECURITY LLC
RPYR  REO LOAC  NAME            EARNINGS      TOTAL COMP  CONTROL NUMBER  PR     S
0008  AA        G N HAREWO        36552.78       27414.56 9076-BD-73082  00809 V
                 WAGE TOTAL       36552.78
      OASDI EMPLOYER TOTAL        36552.78
     08 OASDI YEARLY TOTAL        36552.78

EIN:              COVENANT AVIATION SECURITY LLC
RPYR  REO LOAC  NAME            EARNINGS      TOTAL COMP  CONTROL NUMBER  PR     S
0009  AA        G N HAREWO        35848.54       26886.38 0071-AJ-51270  00910 V
                 WAGE TOTAL       35848.54
      OASDI EMPLOYER TOTAL        35848.54
     09 OASDI YEARLY TOTAL        35848.54

DETAIL NON-COVERED EARNINGS AND W-2 PENSION DATA AND EMPLOYER NAME AND
 ADDRESS  FOR YEARS REQUESTED
EIN:              EASTERN MOUNTAIN SPORTS
RPYR  RE  LOAC  NAME            TOTAL AMOUNT   CONTROL NUMBER  PR     S
0000  DJ        G   HAREWO          6624.82   0065-87-34329   00601  V
      DEFERRED COMP. TOTAL          6624.82

EIN:              EASTERN MOUNTAIN SPORTS
RPYR  RE  LOAC  NAME            TOTAL AMOUNT   CONTROL NUMBER  PR     S
0001  DJ        G   HAREWO          6708.16   1130-85-31685   01702  V
      DEFERRED COMP. TOTAL          6708.16

EIN:              EASTERN MOUNTAIN SPORTS
RPYR  RE  LOAC  NAME            TOTAL AMOUNT   CONTROL NUMBER  PR     S
0002  DJ        G   HAREWO          6912.21   2083-86-27831   01003  V
      DEFERRED COMP. TOTAL          6912.21

EIN:              EASTERN MOUNTAIN SPORTS
RPYR  RE  LOAC  NAME            TOTAL AMOUNT   CONTROL NUMBER  PR     S
0003  DJ        G   HAREWO          7637.80   3127-85-42330   01604  V
      DEFERRED COMP. TOTAL          7637.80
EIN:              EASTERN MOUNTAIN SPORTS
```

RPYR	RE	LOAC	NAME	TOTAL AMOUNT	CONTROL NUMBER	PR	S
0004	DD		G HAREWO	6390.92	4091-85-61988	01205	V
DEFERRED COMP 401(K) TOTAL				6390.92			

05 NONE

06 NONE

EIN: COVENANT AVIATION SECURITY LLC

RPYR	RE	LOAC	NAME	TOTAL AMOUNT	CONTROL NUMBER	PR	S
0007	DD		G N HAREWO	6289.20	8093-AF-32302	01108	V
DEFERRED COMP 401(K) TOTAL				6289.20			

EIN: COVENANT AVIATION SECURITY LLC

RPYR	RE	LOAC	NAME	TOTAL AMOUNT	CONTROL NUMBER	PR	S
0008	DD		G N HAREWO	9138.22	9076-BD-73082	00809	V
DEFERRED COMP 401(K) TOTAL				9138.22			

EIN: COVENANT AVIATION SECURITY LLC

RPYR	RE	LOAC	NAME	TOTAL AMOUNT	CONTROL NUMBER	PR	S
0009	DD		G N HAREWO	8962.16	0071-AJ-51270	00910	V
DEFERRED COMP 401(K) TOTAL				8962.16			

DETAIL RAILROAD EARNINGS FOR YEARS REQUESTED
NO RR EARNINGS FOR YEARS REQUESTED

Unemployment Insurance Benefits Inquiry

Official Record of Benefit Payment History

Welcome, Glenville N. Harewood , to your New York State Department of Labor Benefits Inquiry homepage.

Current Claim Data

Name:	Glenville N. Harewood
Social Security Number:	
Start/Effective Date:	01/31/2005
Benefit Year Ending Date:	02/05/2006
Weekly Benefit Amount:	$405.00
Maximum Amount Payable:	$10,530.00 ($405.00 x 26 weeks).
Remaining Balance:	$0.00

Latest Transaction(s) as of 11/10/2005

- You last certified for benefits for the week ending 08/07/2005.
- Your payment for the week ending 02/13/2005 was mailed on 08/19/2005.

Please allow fourteen days for check delivery. If you have not received your check after the fourteen days have passed, please contact the Telephone Claims Center at 1-888-209-8124 or 1-877-358-5203 if you live outside of New York State.

Payment History

Week Ending	Total Amount	Net Amount	Effective Days	Release Date	Type	
02/13/2005	$364.50	$364.50	4	08/19/2005	Payment	1
08/07/2005	$405.00	$364.50	4	08/11/2005	Payment	2
07/31/2005	$405.00	$364.50	4	08/04/2005	Payment	3
07/24/2005	$405.00	$364.50	4	07/28/2005	Payment	4
07/17/2005	$405.00	$364.50	4	07/22/2005	Payment	5
07/10/2005	$405.00	$364.50	4	07/14/2005	Payment	6
07/03/2005	$405.00	$364.50	4	07/07/2005	Payment	7
06/26/2005	$405.00	$364.50	4	06/30/2005	Payment	8
06/19/2005	$405.00	$364.50	4	06/23/2005	Payment	9

06/12/2005	$405.00	$364.50	4	06/16/2005	Payment	10
06/05/2005	$405.00	$364.50	4	06/09/2005	Payment	11
05/29/2005	$405.00	$364.50	4	06/02/2005	Payment	12
05/22/2005	$405.00	$364.50	4	05/26/2005	Payment	13
05/15/2005	$405.00	$364.50	4	05/19/2005	Payment	14
05/08/2005	$405.00	$364.50	4	05/12/2005	Payment	15
05/01/2005	$405.00	$364.50	4	05/05/2005	Payment	16
04/24/2005	$405.00	$364.50	4	04/29/2005	Payment	17
04/17/2005	$405.00	$364.50	4	04/21/2005	Payment	18
04/10/2005	$405.00	$364.50	4	04/14/2005	Payment	19
04/03/2005	$405.00	$364.50	4	04/07/2005	Payment	20
03/27/2005	$405.00	$364.50	4	03/31/2005	Payment	21
03/20/2005	$405.00	$364.50	4	03/24/2005	Payment	22
03/13/2005	$405.00	$364.50	4	03/17/2005	Payment	23
03/06/2005	$405.00	$364.50	4	03/10/2005	Payment	24
02/27/2005	$405.00	$364.50	4	03/03/2005	Payment	25

Date of Inquiry: 11/10/2005

Exit

FJC Security Services Inc.

REQUEST FOR DRIVER ABSTRACT

Acknowledgment A

This form is to be filled out by each employee who will drive a Company owned vehicle.

I acknowledge receipt of FJC Security Services's Fleet Safety Program. I understand that I am required to read and strictly comply with the requirements stated in the policy. I also authorize a representative of FJC Security Services to obtain a copy of my Motor Vehicle Report.

Print Name: GLENVILLE HAREWOOD

Work Site: LGA Division: _____

Date of Birth: ___ SS#: _

Driver's License #: _ State: _____ Exp. Date: _____

Signature: Glenville Harewood Date: 01 | 08 | 11

Acknowledgment B

This form is to be completed if the employee regularly drives on Company business as a job requirement and does not drive a Company vehicle.

I acknowledge receipt of FJC Security Services's Fleet Safety Program. I understand I am required to read and strictly comply with the requirements stated in the policy. I also authorize a representative of FJC Security Services to obtain a copy of my Motor Vehicle Report.

Print Name: GLENVILLE HAREWOOD

Title: _____ Division: _____

Date of Birth: _ SS#: _

Driver's License #: _ State: Exp. Date:

Signature: Glenville Harewood

State of New York DEPARTMENT OF MOTOR VEHICLES, Empire State Plaza, Albany, New York 12228

ABSTRACT OF DRIVING RECORD

PRINT DATE: 01/19/2011 TIME: 02:52 28600 17
FJC SECURITY SERVICES INC

OK

CLIENT ID#: 984447309
HAREWOOD GLENVILLE N DOB: SEX: M
HEIGHT: 6-3 EYE COLOR: BROWN
COUNTY: KING
MI #: K01690 04037 156076 54
NAME ON LICENSE/ID: HAREWOOD
GLENVILLE N

LICENSE CLASS *D* STATUS: VALID EXPIRATION: 09/20/2017

**********ACTIVITY**********
CLASS CHANGE: 05/06/1992 NEW: *D* OLD: *E*
CLASS CHANGE: 07/11/2001 NEW: *D* OLD: *E*

**********ACCIDENTS**********
ACCIDENT DATE: 10/15/2009 PERSONAL INJURY COUNTY: KING CASE #: 33-270028
POLICE REPORT FILED

ACCIDENT DATE: 11/05/2008 PERSONAL INJURY COUNTY: KING CASE #: 32-892386
POLICE REPORT FILED

**********END OF RECORD**********

This is to certify that this document is a true and complete copy of an electronic record on file in the New York State Department of Motor Vehicles, Albany, New York. The record was made in regular course of New York State Department of Motor Vehicles daily business. It is the business of the New York State Department of Motor Vehicles to create and maintain the records of drivers in the state of New York. Entries in this document are made at the time the recorded transactions or events took place or within a reasonable time thereafter. The person who reports the information is under a business duty to do so accurately.

ABS-3 (01/11)

EXECUTIVE DEPUTY COMMISSIONER OF MOTOR VEHICLES

FJC Security Services Inc.

Physical Capabilities Sign-Off

FJC Security Services
Employee Statement

EMPLOYEE: GLENVILLE HAREWOOD Date: 01/05/11

I GLENVILLE HAREWOOD do hereby certify that to the best of my knowledge I am capable of performing normal or emergency duties including arduous physical exertion such as standing or walking an entire shift, climbing stairs and ladders, lifting and carrying objects weighing up to *50* lbs., running and enduring exposure to extreme weather conditions for an entire shift. I further understand my assignment may require periods of prolonged standing.

I have no physical limitations that would preclude me from accepting an assignment.

Signed: Glenville Harewood Date: 01/05/11

Accepted by: _____

Title: Dir HR

Revised 09/30/05

FJC Security Services Inc.

FAIR CREDIT REPORTING ACT DISCLOSURE/AUTHORIZATION

In accordance with the provisions of Section 604 (b) (2) of the Fair Credit Reporting Act (FCRA) (Title II, Subtitle D, Chapter I, Public Law 104-208) you are hereby informed that a consumer report about you may be ordered and used for employment purposes. Under the provisions of the Act, a driving record is considered a consumer report when used for employment purposes.

I, the undersigned, acknowledge receipt of the above disclosure and authorize the above named company to obtain a consumer report about me for its use related to employment purposes.

Glenville Harewood
Applicant Signature

Social Security #

GLENVILLE HAREWOOD
Applicant Print Name

01 / 05 / 11
Date

Street Address

Date of Birth

City, State, Zip

Revised 07/28/08

FJC Security Services Inc.

Terms and Conditions of Employment

TO ALL EMPLOYEES OF FJC SECURITY SERVICES INC. PLEASE READ AND SIGN THE FOLLOWING.

TO ENSURE THE GENERAL WELFARE OF ALL COMPANY EMPLOYEES AND THE PROPER FUNCTIONING OF COMPANY OPERATION, ALL EMPLOYEES ARE EXPECTED TO FOLLOW ESTABLISHED COMPANY TERMS AND CONDITIONS. THE FOLLOWING ARE EXAMPLES OF CONDUCT WHICH MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION. THEY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

1. INSUBORDINATION - WILLFULLY REFUSING TO FOLLOW INSTRUCTIONS OR TO PERFORM DESIGNATED WORK.
2. REFUSAL TO ACCEPT A JOB ASSIGNMENT.
3. FALSIFYING EMPLOYMENT APPLICATION, TIME SHEETS AND ANY OTHER OFFICIAL DOCUMENT.
4. FOUND TO BE CONVICTED OF ANY CRIME, RESULTING IN DENIAL OF SECURITY GUARD LICENSE (BEFORE OR DURING EMPLOYMENT).
5. FRATERNIZATION WITH CLIENTS OR CO-WORKERS.
6. THEFT OR UNAUTHORIZED REMOVAL, USE OR POSSESSION OF COMPANY, CUSTOMER, CLIENT OR ANOTHER EMPLOYEE'S PROPERTY.
7. FAILURES TO PASS A DRUG/ALCOHOL TEST OR REFUSAL TO TAKE A DRUG/ALCOHOL TEST.
8. REPORTING TO ANY FJC FACILITY INTOXICATED (ON OR OFF DUTY).
9. UNSATISFACTORY WORK PERFORMANCE.
10. FAILURE TO FOLLOW UNIFORM DRESS CODE OR MAINTAIN PERSONAL HYGIENE.
11. INATTENTION TO DUTIES OR SLEEPING ON DUTY OR ASSUMING THE POSITION SUGGESTING SLEEP, ON THE JOB.
12. EXCESSIVE PERSONAL USE OF TELEPHONES OR POSSESSION OF PERSONAL CELL PHONES/BEEPERS/CD PLAYERS/RADIOS OR ANY UNAUTHORIZED ELECTRONIC DEVICE WHILE WORKING.
13. UNAUTHORIZED EATING, DRINKING OR CHEWING GUM AT WORK STATIONS.
14. WALKING OFF POST, ABANDONMENT OF SCHEDULE, LEAVING AN ASSIGNED WORK AREA DURING WORK HOURS FOR ANY REASON OTHER THAN IN THE LINE OF DUTY OR WITH AUTHORIZATION FROM THE SUPERVISOR.
15. MALICIOUS DAMAGE TO COMPANY OR CLIENT PROPERTY.
16. DISLOYALTY TO THE COMPANY OR DISPARAGEMENT OF ITS PRODUCTS.
17. DISHONESTY.
18. PUNCHING ANOTHER EMPLOYEE'S TIME CARD OR FALSIFYING A TIME SHEET.
19. FIGHTING ON DUTY.
20. DISCLOSURE OF CONFIDENTIAL COMPANY INFORMATION TO UNAUTHORIZED PERSONS.
21. CREATING UNSAFE OR UNSANITARY CONDITIONS.
22. REFUSAL TO COOPERATE IN ANY INVESTIGATION IN THE WORKPLACE.
23. DELAYING OR RESTRICTING PRODUCTION OR ENCOURAGING OTHERS TO DO SO.
24. FAILURE TO MAINTAIN THE FOLLOWING LICENSES UP TO DATE (ALIEN CARD; SECURITY LICENSE; FIRE GUARD AND DMV.)
25. EMPLOYEES ARE RESTRICTED FROM SMOKING IN RESTRICTED AREAS. NEW YORK CITY FIRE DEPARTMENT CODE PROHIBITS SMOKING IN ALL PUBLIC BUILDINGS; THIS INCLUDES ALL BUILDINGS AND TERMINALS AT THE AIRPORTS. SMOKING ON THE AOA IS PROHIBITED EVEN IN A CLOSED VEHICLE.
26. FAILURE TO ABIDE BY COMPANY, CUSTOMER OR AIRPORT SECURITY, TRAFFIC, AND VEHICLE OPERATION OR PARKING REGULATIONS.
27. FAILURE TO REPORT EQUIPMENT FAILURES OR SAFETY HAZARDS IMMEDIATELY TO A MANAGER OR MAINTENANCE PERSONNEL.
28. CONSUMING ALCOHOLIC BEVERAGES OR TAKING NON-PRESCRIBED MEDICATION BEFORE START OF TOUR.

29. TAKING OF OVER THE COUNTER MEDICATION THAT COULD IMPAIR JUDGMENT, REFLEXES, OR ABILITY TO DO YOUR STATED DUTIES.
30. DISTRIBUTION OF LITERATURE, OF ANY DESCRIPTION, IS PROHIBITED IN THE WORKPLACE AT ALL TIMES.
31. COLLECTION OF MONEY, SUCH AS SELLING RAFFLES OR CANDIES, COLLECTING MONEY FOR VARIOUS CAUSES, SELLING TICKETS, ETC.
32. FAILURE OF FJC OFFICER TO COMMUNICATE TO SUPERVISORY STAFF ANY MATTERS PERTAINING TO A CHANGE IN AGREED UPON EMPLOYEE CONTRACT. IT IS THE RESPONSIBILITY OF THE OFFICER TO SUPPLY ANY DOCUMENTS THAT WILL CAUSE A CHANGE IN AGREED UPON SCHEDULE, AS SOON AS CHANGE IS KNOWN.
33. GAMBLING DURING WORK HOURS OR ON COMPANY OR CLIENTS PROPERTY
34. VIOLATION OF COMPANY, CUSTOMER SAFETY RULES AND COMMON KNOWN SAFETY PRACTICES.
35. FAILURE TO MAKE A PROMPT REPORT OF ANY INCIDENT THAT INVOLVES, OR IS ON COMPANY, CLIENT PROPERTY.
36. POSSESSION OF WEAPONS, NOT AUTHORIZED BY THE COMPANY, ON COMPANY, CLIENT PROPERTY.
37. TARDINESS OR ABSENCE FROM WORK WITHOUT PROPER NOTIFICATION OR EXPLANATION. ALL CALL OFFS MUST BE WITHIN 4HRS OF COMMENCEMENT OF THE BEGINNING OF YOUR TOUR.
38. ABUSIVE LANGUAGE TO ANY SUPERVISOR, CLIENT, MEMBER OF THE PUBLIC OR TO ANY EMPLOYEE.
39. VIOLATION OF LOCAL, STATE OR FEDERAL LAWS AND OR FAILURE TO NOTIFY COMPANY OF ANY ARREST OR CONVICTION FOR ANY OFFENCE OF SAID LAWS.
40. ABANDONMENT OF WORK SCHEDULE/ OR REASSIGNMENT: IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO REPORT BACK TO THE PERSONNEL OFFICE FOR REASSIGNMENT TO A NEW JOB LOCATION. OFFICER MUST SUBMIT DOCUMENTATION TO SAID OFFICE FOR ALL WORK STOPPAGE NOT APPROVED THROUGH THE CHAIN OF COMMAND.
41. FAILURE TO MAINTAIN STATE REQUIRED TRAINING CERTIFICATION UP TO DATE. INCLUDING THE 160JT (TAKEN ONCE WITHIN 90DAYS OF HIRING), 8HR.ANNUAL UNARMED TRAINING AND THE 8 HR ANNUAL ARMED TRAINING EVERY YEAR.

RULES OF CONDUCT AND DISCIPLINE ACKNOWLEDGEMENT:

I HAVE READ AND UNDERSTAND THE EMPLOYMENT TERMS AND CONDITIONS OF FJC SECURITY SERVICES, INC. FURTHERMORE, I HAVE BEEN GIVEN A COPY OF SUCH RULES AND HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THEM AND HAVE MY QUESTIONS ANSWERED. I HEREBY ATTEST TO THIS BY VIRTUE OF MY SIGNATURE APPEARING BELOW.

GLENVILLE HAREWOUD
PRINT NAME

Div: LGA

Glenville Harewoud
SECURITY OFFICER'S SIGNATURE

DATE: 12/02/11

SIGNATURE of FJC STAFF

DATE: 12/02/11

Revised 06/17/08

ANTI-DISCRIMINATION AND HARASSMENT POLICY

FJC Security Services, Inc. is committed to maintaining a work environment that is free of discrimination and harassment. In keeping with this commitment, we will not tolerate harassment of FJC employees by anyone, including any supervisor, co-worker, vendor, client, or customer of FJC. All employees are expected to avoid any behavior or conduct that could reasonably be interpreted as unlawful harassment of employees or persons who do business with FJC Security Services, Inc.

Harassment consists of unwelcome conduct, whether verbal, physical, or visual, that is based upon a person's protected status, such as sex, color, race, religion, national origin, age, physical or mental disability, veteran status, citizenship status, ancestry, creed, marital status, sexual orientation or other protected group status. The Company will not tolerate harassing conduct that affects tangible job benefits, that interferes unreasonably with an individual's work performance, or that creates an intimidating, hostile, or offensive working environment.

Sexual harassment deserves special mention: Unwelcome sexual advances, requests for sexual favors, and other physical, verbal, or visual conduct based on sex constitute sexual harassment when (1) submission to the conduct is an explicit or implicit term or condition of employment, (2) submission to or rejection of the conduct is used as the basis for an employment decision, or (3) the conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. Sexual harassment is conduct based on sex, whether directed towards a person of the opposite or same sex, and may include explicit sexual propositions, sexual innuendo, suggestive comments, sexually oriented "kidding" or "teasing," "practical jokes," jokes about obscene printed or visual material, and physical contact such as patting, pinching, or brushing against another person's body.

Everyone at FJC Security Services, Inc. especially supervisors, are expected to avoid any behavior or conduct that could be interpreted as unlawful harassment. All employees should also understand the importance of informing an individual whenever that individual's behavior is unwelcome, offensive, in poor taste or inappropriate.

Discrimination consists of any disparate treatment of employees or actions that have a disparate impact on employees based on their sex, color, race, religion, national origin, age, physical or mental disability, veteran status, citizenship status, ancestry, creed, marital status sexual orientation or other protected group status. Such discrimination includes, but is not limited to, the hiring, assignment, promotion, demotion or discipline of any employee or applicant for employment based on her or his status as a member of one or more protected groups.

The policy of FJC Security Services, Inc. is to investigate each complaint promptly and to keep complaints and the result of our investigation confidential to the fullest extent possible.

If an investigation confirms that a violation of this policy has occurred, then appropriate disciplinary actions will be taken. In investigating complaints of discrimination or harassment under this policy, the Company may impose discipline for inappropriate conduct without regard to whether the conduct constitutes a violation of the law and even if that conduct does not rise to the level of violation of this policy. The company will advise interested parties of the outcome of an investigation, although not necessarily all details of the actions the company has taken to maintain a discrimination and harassment free environment.

If you feel that you have experienced or witnessed discrimination or harassment, you are to immediately contact the FJC Anti-Discrimination Hotline at 347-418-3127 *and* your immediate supervisor. If for any reason you feel uncomfortable addressing your concerns/complaints with your immediate supervisor, contact the Corporate Risk Manager at (516) 328-6000 x1153. FJC will then take the necessary steps to ensure that your report is properly investigated. There will be no retaliation against anyone for reporting a harassment or discrimination charge. Nor will there be any retaliation taken against anyone who cooperates with an investigation of a complaint of discrimination or harassment. Any retaliation should be reported immediately in the same manner as a discrimination or harassment complaint and will be investigated thoroughly.

Employee Acknowledgement:

I, the undersigned employee of FJC Security Services, Inc., hereby confirm and acknowledge that I have read and understood the above Anti-Discrimination and Harassment policy. I agree to abide by it and understand that any violation of it will be grounds for discipline, up to and including termination of my employment.

GLENVILLE HAREWOOD 12/02/11 [signature]

Print Employee Name Date Signature

FJC SECURITY SERVICES, INC. IS AN EQUAL OPPORTUNITY EMPLOYER.

White Copy – Corporate File Yellow Copy – Personnel File Pink Copy – Employee

HAREWOOD, GLENVILLE
XXX-XX-9727
PA JFK LGA
PALG02

Notice and Acknowledgement of Pay Rate and Payday
Under Section 195.1 of the New York State Labor Law
Notice for Multiple Hourly Rate Employees

1. Employer Information

Name:

FJC Security Services Inc

Doing Business As (DBA) Name(s):

Physical Address:

275 Jericho Turnpike
Floral Park, NY 11001

Mailing Address:

Same as Above

Phone:

(516) 328-6000

2. Notice given:

- ☐ At hiring
- ☒ On or before February 1
- ☐ Before a change in pay rate(s), allowances claimed or payday

3. Employee's rate(s) of pay for each type of work or shift:

$16.24 per hour for ASA

$17.90 per hour for LASA

N/A per hour for N/A

4. Allowances taken:

- ☒ None
- ☐ Tips_____per hour
- ☐ Meals_____per meal
- ☐ Lodging_____
- ☐ Other_____

5. Regular payday: Friday

6. Pay is:

- ☒ Weekly
- ☐ Bi-weekly
- ☐ Other

7. Overtime Pay Rate(s) for each type of work or shift:

This must be at least 1 ½ times the worker's weighted average of the multiple rates of pay for the week, with few exceptions. The weighted average is the total regular pay divided by the total hours worked in the week. The overtime rate may vary from week to week depending on how many hours you worked at each rate of pay. The overtime rate may vary from week to week.

8. Employee Acknowledgement: On this date, I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated payday. I told my employer what my primary language is:

Check one:

- ☑ I have been given this pay notice in English only, because it is my primary language.
- ☐ My primary language is _____. I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

Glenville Harewood
Employee Signature

01/20/12
Date Received and Signed

JOAN DILBERT, PAYROLL SPECIALIST
Preparer Name and Title

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.

LS 55 (03/11)

FJC Security Services Inc.
Port Authority Division

Employment Status Statement
Full Time Employment

Date 2/23/11

I, G. Harewood hereby accept a full time position with FJC Security Services as a Security Agent as shown on the attached schedule. I fully understand and acknowledge that FJC considers a full time position as a schedule of 30 hours or more per week. I also understand that as a full time employee I am entitled to all benefits of a Full Time Employee as described in the Collective Bargaining Agreement with the SEIU 32BJ Union, which represents all security agents employed within the Port Authority Division.

Signature [signature]

Social Security Number XXX \ XX \ _____

PA Division Representative: G Robson (Print Name) [signature] (Signature)

Title P.M.

26 Journal Square Jersey City NJ
Phone: (201)386-0530 Fax: (201)386-94034
Website: www.fjcsecurity.com

FJC Security Services, Inc.

Employee Schedule

S/H+S 2/28/11

Airport Security Agent Name: G. Harewood

Date: 2/23/11

Site: JFK or LGA (Circle One)

Status: Full Time or Part Time (Circle One)

Category: ASA LASA CSS ID TS (Circle One)

Listed below is your assigned schedule and the basic rules and regulations that are to be followed at all times as an employee of FJC Security.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours
TOUR	7-15	7-15	7-15	7-15	7-11 S/B	RDO	RDO	36

In case of Call Outs (Sick/Emergency); it is the ASA's responsibility to call their designated dispatch at:
SECURITY OPERATIONS CENTER (SOC): 718.244.7318 OR 718.244.7319

1. Any ASA who unable to report for his/her scheduled tour of duty must adhere to the call out rule of at least 4 hours notification prior to scheduled start time.
2. All ASA's are required to report for roll call 30 minutes prior to their scheduled tour of duty.
3. Call if you are going to be late for roll call.
4. No ASA can make changes to his/her schedule without prior approval from their Project Manager.
5. If you have any problems with your schedule, co-workers or supervisors; contact or Project Manager or HR Manager.
6. Don't forget to sign in/out and hand scan in/out daily.
7. Any ASA who does not wait for their relief or does not report for their scheduled tour of duty will face disciplinary action.
8. Please note that this is a temporary schedule and subject to change.

The pay period is Monday-Sunday. Checks are distributed on Fridays.

My signature below indicates that I read, understand and accept the schedule assigned to me.

[signature] Harewood
Employee Signature

2/23/11
Date

[signature]
FJC Manager

My signature below indicates that I am unable to accept the schedule assigned and I understand that I will be removed from the active employee list.

Employee Signature

Date

FJC Manager

FJC Security Services, Inc. Employee Schedule

Airport Security Agent Name: HAREWOOD, G **Date:** _____

Site: JFK or LGA (Circle One) **Status:** Full Time or Part Time (Circle One) **Category:** ASA LASA CSS ID TS (Circle One)

Listed below is your assigned schedule and the basic rules and regulations that are to be followed at all times as an employee of FJC Security.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours
TOUR	OFF	B	B	B	STAND BY	B	OFF	

[redacted]

1. Any ASA who unable to report for his/her scheduled tour of duty must adhere to the call out rule of at least 4 hours notification prior to scheduled start time.
2. All ASA's are required to report for roll call 30 minutes prior to their scheduled tour of duty.
3. Call if you are going to be late for roll call.
4. No ASA can make changes to his/her schedule without prior approval from their Project Manager.
5. If you have any problems with your schedule, co-workers or supervisors; contact or Project Manager or HR Manager.
6. Don't forget to sign in/out and hand scan in/out daily.
7. Any ASA who does not wait for their relief or does not report for their scheduled tour of duty will face disciplinary action.
8. Please note that this is a temporary schedule and subject to change.

The pay period is Monday-Sunday. Checks are distributed on Fridays.

My signature below indicates that I read, understand and accept the schedule assigned to me.

[signature] 09/07/11 [signature]

Employee Signature Date FJC Manager

My signature below indicates that I am unable to accept the schedule assigned and I understand that I will be removed from the active employee list.

_____ _____ _____

Employee Signature Date FJC Manager

FJC Security Services, Inc. Employee Schedule

Airport Security Agent Name: Harewood, G. **Date:** Nov. 10, 2011

Site: JFK or LGA (Circle One) **Status:** Full Time or Part Time (Circle One) **Category:** ASA LASA CSS ID TS (Circle One)

Listed below is your assigned schedule and the basic rules and regulations that are to be followed at all times as an employee of FJC Security.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours
TOUR	work	work	work	work	standby	off	off	

[redacted]

1. Any ASA who unable to report for his/her scheduled tour of duty must adhere to the call out rule of at least 4 hours notification prior to scheduled start time.
2. All ASA's are required to report for roll call 30 minutes prior to their scheduled tour of duty.
3. Call if you are going to be late for roll call.
4. No ASA can make changes to his/her schedule without prior approval from their Project Manager.
5. If you have any problems with your schedule, co-workers or supervisors; contact or Project Manager or HR Manager.
6. Don't forget to sign in/out and hand scan in/out daily.
7. Any ASA who does not wait for their relief or does not report for their scheduled tour of duty will face disciplinary action.
8. Please note that this is a temporary schedule and subject to change.

The pay period is Monday-Sunday. Checks are distributed on Fridays.

My signature below indicates that I read, understand and accept the schedule assigned to me.

Harewood 11/10/11

Employee Signature Date FJC Manager

My signature below indicates that I am unable to accept the schedule assigned and I understand that I will be removed from the active employee list.

Employee Signature Date FJC Manager

VOLUNTARY DISCLOSURE OF EQUAL EMPLOYMENT OPPORTUNITY RECORD

FJC Security Services, Inc. is an equal employment opportunity employer and prohibits discrimination in its employment practices based on race, color, religion, sex, age, national origin, or disability, or any similar legally protected status.

In order to comply with EEOC, OFCCP and Affirmative Action regulations, the Company is required to compile summary data on the gender and ethnicity of its applicants. The information solicited is collected for the sole purpose of providing data to be used for statistical analysis by the Office of Human Resources. We request that you **voluntarily** provide the information listed below. Refusal to provide this information **will not** affect your current application for employment.

All information provided will be retained **separately** from your application and will be used only for record maintenance purposes as required by Federal and State regulations. Those individuals evaluating your application and making hiring decisions will not have access or review your answers on this form.

☐ I do **not** wish to provide this information to FJC Security Services, Inc.

1. Name: GLENVILLE HAREWOOD

2. Position applied for: SECURITY GUARD

3. Date of Birth: (Month/Year)

4. Gender:

☐ Female ☑ Male

5. Ethnic Group:

☑ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

☐ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

6. **HANDICAPPED:** Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s). ☐ Handicapped

7. Pursuant to the Vietnam Era Veterans Readjustment Act of 1974, governmental contractors are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era. If you are a qualified veteran, you are invited to volunteer this information. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

Are you a veteran? ☐ Yes ☑ No. If Yes, indicate dates of military service:

from _____ to _____
Month / Day / Year Month / Day / Year

Signature of Job Applicant

01/08/11
Date

ACKNOWLEDGMENT BY RELATED PARTY INDIVIDUAL

I, GLENVILLE HAREWOOD (name of employee) ("**Related Party**"), am employed as a(n) Airport Security Agent (job title) by FJC Security Services, Inc. (name of employer). I have been provided with and have read the Non Disclosure and Confidentiality Agreement between FJC Security Services (the "**Recipient**") and The Port Authority of New York and New Jersey (the "**Port Authority**") dated February 1, 2011 (hereinafter the "**Agreement**".) I understand that because of my employer's relationship with Port Authority (name of Recipient, or the Port Authority if Related Party Individual is an employee of Recipient), both my employer and I may be provided with access to, and/or copies of, sensitive security materials or confidential information. If it is required for me to review or receive Confidential Information, as it is defined in the aforementioned Agreement, I acknowledge that I will be bound by each and every term and provision contained therein, and that failure to do so may include, but is not limited to, the imposition of disciplinary action and sanctions, and/or the institution of legal action seeking injunctive relief, monetary and/or criminal penalties for violation of law and/or Port Authority policies and procedures, as well as for violation of federal and/or state regulations.

To the extent that I am currently in the possession of, or have previously come into contact with, marked information as it relates to the aforementioned Agreement, I agree to conform my handling procedures for Confidential Information to the practices and procedures set forth and defined herein, or risk loss of access to said Information, removal from said Project and/or subjecting myself to the aforementioned disciplinary actions and/or civil and criminal penalties.

Signed: Glenville Harewood

Print Name: GLENVILLE HAREWOOD

Title: ASA

Date: 04/16/11

ACKNOWLEDGMENT BY RELATED PARTY INDIVIDUAL

I, GLENVILLE HARENWOOD (name of employee) ("**Related Party**"), am employed as a(n) Airport Security Agent (job title) by ESC Security Services (name of employer). I have been provided with and have read the Non Disclosure and Confidentiality Agreement between _____ (the "**Recipient**") and The Port Authority of New York and New Jersey (the "**Port Authority**") dated _____ ____, _____ (hereinafter the "**Agreement**"), and the Port Authority Handbook attached to the Agreement. I understand that because of my employer's relationship with Port Authority (name of Recipient, or the Port Authority if Related Party Individual is an employee of Recipient), both my employer and I may be provided with access to, and/or copies of, sensitive security materials or confidential information. If it is required for me to review or receive Confidential Information, as it is defined in the aforementioned Agreement, I acknowledge that I will be bound by each and every term and provision contained therein, and that failure to do so may include, but is not limited to, the imposition of disciplinary action and sanctions, and/or the institution of legal action seeking injunctive relief, monetary and/or criminal penalties for violation of law and/or Port Authority policies and procedures, as well as for violation of federal and/or state regulations.

To the extent that I am currently in the possession of, or have previously come into contact with, marked information as it relates to the aforementioned Agreement, I agree to conform my handling procedures for Confidential Information to the practices and procedures set forth and defined herein, or risk loss of access to said Information, removal from said Project and/or subjecting myself to the aforementioned disciplinary actions and/or civil and criminal penalties.

Signed: Glenville Harenwood

Print Name: GLENVILLE HARENWOOD

Title: AIRPORT SECURITY AGENT

Date: 02/18/11

Employee Acknowledgement Form

I understand that the FJC Security Services, Inc. Corporate Handbook contains employment and benefits information only and is in no way to be interpreted as a contract between FJC Security Services, Inc. and myself. I also understand that no supervisor or management employee has any authority to make any statements to the contrary. I further recognize that the Company reserves the right to modify or delete any of the policies without notice at any time.

I have entered into my at-will employment relationship with FJC voluntarily and acknowledge that there is no specified length of employment. In a similar respect, the Company can terminate or change the terms and condition of my employment at any time, for any reason, with or without cause, notice or liability. so long as there is no violation of applicable federal or state law.

I have read and understand all foregoing policies and have received a copy of the Corporate Handbook, and agree to abide by them. If there is anything I do not understand, I will request an explanation from my supervisor or Human Resources.

Print Name GLENVILLE N HAREWOOD

Glenville Harewood
Signature

01/26/11
Date

Witness

01-26-11
Date

275 Jericho Turnpike, Floral Park, NY 11001 Tel: 516.328.6000/Fax: 516.328.0340

SECURITY INCIDENT REPORT

CLIENT LOCATION: LGA (Name of Account)

ADDRESS: (Street Number / City / State / Zip Code)

REPORT DATE: 19 11 12 (Day of Week / Month / Day / Year)

REPORT TIME: 10:00 AM PM

ON DUTY SUPERVISOR: S. LEEKS

REPORT PREPARED BY: GLENVILLE HAREWOOD (Print Full Name)

POSITION /TITLE: ASA

TYPE OF INCIDENT: BREAKING & ENTERING (Classify by Category / Subject / Heading- See "Incident" Examples)

DATE OF INCIDENT: 10-16 - 10-19 (Day of Week / Month / Day / Year) TIME OF OCCURRENCE: _____ AM / PM

DETAILS OF INCIDENT: IN DETAIL DESCRIBE WHEN, WHERE, WHO, WHAT, WHY AND HOW—IF KNOWN

SOME TIME BETWEEN FRIDAY NIGHT NOVEMBER 16TH AND MONDAY MORNING NOVEMBER 19TH SOMEONE TAMPERD WITH MY LOCK WHICH IS ON MY LOCKER IN THE MENS LOCKER ROOM I DON'T KNOW WHO IT IS BUT THAT TYPE OF BEHAVIOUR NEED TO BE ADDRESS THAT'S NOT THE FIRST TIME THIS TYPE OF INCIDENT OCCUR SOMEONE WENT AS FAR AS TO CUT MY LOCK OFF ALREADY

(Use Additional Pages, as required—Remember to number all pages)

NOTIFICATIONS

NAME OF AGENCY	NAME OF PERSON	TITLE / POSITION	DATE / TIME NOTIFIED
FJC SECURITY SERVICES			
CLIENT REPRESENTATIVE			

(Signature of Writer) (Security Supervisor Review / Signature) (FJC Representative Review / Signature)

GLENVILLE HAREWOOD (Print Full Name) ELIZABETH ROSA (Print Full Name) (Print Full Name / Title)

DISTRIBUTION: ORIGINAL—FJC SECURITY YELLOW—CLIENT COPY

FJC Security Services Inc.

Service. Support. Solutions!

EMPLOYEE RECORD-Absentee/Lateness Notice

Subject Employee-Last Name: HARRWOOD **First Name:** G.

Position: (check one) ☐ Officer ☒ Agent ☐ Supervisor ☐ Other: _____

Assignment & Location: Construction

Attn Operations: _____
(Print Name & Title)

Report prepared by: _____
(Print Name & Title)

The following information is provided for your immediate attention/future reference as it relates to the subject employee:

☐ Reported for Duty Late

- **Date:** 8/29/11 **Day:** Monday **Scheduled Tour:** _____
- _____ **Minutes Late** **Arrival Time:** _____
- **Reason-** as provided by employee HURRICANE IRENE

☐ Calling out for:

- **Date:** 8/29/11 **Day:** _____ **Scheduled Tour:** 13
- **Time of Call out:** _____
- **Reason-** Other additional Comments:

Position was filled with: _____ OT Incurred: ☒ NO ☐ YES – 16 TOTAL HRS
(Name of replacement officer)

Notified Supervisor/Manager: _____ Time: _____ Date: _____
(Print name & Title)

MANAGEMENT USE ONLY

☐ **Unexcused absence:** ☐ **Excused absence / Reason:** **Date:** ___/___/___

EmployeeAbsenteeismDoc092308

275 Jericho Tpke.
Floral Park, NY 11001
Phone: 516.328.6000
website: www.fjcsecurity.com

PANYNJ FOLDER CHECKLIST

THE FOLLOWING ITEMS MUST BE IN ORDER IN THE FILE AS LISTED BELOW

EMPLOYEE NAME: PORRAS, ANA

DOCUMENT NAME	INITIALS
APPLICATION FOR EMPLOYMENT	GS
SOCIAL SECURITY NUMBER	GS
VALID NY/NJ DRIVERS LICENSE	GS
PROOF OF CITIZENSHIP	GS
NYS GUARD LICENSE	GS
NYS FIRE GUARD LICENSE	GS
PA ID CARD	GS
8 HR ANNUAL CERTIFICATE	GS
16 HR CERTIFICATE	GS
H S DIPLOMA	GS
PRE EMPLOYMENT PHYSICAL RESULTS	GS
DRUG SCREENING RESULTS	GS
EMPLOYEE DISCIPLINE	GS

COMPLETE BY:

PRINT: G. SOLIS

SIGN & DATE: Gloria Solís 08/27/13

FOR OFFICE USE ONLY CASH#: FEE: $36

UID: PREV. UID: CLASS: CODE:

Employee Statement and Security Guard Application

NYS Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-7569
website: www.dos.state.ny.us

INSTRUCTIONS: Forms must be completed in blue or black ink. Incomplete forms will not be processed. Please refer to pages 5 and 6 for further instructions on completing this form.

APPLICANT INFORMATION SECTION

APPLICATION AS (Check only ONE): ◉ **Security Guard** ○ **Armed Security Guard**

Social Security Number: *(See Instructions-Privacy Notification)*

Birth Date: MM DD YYYY *(Must be at least 18 years old to apply.)*

Applicant's Name: LAST NAME PORRAS

FIRST NAME ANA MIDDLE NAME MARIA NAME SUFFIX *(For example: Sr. / Jr. / III)*

Gender: ○ Male ◉ Female

Race: ○ White ○ Black ○ American Indian or Alaskan Native ○ Asian or Pacific Islander ◉ Other ○ Unknown

RESIDENCE ADDRESS

STREET ADDRESS (Required - P.O.Box may be added to ensure delivery)

APT/UNIT/PO BOX

CITY

STATE

ZIP+4

COUNTY (Enter only if in New York State)

COUNTRY/NATION (Of above address)

DAYTIME PHONE (INCLUDING AREA CODE)

FAX NUMBER - IF ANY (INCLUDING AREA CODE)

E-MAIL ADDRESS (IF ANY)

DMV Consent Section - IMPORTANT INFORMATION Regarding Your Photo ID

The Department of State produces photo ID cards in cooperation with the NYS Department of Motor Vehicles (DMV). If you have a current NYS Driver License or Non-Driver ID card, please provide your 9-digit DMV ID Number in the space provided below. Then read the informed consent and sign this form. If you do not have a current NYS photo Driver License or Non-Driver ID card, please have your photo taken at any nearby DMV office BEFORE you complete this application. For more details, refer to our notice, "Request for Photo ID."

INFORMED CONSENT: I authorize the NYS Department of State and the NYS Department of Motor Vehicles (DMV) to produce an ID card bearing my DMV photo. I understand that DMV will send this card to the address I maintain with the Department of State. I also understand that the Department of State and DMV will use my DMV photo to produce all my subsequent ID Cards for as long as I maintain my license/ registration with the Department of State.

DMV ID#

X *Applicant's Signature* 01/09/11 *Date Signed*

BACKGROUND QUESTIONS

Answer the following questions by checking either "YES" or "NO"

1. Are you a citizen of the United States or a legal resident of the United States in possession of a valid alien registration card? — ◉ YES ○ NO
   → *IF "NO," you must submit an explanation.*

2. Are you a peace officer? — ○ YES ◉ NO
   → *IF "YES," please read the attached Security Guard Training Advisory.*
   → *IF you qualify for an exemption, you must submit the documentation described in the Advisory. If you DO NOT qualify, you must submit training certificates.*

3. Are you a retired police officer? — ○ YES ◉ NO
   → *IF "YES," please read the attached Security Guard Training Advisory.*
   → *IF you qualify for an exemption, you must submit the documentation described in the Advisory. If you DO NOT qualify, you must submit training certificates.*

4. Have you ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony? — ○ YES ◉ NO
   → *IF "YES," you must submit with this application a written explanation giving the place, court jurisdiction, nature of the offense,sentence and/or other disposition. You must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must submit a copy with this application.*

5. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere? — ○ YES ◉ NO
   → *IF "YES," you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).*

6. Has any license or permit issued to you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied? — ○ YES ◉ NO
   → *IF "YES," you must submit an explanation.*

7. Have you ever been discharged from a correctional or law enforcement agency for incompetence or misconduct as determined by a court of competent jurisdiction, administrative hearing officer, administartive law judge, arbitor, arbitration panel or other duly constituted tribunal, or resigned from such an agency while charged with misconduct or incompetence? — ○ YES ◉ NO
   → *IF "YES," you must submit an explanation.*

8. Have you ever been declared to be incompetent by reason of mental disease or defect which has not been removed by any court of competent jurisdiction? — ○ YES ◉ NO
   → *IF "YES," you must submit an explanation.*

9. Have you ever applied in this state or elsewhere for a registration/license as a security guard; watch, guard or patrol agency; private investigator? — ◉ YES ~~○ NO~~
   → *IF "YES," please provide the UID # or Reg. #* . _____ _____

EMPLOYMENT HISTORY

☞ Please enter the complete record of your occupation during the last five years. You may copy this page and attach as many sheets as needed.

Company One Information:

NAME OF COMPANY: Covenant Aviation Security
EMPLOYMENT STATUS (Full-Time OR Part-Time): Full time
HOURS PER WEEK WORKED: 32 hours
COMPANY ADDRESS: 270 Remington BLVD STE B Bolingbrook
BUSINESS TELEPHONE: (718) 205-3168
SUPERVISOR: Mark West
DATES OF EMPLOYMENT (From – To): 02/01/07 To Present
POSITION: ASA / GSA
DUTIES: Access Control of vehicles & individuals to restricted Areas

Company Two Information:

NAME OF COMPANY: Hayness Security INC
EMPLOYMENT STATUS (Full-Time OR Part-Time): Full time
HOURS PER WEEK WORKED: 40 h
COMPANY ADDRESS: 1 Jersey City Ave Lavallette
BUSINESS TELEPHONE:
SUPERVISOR: Mark West
DATES OF EMPLOYMENT (From – To): 06/03 to 01/30/07
POSITION: ASA / GSE
DUTIES: Access Control of Vehicles & Individuals to restricted areas

Company Three Information:

NAME OF COMPANY: Command Security Corp
EMPLOYMENT STATUS (Full-Time OR Part-Time): Full time
HOURS PER WEEK WORKED: 30 h.
COMPANY ADDRESS: PO Box 340 Lagrangeville 2001 to 2005
BUSINESS TELEPHONE: Monitor Guard
SUPERVISOR:
DATES OF EMPLOYMENT (From – To): 02/2001 to 06/2005
POSITION: Monitor Guard
DUTIES: Monitoring System door's alarms to restricted area in La Guardia Airport.

Company Four Information:

NAME OF COMPANY: Jewish Community Council S.
EMPLOYMENT STATUS (Full-Time OR Part-Time): Part time
HOURS PER WEEK WORKED: 20 h
COMPANY ADDRESS: 80 Maiden Lane New York
BUSINESS TELEPHONE:
SUPERVISOR:
DATES OF EMPLOYMENT (From – To): 02/2,000 to 10/2004
POSITION: Home Healthaid.
DUTIES: Taking Care of old people

EMPLOYMENT HISTORY

☞ Please enter the complete record of your occupation during the last five years. You may copy this page and attach as many sheets as needed.

Company One Information:

NAME OF COMPANY: Sterling Business Solutions INC

EMPLOYMENT STATUS *(Full-Time OR Part-Time)*: part time

HOURS PER WEEK WORKED: 16 h

COMPANY ADDRESS: Silverman Kenneth P TTEE 100 Jericho Quadrangle ste 300 Jericho

BUSINESS TELEPHONE:

SUPERVISOR: Arturo Aguirre

DATES OF EMPLOYMENT *(From – To)*: 01/2002 to 12/2002

POSITION: Cleaning Employee.

DUTIES: in charge of the ~~cleaning~~ maintenance of one building

Company Two Information:

NAME OF COMPANY: Huntleigh USA Corporation

EMPLOYMENT STATUS *(Full-Time OR Part-Time)*: Full time

HOURS PER WEEK WORKED: 40 h

COMPANY ADDRESS: 10332 old olive street Rd Saint Louis

BUSINESS TELEPHONE:

SUPERVISOR:

DATES OF EMPLOYMENT *(From – To)*: 02/2000 TO 12/2001

POSITION: Monitor Guard

DUTIES: Monitoring System doors alarms to restricted areas

Company Three Information:

NAME OF COMPANY: Cameo Personnel Systems INC

EMPLOYMENT STATUS *(Full-Time OR Part-Time)*: part time

HOURS PER WEEK WORKED: 20 h

COMPANY ADDRESS: Steven Sewald & Co CPA Milltown

BUSINESS TELEPHONE:

SUPERVISOR:

DATES OF EMPLOYMENT *(From – To)*: 02/2000 To 11/2000

POSITION: House Keeper

DUTIES: cleaning offices

Company Four Information:

NAME OF COMPANY: United Services INC

EMPLOYMENT STATUS *(Full-Time OR Part-Time)*: Part time

HOURS PER WEEK WORKED: 12 h

COMPANY ADDRESS: P O Box 1067 Kearny

BUSINESS TELEPHONE:

SUPERVISOR:

DATES OF EMPLOYMENT *(From – To)*: March 2000 to January 2001

POSITION: House Keeper

DUTIES: cleaning bathrooms in the Guardia Airport

CHILD SUPPORT STATEMENT

You MUST complete this section. If you do not complete it, your application will NOT be processed.

I, the undersigned, do hereby certify that (You must "X" A or B, below):

A. ◉ **I am not under obligation to pay child support.** (SKIP "B" and go directly to **Applicant Affirmation**).

B. ○ I am under obligation to pay child support (You must "X" any of the four statements below that are true and apply to you):

- ○ I do not owe four or more months of child support payments.
- ○ I am making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties.
- ○ My child support obligation is the subject of a pending court proceeding.
- ○ I receive public assistance or supplemental social security income.

APPLICANT AFFIRMATION

I affirm, under the penalties of perjury, that the statements made in this application are true and correct. I further affirm that I have read and understand the provisions of Article 7A of the General Business Law and the rules and regulations promulgated thereunder.

X _____ 01/09/11

Applicant's Signature *Date Signed*

Print Name: ANA MARIA PERRAS MERCERA

NOTICE OF EMPLOYMENT

If employment will commence with the filing of your application, this section MUST be completed by your employer.

DATE OF HIRE:

TRANSACTION NUMBER: TRANSACTION DATE:

GUARD'S NAME: GUARD'S SOCIAL SECURITY NUMBER:

EMPLOYER'S UID: EMPLOYER'S BUSINESS NAME:

I, *(Please Print)* _____, swear and affirm that I am the representative for the company identified as the employer and that I have verified the statements made by this employee and determined that these statements are true and correct to the best of my ability. I further attest that based on my verification of these statements, I find that the employee listed hereon is qualified for employment under the provisions of Articles 7 and 7-A of the General Business Law.

X _____ _____

Employer's Signature *Date Signed*

Department of State

Division of Licensing Services

Licensee Information

ID Number:

Name: PORRAS ANA

Business Name: NOT APPLICABLE

Business Address: NOT APPLICABLE

County: NOT APPLICABLE

License Type: SECURITY GUARD - UNARMED
Expires: 01/11/2014

Training	Date Completed
8 Hour Preassignment:	09/09/2000
16 Hour On The Job:	10/31/2002
8 Hour Annual In Service:	04/25/2013
	04/28/2012

[Name Search] [Business Name Search] [ID Search]
[Licensee Search Menu]

Services/Programs | Privacy Policy | Accessibility Policy | Disclaimer | Return to DOS Homepage | Contact Us

SECURITY GUARD TRAINING CERTIFICATE

BE IT HEREBY KNOWN THAT

Ana Porras

HAS SUCCESSFULLY COMPLETED THE

EIGHT HOUR ANNUAL IN-SERVICE TRAINING COURSE
FOR
SECURITY GUARDS

Which satisfies the minimum criteria recommended by the
New York State Security Guard Advisory Council

CONDUCTED BY
SECURITY CAREER INSTITUTE
40-26, 58TH STREET
WOODSIDE, NY 11377, USA

THIS COURSE CONDUCTED
ON
JUNE 11, 2010

411648
SCHOOL CODE (NYS DIVISION OF CRIMINAL JUSTICE SERVICES)

ROKSHANA B. ISLAM, SCHOOL DIRECTOR

SECURITY GUARD TRAINING CERTIFICATE

BE IT HEREBY KNOWN THAT

ANA M. PORRAS

HAS SUCCESSFULLY COMPLETED THE

EIGHT HOUR ANNUAL IN-SERVICE TRAINING COURSE FOR SECURITY GUARDS

WHICH SATISFIES THE MINIMUM CRITERIA RECOMMENDED BY THE NEW YORK STATE SECURITY GUARD ADVISORY COUNCIL

CONDUCTED BY

Thomas Shortman Training Fund
101 Sixth Avenue New York, NY 10013

THIS COURSE CONDUCTED ON

MAY 11TH, 2011

311605
SCHOOL CODE

Michael J Green
SCHOOL DIRECTOR
Michael Green

SECURITY GUARD TRAINING CERTIFICATE

BE IT HEREBY KNOWN THAT

ANA PORRAS

HAS SUCCESSFULLY COMPLETED THE

SIXTEEN HOUR ON-THE-JOB TRAINING COURSE FOR SECURITY GUARDS

WHICH SATISFIES THE MINIMUM CRITERIA RECOMMENDED BY THE NEW YORK STATE SECURITY GUARD ADVISORY COUNCIL

CONDUCTED BY
Aviation Safeguard Training Academy
J.F.K. International Airport
Jamaica, New York 11430

THIS COURSE CONDUCTED ON

10/30/02 10/31/02

#34
SCHOOL CODE

P O'Neil
SCHOOL DIRECTOR

University of the State of New York
THE STATE EDUCATION DEPARTMENT
High School Equivalency Programs & GED Testing
P.O.Box 7348
Albany, New York 12224-0348

NEW YORK STATE HIGH SCHOOL EQUIVALENCY DIPLOMA TRANSCRIPT

You have been awarded a High School Equivalency Diploma by the New York State Education Department based upon your successful completion of 24 or more college credits at the institution mentioned below in accordance with the distribution requirements set forth in Section 100.7 of the Regulations of the Commissioner of Education.

ISSUED ON BASIS OF
COLLEGE CREDIT
ADELPHI UNIVERSITY

GED ID Number	**334823**
Provided ID Number	**064861794**
Date of Birth	
Diploma Number	**W02391609**
Date Issued	**02/19/2009**

Ana Porras

This transcript is produced for: **Ana Porras**
Amount received: **$10.00**

554551RFEL

HSE 661 (3/02)

The University of the State of New York
Education Department

Be it known that

Ana Porras

having satisfactorily completed the requirements prescribed by the Commissioner of Education is thereby entitled to this

High School Equivalency Diploma

In Witness Whereof the Regents issue this diploma under seal of the University at Albany in

President of the University and Commissioner of Education

February 2009

W02391609

Verified by E.F. 1/10/11

NYSED

GED STATUS REPORT

NOTE: GED Testing results will not be available in the GED system for at least **8 weeks** after the date the GED Test was taken.

Please Enter the Following:

Social Security Number * Or GED ID(RETESTERS)	
DOB (mm/dd/yyyy):*	
* Required Fields	Search

(Porras, Ana)

Based on information provided the following results were found.

GED Testing Record

Test Date	Document Type	Issue Date
	College Credit Diploma.	February 19, 2009

Document Status

Code Description	Document Sent Date
College Credit Diploma.	20-FEB-09

Adelphi University

Garden City, New York

School of Social Work

Know all persons by these presents, That

Ana Porras

having completed the course of study and satisfied the requirements of this University for the degree of

Master of Social Work

is hereby admitted to that degree with all the Rights, Privileges, Honors and Marks of Distinction thereto pertaining here or elsewhere.

In Witness Whereof, the seal of the University and the signatures of its officers have been hereto affixed this thirty-first day of August, two thousand and nine.

President of the University

Chairman of the Board of Trustees

Dean

FJC Security Services Inc.

Drug Screening Authorization

As a condition of employment/continued employment, I, Ana Maria Porras agree to be tested for controlled substances, marijuana, and alcohol. I understand that testing may occur prior to my employment with FJC Security Services, Inc., as well as from time to time during my employment, with or without cause or prior notice. In the event I refuse to take a test when requested or test results are positive, consideration of my application for employment or my employment with FJC Security Services, Inc., will be terminated.

I authorize the laboratory or medical personnel retained by the Company for these tests to release the results to the Company for whatever use the Company deems appropriate. Further, I release the laboratory, medical personnel, and FJC personnel conducting the drug test, the Company, and the Company's employees, directors, officers, and successors from any liabilities, claims, and causes of action, known or unknown, contingent or fixed, that may result from this drug test. I agree not to file any lawsuit or other action to assert a claim.

Searches of employees, their property, and Company or other property under their control may be made if there is reasonable suspicion that may they may be in possession of unlawful drugs or alcohol.

For those contracts which fall under the guidelines of the Department of Transportation:

DEPARTMENT OF TRANSPORTATION (DOT) REGULATIONS requires Pre-employment (drug tests only), Random, Reasonable Cause and Post Accident (serious accident) drug and alcohol testing for employees in safety sensitive jobs, such as aircraft mechanics, dispatchers, and screeners working with U.S. certified airlines or with U.S. (N-designated) airlines. In addition, the company must notify the FAA within five (5) days of any refusal to be tested by an A&P or dispatcher.

UNDER DOT REGULATIONS any person in a safety sensitive job who uses drugs or alcohol on the job who tests positive twice for either drugs or alcohol is permanently barred from ever working in a safety sensitive job for any employer.

I have carefully read and understood this agreement, and I sign this without any coercion or duress by any individual or institution.

Ana Maria Porras	[illegible]	01/10/11
Print Name	Signature	Date

Ana Porras

JFK International Airport
Bldg 14. (West Wing) Suite 14A
Jamaica, NY 11430
Voice: 718-656-1245
Fax: 718-656-3060

JFK-MEDPORT

FJC Security- LGA

Applicant Name: AVA PORRAS
Applicant SS # 1794.

Date: 1/6/12

☑ Fit for Duty

☐ Not Fit for Duty

Comments:

Physician Name: Gerald Surya MD

Physician Signature

Gerald Surya M.D
NY 204213

FJC Security Services Inc.

Data Entry

New Hire	Re-Hire	Transfer

SOCIAL SECURITY #	PHONE NUMBER	EMERGENCY CONTACT NAME and PHONE
		Rosario Porras

LAST NAME	FIRST NAME	MIDDLE
Porras	Ana	M.

ADDRESS	APT#	CITY	STATE	ZIP CODE

EMPLOYEE INFORMATION

SEX	BIRTH DATE	ETHNIC BACKGROUND	HIRE DATE
MALE FEMALE		Hispanic	1/19/11

DEPARTMENT	SITE LOCATION	UNION	ACCOUNT MANAGER	ORIGINAL START DATE
PALGA	LGA	32BJ	G. Kolson	

PAYROLL INFORMATION

PAY RATE:	HOURS	STATUS	DEPENDANTS
16.04		MARRIED SINGLE A B C D E	0

LICENSES AND EXPIRATION DATES

TRANSACTION #/NJ TEMP #	DATE	ALIEN CARD/WORK AUTH./CITIZEN	EXP. DATE
625473	01-25-11		

GUARD UID#	EXP. DATE	DEDUCTION	DRUG TEST	DATE TAKEN
1000868 1150	1/11/12	$25 $142 $453	10 PANEL	

PORT AUTHORITY ID CARD #	EXP. DATE	FIRE GUARD LICENSE	EXP. DATE
30200782.88	6/17/11		5/16/12

STATE DL PERMIT, OR ID	EXP. DATE	EXEC OVERRIDE BY	DATE	CERTIFICATION OF COMPLIANCE	DATE

IDENTIFICATION INFORMATION

HEIGHT	WEIGHT	HAIR	EYES
5'	125 lbs	Black	Brown

TRAINING COURSES AND CERTIFICATIONS

8 HOUR PRE-ASSIGNMENT	DATE ISSUED	16 HOUR OJT	DATE ISSUED	8 HOUR ANNUAL	DATE ISSUED
	9.9.00		10/31/02		7/8/10
47 HR ARMED TRAINING	DATE ISSUED	**8 HR ARMED GUARD ANNUAL**	DATE ISSUED	**FJC 5 DAY INITIAL TRAINING**	DATE
SIDA CERTIFICATE	DATE	**ASA TRAINING**	DATE	**DHS TRAINING**	DATE

AOA TRAINING	DATE	PA TRAINING	DATE	32BJ TRAINING	DATE	GUN LICENSE	DATE

Processor: Giancarlos Mobos Date: 1/20/11

CCD Auditor: _____ Date Entered: _____

Rev. 05/03/10

COVENANT

January 5, 2011

To Whom It May Concern:

This is to certify that Covenant Aviation Security has employed Porras, Ana since February 1, 2007, as an Airport Security Agent, earning $16.10 per hour.

If I may be of any further assistance, please feel free to contact me.

Sincerely,

Shelly-Ann Foster
Human Resources Generalist

COVENANT AVIATION SECURITY, LLC
LAGUARDIA AIRPORT
CENTRAL TERMINAL BUILDING
ROOM 3570B
FLUSHING, NY 11371
PHONE: 718-203-3160 • FAX: 718-205-3322

*** REC 2011005 133226 H48D5BE0 F6JM CIPQYAE PQAE (F-F6J) ***

QRY DATE: 01/05/11 AN: DOC: 120 UNIT: SSA PG: 001+ DEQR
INPUT: YRS REQ: 2000-2009; COVERED DETAILS; SELF-EMPLOYMENT;
NON-COVERED DETAILS; EMPLOYER ADDRESS
MEF: NA: A M PORRAS DB: SX: F AK:

DETAIL COVERED FICA EARNINGS AND EMPLOYER NAME AND ADDRESS FOR YEARS REQUESTED

EIN:
JEWISH COMMUNITY COUNCIL SERVICES
COMMISSION INC
80 MAIDEN LANE
NEW YORK NY 10038-4811

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0000	AA		A PORRAS	5947.11	5947.11	0082-86-83118	00901	V
			WAGE TOTAL	5947.11				
			OASDI EMPLOYER TOTAL	5947.11				

EIN:
UNITED SERVICES INC
PO BOX 1067
KEARNY NJ 07032-7067

0000	AA		A PORRAS	909.39	909.39	0067-88-36928	00601	V
			WAGE TOTAL	909.39				
			OASDI EMPLOYER TOTAL	909.39				

EIN:
CAMEO PERSONNEL SYSTEMS INC
% STEVEN SEWALD & CO CPA
440 S MAIN ST
MILLTOWN NJ 08850-1725

0000	AA		A PORRAS	312.00	312.00	0085-67-51002	01101	V
			WAGE TOTAL	312.00				
			OASDI EMPLOYER TOTAL	312.00				

EIN:
HUNTLEIGH USA CORPORATION
10332 OLD OLIVE STREET RD
SAINT LOUIS MO 63141-5922

0000	AA		A PORRAS	4519.21	4519.21	0103-88-63683	01201	V
			WAGE TOTAL	4519.21				
			OASDI EMPLOYER TOTAL	4519.21				
	00		OASDI YEARLY TOTAL	11687.71				

EIN:
JEWISH COMMUNITY COUNCIL SERVICES

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0001	AA	363	A PORRAS	2071.36	2071.36	1088-86-11937	01102	V
			WAGE TOTAL	2071.36				
			OASDI EMPLOYER TOTAL	2071.36				

EIN:
COMMAND SECURITY CORP
PO BOX 340
LAGRANGEVILLE NY 12540-0340

0001	AA	306	A PORRAS	270.00	270.00	1107-85-59116	01302	V
			WAGE TOTAL	270.00				
			OASDI EMPLOYER TOTAL	270.00				

EIN:
UNITED SERVICES INC

0001	AA		A PORRAS	212.41	212.41	1051-85-93808	00502	V
			WAGE TOTAL	212.41				
			OASDI EMPLOYER TOTAL	212.41				

EIN:
HUNTLEIGH USA CORPORATION

0001	AA		A PORRAS	14399.94	14399.94	1085-86-20864	01002	V
			WAGE TOTAL	14399.94				
			OASDI EMPLOYER TOTAL	14399.94				
	01		OASDI YEARLY TOTAL	16953.71				

EIN:
JEWISH COMMUNITY COUNCIL SERVICES

```
QRY  DATE: 01/05/11  AN:                DOC: 120 UNIT: SSA      PG: 002+ DEQR
RPYR  REO LOAC  NAME            EARNINGS       TOTAL COMP  CONTROL NUMBER  PR     S
0002  AA  363   A   PORRAS          2251.11        2251.11 2069-86-78865  00803 V
                 WAGE TOTAL         2251.11
       OASDI EMPLOYER TOTAL         2251.11
EIN:             COMMAND SECURITY CORP
0002  AA   306  A   PORRAS         23691.25       23691.25 2090-86-35146  01103 V
                 WAGE TOTAL        23691.25
       OASDI EMPLOYER TOTAL        23691.25
EIN:                      STERLING BUSINESS SOLUTIONS INC
                          SILVERMAN KENNETH P TTEE
                          100 JERICHO QUADRANGLE STE 300
                          JERICHO                NY  11753-2702
0002  AA        A   PORRAS          3633.49        3633.49 2072-86-39812  00803 V
                 WAGE TOTAL         3633.49
       OASDI EMPLOYER TOTAL         3633.49
      02 OASDI YEARLY TOTAL        29575.85

EIN:             JEWISH COMMUNITY COUNCIL SERVICES
RPYR  REO LOAC  NAME            EARNINGS       TOTAL COMP  CONTROL NUMBER  PR     S
0003  AA  363   A   PORRAS           845.45         845.45 3056-85-11335  00604 V
                 WAGE TOTAL         845.45
       OASDI EMPLOYER TOTAL         845.45
EIN:             COMMAND SECURITY CORP
0003  AA        A   PORRAS         16567.50       16567.50 3344-85-01029  04704 V
                 WAGE TOTAL        16567.50
       OASDI EMPLOYER TOTAL        16567.50
EIN:                      HAYNES SECURITY INC
                          1 JERSEY CITY AVE
                          LAVALLETTE             NJ  08735-2519
0003  AA        A M PORRAS         6097.68        6097.68 3049-90-23733  00504 V
                 WAGE TOTAL         6097.68
       OASDI EMPLOYER TOTAL         6097.68
      03 OASDI YEARLY TOTAL        23510.63

EIN:             JEWISH COMMUNITY COUNCIL SERVICES
RPYR  REO LOAC  NAME            EARNINGS       TOTAL COMP  CONTROL NUMBER  PR     S
0004  AA  363   A   PORRAS            46.35          46.35 4070-87-45592  00905 V
                 WAGE TOTAL          46.35
       OASDI EMPLOYER TOTAL          46.35
EIN:             COMMAND SECURITY CORP
0004  AA        A   PORRAS          9339.04        9339.04 4047-86-16267  00505 V
                 WAGE TOTAL         9339.04
       OASDI EMPLOYER TOTAL         9339.04
EIN:             HAYNES SECURITY INC
0004  AA        A M PORRAS         8898.23        8898.23 4047-90-05370  00505 V
                 WAGE TOTAL         8898.23
       OASDI EMPLOYER TOTAL         8898.23
      04 OASDI YEARLY TOTAL        18283.62

EIN:             COMMAND SECURITY CORP
RPYR  REO LOAC  NAME            EARNINGS       TOTAL COMP  CONTROL NUMBER  PR     S
0005  AA        A   PORRAS         6375.00        6375.00 5072-87-33960  00906 V
                 WAGE TOTAL         6375.00
       OASDI EMPLOYER TOTAL         6375.00
EIN:             HAYNES SECURITY INC
0005  AA        A M PORRAS        26793.92       26793.92 5045-87-03109  00506 V
                 WAGE TOTAL        26793.92
```

QRY DATE: 01/05/11 AN: DOC: 120 UNIT: SSA PG: 003 DEQR

OASDI EMPLOYER TOTAL			26793.92			
05 OASDI YEARLY TOTAL			33168.92			

EIN: HAYNES SECURITY INC

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0006	AA		A M PORRAS	33637.21	33637.21	6043-87-79070	00507	V
			WAGE TOTAL	33637.21				
			OASDI EMPLOYER TOTAL	33637.21				
			06 OASDI YEARLY TOTAL	33637.21				

EIN: HAYNES SECURITY INC

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0007	AA		A M PORRAS	3939.68	3939.68	8058-AT-64790	00608	V
			WAGE TOTAL	3939.68				
			OASDI EMPLOYER TOTAL	3939.68				

EIN: COVENANT AVIATION SECURITY LLC
WORLDWIDE SECURITY SERVICES LTD
270 REMINGTON BLVD STE B
BOLINGBROOK IL 60440-3593

0007	AA	A PORRAS	26809.07	26809.07	8093-AF-32052	01108	V
	AA	A PORRAS	544.00	544.00	8135-65-54978	02208	V
		WAGE TOTAL	27353.07				
		OASDI EMPLOYER TOTAL	27353.07				
		07 OASDI YEARLY TOTAL	31292.75				

EIN: COVENANT AVIATION SECURITY LLC

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0008	AA		A PORRAS	27885.38	27885.38	9076-BD-72821	00809	V
			WAGE TOTAL	27885.38				
			OASDI EMPLOYER TOTAL	27885.38				
			08 OASDI YEARLY TOTAL	27885.38				

EIN: COVENANT AVIATION SECURITY LLC

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0009	AA		A PORRAS	31157.71	31157.71	0071-AJ-50998	00910	V
			WAGE TOTAL	31157.71				
			OASDI EMPLOYER TOTAL	31157.71				
			09 OASDI YEARLY TOTAL	31157.71				

DETAIL NON-COVERED EARNINGS AND W-2 PENSION DATA AND EMPLOYER NAME AND ADDRESS FOR YEARS REQUESTED
NO NON-COVERED EARNINGS AND W-2 PENSION DATA POSTED FOR YEARS REQUESTED

JAMAICA, N.Y. 11432
JAN 05 2011
21120
SSA DISTRICT OFFICE

Social Security Administration
Jamaica District Office
P.O. Box 5600
Jamaica, NY 11431

FJC Security Services Inc.

Physical Capabilities Sign-Off

FJC Security Services
Employee Statement

EMPLOYEE: ANA MARIA PORRAS Date: 01/10/11

I ANA MARIA PORRAS do hereby certify that to the best of my knowledge I am capable of performing normal or emergency duties including arduous physical exertion such as standing or walking an entire shift, climbing stairs and ladders, lifting and carrying objects weighing up to *50* lbs., running and enduring exposure to extreme weather conditions for an entire shift. I further understand my assignment may require periods of prolonged standing.

I have no physical limitations that would preclude me from accepting an assignment.

Signed: _____ Date: 01/10/11

Accepted by: _____

Title: Personnel Manager

Revised 09/30/05

FJC SECURITY SERVICES Over 20 Years of Service, Support & Solutions!

December 22, 2010

Re: Conditional Offer of Employment

Dear: Ana Porras

On behalf of FJC Security Services, Inc., I am delighted to offer you a position as an Airport Security Agent (ASA) with the Company. This is a full-time non-exempt position. In this capacity your salary will be as follows:

Your initial rate of pay will be $16.24 per hour as dictated by The Port Authority Contract. You will receive overtime pay at 1 ½ times your regular rate of pay for all hours actually worked in excess of forty (40) during the work week. You will be paid on Friday of each week.

You will be initially assigned to The Port Authority of NY & NJ, LGA Airport Location. We would like you to begin work on 01-19-2011.

Please be aware that your employment is "at will", meaning either you or FJC may terminate the employment relationship at any time with or without cause or notice. Your employment is for no definite term, regardless of any oral or written statement by any FJC Security officer or representative, with the sole exception of an express written employment contract signed by the President of the Company.

The offer described above is contingent upon the results of a reference/background check, drug test and a physical examination, as required by the Company and The Port Authority Contract. The physical examination and drug test must be completed at least five (5) days before employment commences. Employment is also contingent upon compliance with immigration law and the completion of an I-9.I. Additionally, as a condition of employment, you must complete 40 Hours FJC Initial Training

We look forward to hearing from you about this offer. Please indicate your acceptance of our offer by signing the attached form and returning one copy of the letter, with your original signature, to me no later than 01-14-2011. Any acceptance after this date will be invalid.

Sincerely,

Karen L. O'Neill

Corporate Director, Human Resources

FJC Security Services, Inc.

FJC SECURITY SERVICES Over 20 Years of Service, Support & Solutions!

I accept / decline (please circle one) FJC Security Services, Inc.'s offer of employment. I understand that my employment with FJC Security Services, Inc. is for no definite term, regardless of any other oral or written statement by any FJC Security officer or representative, and is considered "at-will." I understand further that either the company or I may terminate this employment relationship at any time or without cause or notice.

I understand that my employment is contingent upon completion of background check, drug test, or any other contingencies necessary.

I have been notified of my pay rate, overtime rate, and designated pay day on the date given below.

Accepted (Signature): _____

Print Name: ANA MARIA PORRAS

Date: 01/10/11

ACKNOWLEDGMENT BY RELATED PARTY INDIVIDUAL

I, Ana Maria Porras (name of employee) ("**Related Party**"), am employed as a(n) Airport Security Agent (job title) by FJC Security Services, Inc. (name of employer). I have been provided with and have read the Non Disclosure and Confidentiality Agreement between FJC Security Services (the "**Recipient**") and The Port Authority of New York and New Jersey (the "**Port Authority**") dated February 1, 2011 (hereinafter the "**Agreement**".) I understand that because of my employer's relationship with Port Authority (name of Recipient, or the Port Authority if Related Party Individual is an employee of Recipient), both my employer and I may be provided with access to, and/or copies of, sensitive security materials or confidential information. If it is required for me to review or receive Confidential Information, as it is defined in the aforementioned Agreement, I acknowledge that I will be bound by each and every term and provision contained therein, and that failure to do so may include, but is not limited to, the imposition of disciplinary action and sanctions, and/or the institution of legal action seeking injunctive relief, monetary and/or criminal penalties for violation of law and/or Port Authority policies and procedures, as well as for violation of federal and/or state regulations.

To the extent that I am currently in the possession of, or have previously come into contact with, marked information as it relates to the aforementioned Agreement, I agree to conform my handling procedures for Confidential Information to the practices and procedures set forth and defined herein, or risk loss of access to said Information, removal from said Project and/or subjecting myself to the aforementioned disciplinary actions and/or civil and criminal penalties.

Signed: Ana Porras

Print Name: ANA MARIA PORRAS

Title: ASA

Date: 04/13/11

FJC Security Services Inc.

REQUEST FOR DRIVER ABSTRACT

Acknowledgment A

This form is to be filled out by each employee who will drive a Company owned vehicle.

I acknowledge receipt of FJC Security Services's Fleet Safety Program. I understand that I am required to read and strictly comply with the requirements stated in the policy. I also authorize a representative of FJC Security Services to obtain a copy of my Motor Vehicle Report.

Print Name: ANA MARIA PORRAS

Work Site: L. G. A Division: _____

Date of Birth: _____ SS#: _____

Driver's License #: _____ State: _____ Exp. Date: _____

Signature: [signature] Date: 01/10/11

Acknowledgment B

This form is to be completed if the employee regularly drives on Company business as a job requirement and does not drive a Company vehicle.

I acknowledge receipt of FJC Security Services's Fleet Safety Program. I understand I am required to read and strictly comply with the requirements stated in the policy. I also authorize a representative of FJC Security Services to obtain a copy of my Motor Vehicle Report.

Print Name: ANA MARIA PORRAS

Title: ASA / GSR Division: _____

Date of Birth: _____ SS#: _____

Driver's License #: _____ State: _____ Exp. Date: _____

Signature: [signature]

State of New York DEPARTMENT OF MOTOR VEHICLES, Empire State Plaza, Albany, New York 12228

ABSTRACT OF DRIVING RECORD

PRINT DATE: 01/19/2011 TIME: 02:52 28600 17
FJC SECURITY SERVICES INC

OK

CLIENT ID#: 133957381

PORRAS,ANA MARIA

DOB: SEX: F
HEIGHT: 5-0 EYE COLOR: BROWN
COUNTY: QUEE
MI #: P15681-68104-395097-66

NAME ON LICENSE/ID: PORRAS
ANA MARIA

LICENSE CLASS *D* STATUS: VALID EXPIRATION: 08/02/2012
PERMIT CLASS: D STATUS: VALID EXPIRATION: 08/02/2000
APPLICATION DATE: 11/20/1996
ENDORSEMENTS: NONE
RESTRICTIONS: NONE

**********ACTIVITY**********
CLASS CHANGE: 06/29/2001 NEW: *D* OLD: PERMIT

**********END OF RECORD**********

This is to certify that this document is a true and complete copy of an electronic record on file in the New York State Department of Motor Vehicles, Albany, New York. The record was made in regular course of New York State Department of Motor Vehicles daily business. It is the business of the New York State Department of Motor Vehicles to create and maintain the records of drivers in the state of New York. Entries in this document are made at the time the recorded transactions or events took place or within a reasonable time thereafter. The person who reports the information is under a business duty to do so accurately.

ABS-3 (01/11)

EXECUTIVE DEPUTY COMMISSIONER OF MOTOR VEHICLES

FJC Security Services Inc.

FAIR CREDIT REPORTING ACT DISCLOSURE/AUTHORIZATION

In accordance with the provisions of Section 604 (b) (2) of the Fair Credit Reporting Act (FCRA) (Title II, Subtitle D, Chapter I, Public Law 104-208) you are hereby informed that a consumer report about you may be ordered and used for employment purposes. Under the provisions of the Act, a driving record is considered a consumer report when used for employment purposes.

I, the undersigned, acknowledge receipt of the above disclosure and authorize the above named company to obtain a consumer report about me for its use related to employment purposes.

Applicant Signature	Social Security #
ANA MARIA PERRAS Applicant Print Name	01 / 10 / 11 Date
Street Address	/ / Date of Birth
City, State, Zip	

Revised 07/28/08

FJC Security Services Inc.

Terms and Conditions of Employment

TO ALL EMPLOYEES OF FJC SECURITY SERVICES INC. PLEASE READ AND SIGN THE FOLLOWING.

TO ENSURE THE GENERAL WELFARE OF ALL COMPANY EMPLOYEES AND THE PROPER FUNCTIONING OF COMPANY OPERATION, ALL EMPLOYEES ARE EXPECTED TO FOLLOW ESTABLISHED COMPANY TERMS AND CONDITIONS. THE FOLLOWING ARE EXAMPLES OF CONDUCT WHICH MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION. THEY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

1. INSUBORDINATION - WILLFULLY REFUSING TO FOLLOW INSTRUCTIONS OR TO PERFORM DESIGNATED WORK.
2. REFUSAL TO ACCEPT A JOB ASSIGNMENT.
3. FALSIFYING EMPLOYMENT APPLICATION, TIME SHEETS AND ANY OTHER OFFICIAL DOCUMENT.
4. FOUND TO BE CONVICTED OF ANY CRIME, RESULTING IN DENIAL OF SECURITY GUARD LICENSE (BEFORE OR DURING EMPLOYMENT).
5. FRATERNIZATION WITH CLIENTS OR CO-WORKERS.
6. THEFT OR UNAUTHORIZED REMOVAL, USE OR POSSESSION OF COMPANY, CUSTOMER, CLIENT OR ANOTHER EMPLOYEE'S PROPERTY.
7. FAILURES TO PASS A DRUG/ALCOHOL TEST OR REFUSAL TO TAKE A DRUG/ALCOHOL TEST.
8. REPORTING TO ANY FJC FACILITY INTOXICATED (ON OR OFF DUTY).
9. UNSATISFACTORY WORK PERFORMANCE.
10. FAILURE TO FOLLOW UNIFORM DRESS CODE OR MAINTAIN PERSONAL HYGIENE.
11. INATTENTION TO DUTIES OR SLEEPING ON DUTY OR ASSUMING THE POSITION SUGGESTING SLEEP, ON THE JOB.
12. EXCESSIVE PERSONAL USE OF TELEPHONES OR POSSESSION OF PERSONAL CELL PHONES/BEEPERS/CD PLAYERS/RADIOS OR ANY UNAUTHORIZED ELECTRONIC DEVICE WHILE WORKING.
13. UNAUTHORIZED EATING, DRINKING OR CHEWING GUM AT WORK STATIONS.
14. WALKING OFF POST, ABANDONMENT OF SCHEDULE, LEAVING AN ASSIGNED WORK AREA DURING WORK HOURS FOR ANY REASON OTHER THAN IN THE LINE OF DUTY OR WITH AUTHORIZATION FROM THE SUPERVISOR.
15. MALICIOUS DAMAGE TO COMPANY OR CLIENT PROPERTY.
16. DISLOYALTY TO THE COMPANY OR DISPARAGEMENT OF ITS PRODUCTS.
17. DISHONESTY.
18. PUNCHING ANOTHER EMPLOYEE'S TIME CARD OR FALSIFYING A TIME SHEET.
19. FIGHTING ON DUTY.
20. DISCLOSURE OF CONFIDENTIAL COMPANY INFORMATION TO UNAUTHORIZED PERSONS.
21. CREATING UNSAFE OR UNSANITARY CONDITIONS.
22. REFUSAL TO COOPERATE IN ANY INVESTIGATION IN THE WORKPLACE.
23. DELAYING OR RESTRICTING PRODUCTION OR ENCOURAGING OTHERS TO DO SO.
24. FAILURE TO MAINTAIN THE FOLLOWING LICENSES UP TO DATE (ALIEN CARD; SECURITY LICENSE; FIRE GUARD AND DMV.)
25. EMPLOYEES ARE RESTRICTED FROM SMOKING IN RESTRICTED AREAS. NEW YORK CITY FIRE DEPARTMENT CODE PROHIBITS SMOKING IN ALL PUBLIC BUILDINGS; THIS INCLUDES ALL BUILDINGS AND TERMINALS AT THE AIRPORTS. SMOKING ON THE AOA IS PROHIBITED EVEN IN A CLOSED VEHICLE.
26. FAILURE TO ABIDE BY COMPANY, CUSTOMER OR AIRPORT SECURITY, TRAFFIC, AND VEHICLE OPERATION OR PARKING REGULATIONS.
27. FAILURE TO REPORT EQUIPMENT FAILURES OR SAFETY HAZARDS IMMEDIATELY TO A MANAGER OR MAINTENANCE PERSONNEL.
28. CONSUMING ALCOHOLIC BEVERAGES OR TAKING NON-PRESCRIBED MEDICATION BEFORE START OF TOUR.

29. TAKING OF OVER THE COUNTER MEDICATION THAT COULD IMPAIR JUDGMENT, REFLEXES, OR ABILITY TO DO YOUR STATED DUTIES.
30. DISTRIBUTION OF LITERATURE, OF ANY DESCRIPTION, IS PROHIBITED IN THE WORKPLACE AT ALL TIMES.
31. COLLECTION OF MONEY, SUCH AS SELLING RAFFLES OR CANDIES, COLLECTING MONEY FOR VARIOUS CAUSES, SELLING TICKETS, ETC.
32. FAILURE OF FJC OFFICER TO COMMUNICATE TO SUPERVISORY STAFF ANY MATTERS PERTAINING TO A CHANGE IN AGREED UPON EMPLOYEE CONTRACT. IT IS THE RESPONSIBILITY OF THE OFFICER TO SUPPLY ANY DOCUMENTS THAT WILL CAUSE A CHANGE IN AGREED UPON SCHEDULE, AS SOON AS CHANGE IS KNOWN.
33. GAMBLING DURING WORK HOURS OR ON COMPANY OR CLIENTS PROPERTY
34. VIOLATION OF COMPANY, CUSTOMER SAFETY RULES AND COMMON KNOWN SAFETY PRACTICES.
35. FAILURE TO MAKE A PROMPT REPORT OF ANY INCIDENT THAT INVOLVES, OR IS ON COMPANY, CLIENT PROPERTY.
36. POSSESSION OF WEAPONS, NOT AUTHORIZED BY THE COMPANY, ON COMPANY, CLIENT PROPERTY.
37. TARDINESS OR ABSENCE FROM WORK WITHOUT PROPER NOTIFICATION OR EXPLANATION. ALL CALL OFFS MUST BE WITHIN 4HRS OF COMMENCEMENT OF THE BEGINNING OF YOUR TOUR.
38. ABUSIVE LANGUAGE TO ANY SUPERVISOR, CLIENT, MEMBER OF THE PUBLIC OR TO ANY EMPLOYEE.
39. VIOLATION OF LOCAL, STATE OR FEDERAL LAWS AND OR FAILURE TO NOTIFY COMPANY OF ANY ARREST OR CONVICTION FOR ANY OFFENCE OF SAID LAWS.
40. ABANDONMENT OF WORK SCHEDULE/ OR REASSIGNMENT: IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO REPORT BACK TO THE PERSONNEL OFFICE FOR REASSIGNMENT TO A NEW JOB LOCATION. OFFICER MUST SUBMIT DOCUMENTATION TO SAID OFFICE FOR ALL WORK STOPPAGE NOT APPROVED THROUGH THE CHAIN OF COMMAND.
41. FAILURE TO MAINTAIN STATE REQUIRED TRAINING CERTIFICATION UP TO DATE, INCLUDING THE 16OJT (TAKEN ONCE WITHIN 90DAYS OF HIRING), 8HR.ANNUAL UNARMED TRAINING AND THE 8 HR ANNUAL ARMED TRAINING EVERY YEAR.

RULES OF CONDUCT AND DISCIPLINE ACKNOWLEDGEMENT:

I HAVE READ AND UNDERSTAND THE EMPLOYMENT TERMS AND CONDITIONS OF FJC SECURITY SERVICES, INC. FURTHERMORE, I HAVE BEEN GIVEN A COPY OF SUCH RULES AND HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THEM AND HAVE MY QUESTIONS ANSWERED. I HEREBY ATTEST TO THIS BY VIRTUE OF MY SIGNATURE APPEARING BELOW.

ANA PORRAT
PRINT NAME

Div: PALGA

[signature]
SECURITY OFFICER'S SIGNATURE

DATE: 12/09/11

Eric Dainkins
SIGNATURE of FJC STAFF

DATE: 12/9/11

Revised 06/17/08

ANTI-DISCRIMINATION AND HARASSMENT POLICY

FJC Security Services, Inc. is committed to maintaining a work environment that is free of discrimination and harassment. In keeping with this commitment, we will not tolerate harassment of FJC employees by anyone, including any supervisor, co-worker, vendor, client, or customer of FJC. All employees are expected to avoid any behavior or conduct that could reasonably be interpreted as unlawful harassment of employees or persons who do business with FJC Security Services, Inc.

Harassment consists of unwelcome conduct, whether verbal, physical, or visual, that is based upon a person's protected status, such as sex, color, race, religion, national origin, age, physical or mental disability, veteran status, citizenship status, ancestry, creed, marital status, sexual orientation or other protected group status. The Company will not tolerate harassing conduct that affects tangible job benefits, that interferes unreasonably with an individual's work performance, or that creates an intimidating, hostile, or offensive working environment.

Sexual harassment deserves special mention: Unwelcome sexual advances, requests for sexual favors, and other physical, verbal, or visual conduct based on sex constitute sexual harassment when (1) submission to the conduct is an explicit or implicit term or condition of employment, (2) submission to or rejection of the conduct is used as the basis for an employment decision, or (3) the conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. Sexual harassment is conduct based on sex, whether directed towards a person of the opposite or same sex, and may include explicit sexual propositions, sexual innuendo, suggestive comments, sexually oriented "kidding" or "teasing," practical jokes," jokes about obscene printed or visual material, and physical contact such as patting, pinching, or brushing against another person's body.

Everyone at FJC Security Services, Inc. especially supervisors, are expected to avoid any behavior or conduct that could be interpreted as unlawful harassment. All employees should also understand the importance of informing an individual whenever that individual's behavior is unwelcome, offensive, in poor taste or inappropriate.

Discrimination consists of any disparate treatment of employees or actions that have a disparate impact on employees based on their sex, color, race, religion, national origin, age, physical or mental disability, veteran status, citizenship status, ancestry, creed, marital status sexual orientation or other protected group status. Such discrimination includes, but is not limited to, the hiring, assignment, promotion, demotion or discipline of any employee or applicant for employment based on her or his status as a member of one or more protected groups.

The policy of FJC Security Services, Inc. is to investigate each complaint promptly and to keep complaints and the result of our investigation confidential to the fullest extent possible.

If an investigation confirms that a violation of this policy has occurred, then appropriate disciplinary actions will be taken. In investigating complaints of discrimination or harassment under this policy, the Company may impose discipline for inappropriate conduct without regard to whether the conduct constitutes a violation of the law and even if that conduct does not rise to the level of violation of this policy. The company will advise interested parties of the outcome of an investigation, although not necessarily all details of the actions the company has taken to maintain a discrimination and harassment free environment.

If you feel that you have experienced or witnessed discrimination or harassment, you are to immediately contact the FJC Anti-Discrimination Hotline at 347-418-3127 *and* your immediate supervisor. If for any reason you feel uncomfortable addressing your concerns/complaints with your immediate supervisor, contact the Corporate Risk Manager at (516) 328-4000 x1153. FJC will then take the necessary steps to ensure that your report is properly investigated. There will be no retaliation against anyone for reporting a harassment or discrimination charge. Nor will there be any retaliation taken against anyone who cooperates with an investigation of a complaint of discrimination or harassment. Any retaliation should be reported immediately in the same manner as a discrimination or harassment complaint and will be investigated thoroughly.

Employee Acknowledgement:

I, the undersigned employee of FJC Security Services, Inc., hereby confirm and acknowledge that I have read and understood the above Anti-Discrimination and Harassment policy. I agree to abide by it and understand that any violation of it will be grounds for discipline, up to and including termination of my employment.

AVIA POUZRAS	12/02/11	
Print Employee Name	Date	Signature

FJC SECURITY SERVICES, INC. IS AN EQUAL OPPORTUNITY EMPLOYER.

White Copy – Corporate File Yellow Copy – Personnel File Pink Copy – Employee

PORRAS, ANA
XXX-XX-1794
PA JFK LGA
PALG02

Notice and Acknowledgement of Pay Rate and Payday Under Section 195.1 of the New York State Labor Law

Notice for Multiple Hourly Rate Employees

1. Employer Information

Name:

FJC Security Services Inc

Doing Business As (DBA) Name(s):

Physical Address:

275 Jericho Turnpike
Floral Park, NY 11001

Mailing Address:

Same as Above

Phone:

(516) 328-6000

2. Notice given:

- ☐ At hiring
- ☒ On or before February 1
- ☐ Before a change in pay rate(s), allowances claimed or payday

3. Employee's rate(s) of pay for each type of work or shift:

$16.24 per hour for ASA

$20.67 per hour for CSS/ID

N/A per hour for N/A

4. Allowances taken:

- ☒ None
- ☐ Tips_____per hour
- ☐ Meals_____per meal
- ☐ Lodging_____
- ☐ Other_____

5. Regular payday: Friday

6. Pay is:

- ☒ Weekly
- ☐ Bi-weekly
- ☐ Other

7. Overtime Pay Rate(s) for each type of work or shift:

This must be at least 1 ½ times the worker's weighted average of the multiple rates of pay for the week, with few exceptions. The weighted average is the total regular pay divided by the total hours worked in the week. The overtime rate may vary from week to week depending on how many hours you worked at each rate of pay. The overtime rate may vary from week to week.

8. Employee Acknowledgement: On this date, I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated payday. I told my employer what my primary language is:

Check one:

- ☑ I have been given this pay notice in English only, because it is my primary language.
- ☐ My primary language is _____. I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

Ana Porras

Employee Signature

01/19/13

Date Received and Signed

JOAN DILBERT, PAYROLL SPECIALIST

Preparer Name and Title

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.

LS 55 (03/11)

FJC Security Services Inc.

Port Authority Division

Employment Status Statement

Full Time Employment

Date 2/22/11

I, A. Porris hereby accept a full time position with FJC Security Services as a Security Agent as shown on the attached schedule. I fully understand and acknowledge that FJC considers a full time position as a schedule of 30 hours or more per week. I also understand that as a full time employee I am entitled to all benefits of a Full Time Employee as described in the Collective Bargaining Agreement with the SEIU 32BJ Union, which represents all security agents employed within the Port Authority Division.

Signature _____

Social Security Number _____

PA Division Representative: C Robson (Print Name) _____ (Signature)

Title P.M.

26 Journal Square Jersey City NJ
Phone: (201)386-0530 Fax: (201)386-94034
Website: www.fjcsecurity.com

STATS 2/25/11

FJC Security Services, Inc.

Employee Schedule

Airport Security Agent Name: A. Parris

Date: 2/22/11

Site: JFK or LGA (Circle One)

Status: Full Time or Part Time (Circle One)

Category: ASA LASA CSS ID TS (Circle One)

Listed below is your assigned schedule and the basic rules and regulations that are to be followed at all times as an employee of FJC Security.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours
TOUR	RDO	RDO	RDO	0700 1400	0700 1400	0800 1600 GS2	0800 1600 GS2	30

In case of Call Outs (Sick/Emergency); it is the ASA's responsibility to call their designated dispatch at: SECURITY OPERATIONS CENTER (SOC): 718.244.7318 OR 718.244.7319

1. Any ASA who unable to report for his/her scheduled tour of duty must adhere to the call out rule of at least 4 hours notification prior to scheduled start time.
2. All ASA's are required to report for roll call 30 minutes prior to their scheduled tour of duty.
3. Call if you are going to be late for roll call.
4. No ASA can make changes to his/her schedule without prior approval from their Project Manager.
5. If you have any problems with your schedule, co-workers or supervisors; contact or Project Manager or HR Manager.
6. Don't forget to sign in/out and hand scan in/out daily.
7. Any ASA who does not wait for their relief or does not report for their scheduled tour of duty will face disciplinary action.
8. Please note that this is a temporary schedule and subject to change.

The pay period is Monday-Sunday. Checks are distributed on Fridays.

My signature below indicates that I read, understand and accept the schedule assigned to me.

A. Parris — Employee Signature

2/22/11 — Date

FJC Manager

My signature below indicates that I am unable to accept the schedule assigned and I understand that I will be removed from the active employee list.

Employee Signature

Date

FJC Manager

Entered

VOLUNTARY DISCLOSURE OF EQUAL EMPLOYMENT OPPORTUNITY RECORD

FJC Security Services, Inc. is an equal employment opportunity employer and prohibits discrimination in its employment practices based on race, color, religion, sex, age, national origin, or disability, or any similar legally protected status.

In order to comply with EEOC, OFCCP and Affirmative Action regulations, the Company is required to compile summary data on the gender and ethnicity of its applicants. The information solicited is collected for the sole purpose of providing data to be used for statistical analysis by the Office of Human Resources. We request that you **voluntarily** provide the information listed below. Refusal to provide this information **will not** affect your current application for employment.

All information provided will be retained **separately** from your application and will be used only for record maintenance purposes as required by Federal and State regulations. Those individuals evaluating your application and making hiring decisions will not have access or review your answers on this form.

☐ I do **not** wish to provide this information to FJC Security Services, Inc.

1. Name: ANA MARIA PORRAS

2. Position applied for: ASA / GSR

3. Date of Birth: _____ (Month/Year)

4. Gender:

☒ Female ☐ Male

5. Ethnic Group:

☐ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

☐ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☒ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

6. **HANDICAPPED:** Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s). ☐ Handicapped

7. Pursuant to the Vietnam Era Veterans Readjustment Act of 1974, governmental contractors are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era. If you are a qualified veteran, you are invited to volunteer this information. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

Are you a veteran? ☐ Yes ☑ No. If Yes, indicate dates of military service:

from _____ to _____
Month / Day / Year Month / Day / Year

_____ 01/09/11
Signature of Job Applicant Date

Employee Acknowledgement Form

I understand that the FJC Security Services, Inc. Corporate Handbook contains employment and benefits information only and is in no way to be interpreted as a contract between FJC Security Services, Inc. and myself. I also understand that no supervisor or management employee has any authority to make any statements to the contrary. I further recognize that the Company reserves the right to modify or delete any of the policies without notice at any time.

I have entered into my at-will employment relationship with FJC voluntarily and acknowledge that there is no specified length of employment. In a similar respect, the Company can terminate or change the terms and condition of my employment at any time, for any reason, with or without cause, notice or liability. so long as there is no violation of applicable federal or state law.

I have read and understand all foregoing policies and have received a copy of the Corporate Handbook, and agree to abide by them. If there is anything I do not understand, I will request an explanation from my supervisor or Human Resources.

Print Name ANA MARIA PORRAS

Signature _____ Date 01/26/11

Witness _____ Date 01-26-11

FJC SECURITY SERVICES Over 20 Years of Service, Support & Solutions!

Breach of Rules Response

January 30, 2013

Airport Operations, Security & Services Division
Port Authority of NY & NJ
LaGuardia Airport
Central Terminal Building, Room 3570A
Flushing, NY 11371

Attn: To Whom It May Concern

The following is our response to the Breach of Rules that was issued to FJC Contract.
Violator: Porras, Ana

Date of BOR: December 13, 2012

LGA ID #: 3020116047
BOR #: 437869
Violation Type: Security (Code: C08)

Violator received a BOR for failure to challenge permitting a TSA Inspectors to enter GP3 without the passenger swiping. Accordingly, Violator was removed from post assignments, suspended three (3) days following violation, received SIDA retraining on December 14, 2012, in addition to receiving refresher training from LGA's ASA Manual §7.2 (Version 3.12) by LGA's management on date of violation.

This matter roused awareness of procedures, demanding stricter enforcement and more diligent and consistent reminders of the seriousness of receiving similar infractions and re-educating the entire guard force on post procedures, the necessity to challenge and the importance of maintaining uncompromising attentiveness and awareness while performing assigned duties at the airport.

If you have any questions, please contact me at 718 424 7438.

Sincerely,

Shelly-Ann Foster

Human Resources Manager/Issuing Officer
FJC Contract

FJC SECURITY SERVICES
275 Jericho Turnpike, Floral Park, NY 11001 Tel: 516.328.6000/Fax: 516.328.0340

SECURITY INCIDENT REPORT

CLIENT LOCATION: GP3 (Name of Account)

REPORT DATE: THURSDAY 12-13-12 (Day of Week / Month / Day / Year)

ADDRESS: (Street Number / City / State / Zip Code)

REPORT TIME: 18:15 AM / PM

ON DUTY SUPERVISOR: A. Gibbons / E Ross

REPORT PREPARED BY: Ann Porrazo (Print Full Name)

POSITION /TITLE: Tour Supervisor

TYPE OF INCIDENT: Guard Post 3 Breach (Classify by Category / Subject / Heading- See "Incident" Examples)

DATE OF INCIDENT: 12/13/12 (Day of Week / Month / Day / Year)

TIME OF OCCURRENCE: 09:00 AM / PM

DETAILS OF INCIDENT: IN DETAIL DESCRIBE WHEN, WHERE, WHO, WHAT, WHY AND HOW—IF KNOWN

On December 13th 2012 at about 09:00 am while I was working at GP3 checking an ID from an LGM employee a lady approached the Post to have access to the AOM. She swiped her card which was in a good status so I allowed her to go through the AOM area. One minute later she approached the post stating that we failed a test from TSA because another individual was in the vehicle and he had access to the AOM without swiping his card.

(Use Additional Pages, as required—Remember to number all pages)

NOTIFICATIONS

NAME OF AGENCY	NAME OF PERSON	TITLE / POSITION	DATE / TIME NOTIFIED
FJC SECURITY SERVICES			
CLIENT REPRESENTATIVE			

(Signature of Writer) (Security Supervisor Review / Signature) (FJC Representative Review / Signature)

(Print Full Name) Annmarie Gibbons (Print Full Name) N. Schwizebury (Print Full Name / Title)

DISTRIBUTION: ORIGINAL—FJC SECURITY YELLOW—CLIENT COPY

Over 20 Years of Service, Support & Solutions!

SECURITY INCIDENT REPORT

Client/Location: Port Authority LaGuardia Airport
Address: Fushing N.Y.

Report Date:
Report Time:

On Duty Supervisor:
Report Prepared by:

Position/Title:

Type of Incident:
Date of Incident:

Time of Occurrence:

Details of Incident:

Page of

26 Journal Square- Suite 1202 - Jersey City, New Jersey 07306
Phone 201.386.0530 Fax 201.386.9403

THE PORT AUTHORITY OF NY & NJ

17964

NOTICE OF BREACH OF RULES

Date: 12/3/12 Time: (Military) 0910

Company: FSC

☑ Violator ☐ Representative

ID # 3 0 2 0 1 1 6 0 4 7

Last Name Parras

First Name Ana

PANYNJ Plate #

Vehicle Type: No.:

Location:

Building/Number GP3 Violation Code C08

Violation Description:

Failure to challenge passenger in vehicle

Remarks: TSA inspectors Entered GP-3 without passenger swiping

Service: ☒ Hand Delivered ☐ Mailed ☐ Faxed

Issued By:

Last Name Benson First William

Title ID # 3 0 2 0 1 0 8 0 9 2

Signature: William Benson

TYPE OF VIOLATION (check one)

☒ Security ☐ Aeronautical /Aircraft ☐ Equipment ☐ Fire Safety ☐ Cargo

Airport: ☐ JFK ☐ EWR ☐ LGA

Follow direction on reverse side of this form.

Distribution: White and Canary to Issuing Unit, Pink and Goldenrod to Violator

PA1451 / 05/01

FOR OFFICE USE ONLY CASH#: FEE: $36

UID: PREV. UID: CLASS: CODE:

Employee Statement and Security Guard Application

NYS Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-7569
website: www.dos.state.ny.us

INSTRUCTIONS: Forms must be completed in blue or black ink. Incomplete forms will not be processed. Please refer to pages 5 and 6 for further instructions on completing this form.

APPLICANT INFORMATION SECTION

APPLICATION AS (Check only ONE): ● **Security Guard** ○ **Armed Security Guard**

Social Security Number: *(See Instructions-Privacy Notification)*

Birth Date: MM DD YYYY *(Must be at least 18 years old to apply.)*

Applicant's Name: LAST NAME Quando FIRST NAME Bolivar MIDDLE NAME Anthony NAME SUFFIX *(For example: Sr. / Jr. / III)* JR

Gender: ● Male ○ Female

Race: ○ White ○ Black ○ American Indian or Alaskan Native ○ Asian or Pacific Islander ● Other ○ Unknown

RESIDENCE ADDRESS

STREET ADDRESS (Required - P.O.Box may be added to ensure delivery)

APT/UNIT/PO BOX

CITY

STATE

ZIP+4

COUNTY (Enter only if in New York State)

COUNTRY/NATION (Of above address)

DAYTIME PHONE (INCLUDING AREA CODE)

FAX NUMBER - IF ANY (INCLUDING AREA CODE)

E-MAIL ADDRESS (IF ANY)

DMV Consent Section - IMPORTANT INFORMATION Regarding Your Photo ID

The Department of State produces photo ID cards in cooperation with the NYS Department of Motor Vehicles (DMV). If you have a current NYS Driver License or Non-Driver ID card, please provide your 9-digit DMV ID Number in the space provided below. Then read the informed consent and sign this form. If you do not have a current NYS photo Driver License or Non-Driver ID card, please have your photo taken at any nearby DMV office BEFORE you complete this application. For more details, refer to our notice, "Request for Photo ID."

INFORMED CONSENT: I authorize the NYS Department of State and the NYS Department of Motor Vehicles (DMV) to produce an ID card bearing my DMV photo. I understand that DMV will send this card to the address I maintain with the Department of State. I also understand that the Department of State and DMV will use my DMV photo to produce all my subsequent ID Cards for as long as I maintain my license/ registration with the Department of State.

DMV ID#

X *Applicant's Signature* 1/19/11 *Date Signed*

BACKGROUND QUESTIONS

Answer the following questions by checking either "YES" or "NO"

1. Are you a citizen of the United States or a legal resident of the United States in possession of a valid alien registration card? ☐ YES ☐ NO
   → *IF "NO," you must submit an explanation.*

2. Are you a peace officer? ☐ YES ☐ NO
   → *IF "YES," please read the attached Security Guard Training Advisory.*
   → *IF you qualify for an exemption, you must submit the documentation described in the Advisory. If you DO NOT qualify, you must submit training certificates.*

3. Are you a retired police officer? ☐ YES ☐ NO
   → *IF "YES," please read the attached Security Guard Training Advisory.*
   → *IF you qualify for an exemption, you must submit the documentation described in the Advisory. If you DO NOT qualify, you must submit training certificates.*

4. Have you ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony? ☐ YES ☐ NO
   → *IF "YES," you must submit with this application a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must submit a copy with this application.*

5. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere? ☐ YES ☐ NO
   → *IF "YES," you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).*

6. Has any license or permit issued to you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied? ☐ YES ☐ NO
   → *IF "YES," you must submit an explanation.*

7. Have you ever been discharged from a correctional or law enforcement agency for incompetence or misconduct as determined by a court of competent jurisdiction, administrative hearing officer, administartive law judge, arbitor, arbitration panel or other duly constituted tribunal, or resigned from such an agency while charged with misconduct or incompetence? ☐ YES ☐ NO
   → *IF "YES," you must submit an explanation.*

8. Have you ever been declared to be incompetent by reason of mental disease or defect which has not been removed by any court of competent jurisdiction? ☐ YES ☐ NO
   → *IF "YES," you must submit an explanation.*

9. Have you ever applied in this state or elsewhere for a registration/license as a security guard; watch, guard or patrol agency; private investigator? ☐ YES ☐ NO
   → *IF "YES," please provide the UID # or Reg. #.* _____

EMPLOYMENT HISTORY

Please enter the complete record of your occupation during the last five years. You may copy this page and attach as many sheets as needed.

Company One Information:

NAME OF COMPANY: Covenant Christian Security
EMPLOYMENT STATUS (Full-Time OR Part-Time): Full-time
HOURS PER WEEK WORKED: 40
COMPANY ADDRESS: LaGuardia Airport, NY
BUSINESS TELEPHONE: (718) 205-3180
SUPERVISOR: Mr. West
DATES OF EMPLOYMENT (From – To): 2/07 to 2/11
POSITION: ASA
DUTIES: Guard post

Company Two Information:

NAME OF COMPANY: Hawks Security
EMPLOYMENT STATUS (Full-Time OR Part-Time): Part-time
HOURS PER WEEK WORKED: 40
COMPANY ADDRESS: LaGuardia Airport, Queens, NY
BUSINESS TELEPHONE: (973) 481-9831
SUPERVISOR: Mr. West
DATES OF EMPLOYMENT (From – To): 4/06 to 2/07
POSITION: ASA
DUTIES: Guard post

Company Three Information:

NAME OF COMPANY: Securitas
EMPLOYMENT STATUS (Full-Time OR Part-Time): Part-time
HOURS PER WEEK WORKED: 16
COMPANY ADDRESS: 200 West 50th
BUSINESS TELEPHONE: (212) 399-6013
SUPERVISOR: Mr. Johnson
DATES OF EMPLOYMENT (From – To): 3/06 to 4/06
POSITION: Securitas Guard
DUTIES: Commercial Uniform

Company Four Information:

NAME OF COMPANY: Tristar Security VGI
EMPLOYMENT STATUS (Full-Time OR Part-Time): Full-Time
HOURS PER WEEK WORKED: 40
COMPANY ADDRESS: Bronx, NY, 10473
BUSINESS TELEPHONE: (718) 885-1777
SUPERVISOR: Mr. Thomas
DATES OF EMPLOYMENT (From – To): 8/03 to 2/06
POSITION: Securitas Guard
DUTIES: Residential

EMPLOYMENT HISTORY

☞ Please enter the complete record of your occupation during the last five years. You may copy this page and attach as many sheets as needed.

Company One Information:

NAME OF COMPANY: DAOR /MC2

EMPLOYMENT STATUS *(Full-Time OR Part-Time)*: (Full-Time)

HOURS PER WEEK WORKED: 40

COMPANY ADDRESS: BRONX N.Y.

DATES OF EMPLOYMENT *(From –To)*: 11/00 – 04/02

BUSINESS TELEPHONE:

SUPERVISOR:

POSITION:

DUTIES:

Company Two Information:

NAME OF COMPANY: DAOR SECURITY

EMPLOYMENT STATUS *(Full-Time OR Part-Time)*: (Full-Time)

HOURS PER WEEK WORKED: 40

COMPANY ADDRESS: BRONX, NY.

DATES OF EMPLOYMENT *(From –To)*: 11/98 – 05/02

BUSINESS TELEPHONE:

SUPERVISOR:

POSITION:

DUTIES:

Company Three Information:

NAME OF COMPANY:

EMPLOYMENT STATUS *(Full-Time OR Part-Time)*:

HOURS PER WEEK WORKED:

COMPANY ADDRESS:

BUSINESS TELEPHONE:

SUPERVISOR:

DATES OF EMPLOYMENT *(From –To)*:

POSITION:

DUTIES:

Company Four Information:

NAME OF COMPANY:

EMPLOYMENT STATUS *(Full-Time OR Part-Time)*:

HOURS PER WEEK WORKED:

COMPANY ADDRESS:

BUSINESS TELEPHONE:

SUPERVISOR:

DATES OF EMPLOYMENT *(From – To)*:

POSITION:

DUTIES:

CHILD SUPPORT STATEMENT

You MUST complete this section. If you do not complete it, your application will NOT be processed.

I, the undersigned, do hereby certify that (You must "X" A or B, below):

A. ● **I am not under obligation to pay child support.** (SKIP "B" and go directly to **Applicant Affirmation**).

B. ○ I am under obligation to pay child support (You must "X" any of the four statements below that are true and apply to you):

- ○ I do not owe four or more months of child support payments.
- ○ I am making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties.
- ○ My child support obligation is the subject of a pending court proceeding.
- ○ I receive public assistance or supplemental social security income.

APPLICANT AFFIRMATION

I affirm, under the penalties of perjury, that the statements made in this application are true and correct. I further affirm that I have read and understand the provisions of Article 7A of the General Business Law and the rules and regulations promulgated thereunder.

X _____ _____
Applicant's Signature *Date Signed*

Print Name: _____

NOTICE OF EMPLOYMENT

If employment will commence with the filing of your application, this section MUST be completed by your employer.

DATE OF HIRE:

TRANSACTION NUMBER: TRANSACTION DATE:

GUARD'S NAME: GUARD'S SOCIAL SECURITY NUMBER:

EMPLOYER'S UID: EMPLOYER'S BUSINESS NAME:

I, *(Please Print)* _____, swear and affirm that I am the representative for the company identified as the employer and that I have verified the statements made by this employee and determined that these statements are true and correct to the best of my ability. I further attest that based on my verification of these statements, I find that the employee listed hereon is qualified for employment under the provisions of Articles 7 and 7-A of the General Business Law.

X _____ _____
Employer's Signature *Date Signed*

Department of State

Division of Licensing Services

Licensee Information

ID Number:

Name: OVANDO BOLIVAR A

Business Name: NOT APPLICABLE

Business Address: NOT APPLICABLE

County: NOT APPLICABLE

License Type: SECURITY GUARD - UNARMED
Expires: 09/03/2014

Training	Date Completed
8 Hour Preassignment:	06/25/1994
16 Hour On The Job:	04/12/2006
8 Hour Annual In Service:	05/14/2012
	05/14/2011

[Name Search] [Business Name Search] [ID Search]
[Licensee Search Menu]

Services/Programs | Privacy Policy | Accessibility Policy | Disclaimer | Return to DOS Homepage | Contact Us

SECURITY GUARD TRAINING CERTIFICATE

BE IT HEREBY KNOWN THAT

BOLIVAR A. OVANDO

HAS SUCCESSFULLY COMPLETED THE

EIGHT HOUR PRE-ASSIGNMENT TRAINING COURSE FOR SECURITY GUARDS

WHICH SATISFIES THE MINIMUM CRITERIA RECOMMENDED BY THE NEW YORK STATE SECURITY GUARD ADVISORY COUNCIL

CONDUCTED BY

COMMAND SECURITY MANHATTAN
331 PARK AVENUE SOUTH
NEW YORK, NEW YORK 10010

THIS COURSE CONDUCTED ON

JUNE 16, 1994

100
SCHOOL CODE

SCHOOL DIRECTOR

SECURITY GUARD TRAINING CERTIFICATE

BE IT HEREBY KNOWN THAT

Bolivar A. Ovando

HAS SUCCESSFULLY COMPLETED THE

EIGHT HOUR ANNUAL IN-SERVICE TRAINING COURSE
FOR
SECURITY GUARDS

Which satisfies the minimum criteria recommended by the
New York State Security Guard Advisory Council

CONDUCTED BY
SECURITY CAREER INSTITUTE
40-26, 58TH STREET
WOODSIDE, NY 11377, USA

THIS COURSE CONDUCTED
ON
APRIL 09, 2010

411648

SCHOOL CODE (NYS DIVISION OF CRIMINAL JUSTICE SERVICES)

ROKSHANA B. ISLAM, SCHOOL DIRECTOR

SECURITY GUARD TRAINING CERTIFICATE

BE IT HEREBY KNOWN THAT

BOLIVAR A. OVANDO

HAS SUCCESSFULLY COMPLETED THE

EIGHT HOUR ANNUAL IN-SERVICE TRAINING COURSE FOR SECURITY GUARDS

WHICH SATISFIES THE MINIMUM CRITERIA RECOMMENDED BY THE NEW YORK STATE SECURITY GUARD ADVISORY COUNCIL

CONDUCTED BY

Thomas Shortman Training Fund
101 Sixth Avenue New York, NY 10013

THIS COURSE CONDUCTED ON

May 14th, 2011

Michael J Green

SCHOOL DIRECTOR
Michael Green

311605
SCHOOL CODE

SECURITY GUARD TRAINING CERTIFICATE

BE IT HEREBY KNOWN THAT

BOLIVAR O. OVANDO

HAS SUCCESSFULLY COMPLETED THE

SIXTEEN HOUR ON-THE-JOB TRAINING COURSE FOR SECURITY GUARDS

WHICH SATISFIES THE MINIMUN CRITERIA RECOMMENDED BY THE NEW YORK STATE SECURITY GUARD ADVISORY COUNCIL

CONDUCTED BY

COMMAND SECURITY MANHATTAN
331 PARK AVENUE SOUTH
NEW YORK, NEW YORK 10010

THIS COURSE CONDUCTED ON

DECEMBER 4 & 11, 1995

#100
SCHOOL CODE

SCHOOL DIRECTOR

SECURITY GUARD TRAINING CERTIFICATE

BE IT HEREBY KNOWN THAT

Bolivar Ovando

HAS SUCCESSFULLY COMPLETED THE

40 HOUR AIRPORT SECURITY AGENT TRAINING COURSE

CONDUCTED BY

HAYNES SECURITY INCORPORATED
1 NEW YORK AVENUE
NEWARK, NEW JERSEY 07105

THIS COURSE CONDUCTED

April 10, 2006 through April 14, 2006

Edward J. Lynskey
Haynes Security Director of Training

Diploma of Graduation

This Certifies That

Bolivar A. Ovando

has completed the Course of Study prescribed for Graduation from

Cornerstone Christian Correspondence School

and is therefore awarded this

High School Diploma

Given at Townsend, Georgia this date

July 30, 2004

Administrator

Asst. Administrator

FJC Security Services Inc.

Drug Screening Authorization

As a condition of employment/continued employment, I, _____ agree to be tested for controlled substances, marijuana, and alcohol. I understand that testing may occur prior to my employment with FJC Security Services, Inc., as well as from time to time during my employment, with or without cause or prior notice. In the event I refuse to take a test when requested or test results are positive, consideration of my application for employment or my employment with FJC Security Services, Inc., will be terminated.

I authorize the laboratory or medical personnel retained by the Company for these tests to release the results to the Company for whatever use the Company deems appropriate. Further, I release the laboratory, medical personnel, and FJC personnel conducting the drug test, the Company, and the Company's employees, directors, officers, and successors from any liabilities, claims, and causes of action, known or unknown, contingent or fixed, that may result from this drug test. I agree not to file any lawsuit or other action to assert a claim.

Searches of employees, their property, and Company or other property under their control may be made if there is reasonable suspicion that may they may be in possession of unlawful drugs or alcohol.

For those contracts which fall under the guidelines of the Department of Transportation:

DEPARTMENT OF TRANSPORTATION (DOT) REGULATIONS requires Pre-employment (drug tests only), Random, Reasonable Cause and Post Accident (serious accident) drug and alcohol testing for employees in safety sensitive jobs, such as aircraft mechanics, dispatchers, and screeners working with U.S. certified airlines or with U.S. (N-designated) airlines. In addition, the company must notify the FAA within five (5) days of any refusal to be tested by an A&P or dispatcher.

UNDER DOT REGULATIONS any person in a safety sensitive job who uses drugs or alcohol on the job who tests positive twice for either drugs or alcohol is permanently barred from ever working in a safety sensitive job for any employer.

I have carefully read and understood this agreement, and I sign this without any coercion or duress by any individual or institution.

Print Name	Signature	Date

Uvando

JFK International Airport
Bldg 14. (West Wing) Suite 14A
Jamaica, NY 11430
Voice: 718-656-1245
Fax: 718-656-3060

FJC Security- LGA

Applicant Name: BOLIVAR Anthony Ovando Date: 1/11/12
Applicant SS #

☑ Fit for Duty

☐ Not Fit for Duty

Comments:

Physician Name: Gerald Surya MD

Physician Signature

Gerald Surya M.D
NY 204213

FJC Security Services Inc.

Data Entry

New Hire	Re-Hire	Transfer

SOCIAL SECURITY #	PHONE NUMBER	EMERGENCY CONTACT NAME and PHONE
		Nancy (sister)

LAST NAME	FIRST NAME	MIDDLE
OVANDO	BOLIVAR	ANTHONY

ADDRESS	APT#	CITY	STATE	ZIP CODE

EMPLOYEE INFORMATION

SEX	BIRTH DATE	ETHNIC BACKGROUND	HIRE DATE
MALE FEMALE		Hispanic	1/19/11

DEPARTMENT	SITE LOCATION	UNION	ACCOUNT MANAGER	ORIGINAL START DATE
PALGA	LGA	32 BJ	G. Kolson	

PAYROLL INFORMATION

PAY RATE:	HOURS	STATUS	DEPENDANTS
16.27		MARRIED SINGLE A B C D E	1

LICENSES AND CERTIFICATIONS

TRANSACTION #/NJ TEMP #	DATE	ALIEN CARD/WORK AUTH/CITIZEN	EXP. DATE
695451	01-20-11		

GUARD UID#	EXP. DATE	DEDUCTION	DRUG TEST	DATE TAKEN
10005749006	9/3/12	$25 $142 $453	10 PANEL	

PORT AUTHORITY ID CARD #	EXP. DATE	FIRE GUARD LICENSE	EXP. DATE
3020085063	10/19/11	82519059 F93	5/17/12

STATE DL, PERMIT, OR ID	EXP. DATE	EXEC OVERRIDE BY	DATE	CERTIFICATION OF COMPLIANCE	DATE

PHYSICAL DESCRIPTION

HEIGHT	WEIGHT	HAIR	EYES
6'	215 lbs	Black	Brown

TRAINING COURSES AND CERTIFICATIONS

8 HOUR PRE-ASSIGNMENT	DATE ISSUED	16 HOUR OJT	DATE ISSUED	8 HOUR ANNUAL	DATE ISSUED
	6/25/94		4/12/06		4/22/10

47 HR ARMED TRAINING	DATE ISSUED	8 HR ARMED GUARD ANNUAL	DATE ISSUED	FJC 5 DAY INITIAL TRAINING	DATE

SIDA CERTIFICATE	DATE	ASA TRAINING	DATE	DHS TRAINING	DATE

AOA TRAINING	DATE	PA TRAINING	DATE	32BJ TRAINING	DATE	GUN LICENSE	DATE

Processor: Giancarlos Mokra Date: 1/20/11

CCD Auditor: _____ Date Entered: _____

Rev. 05/03/10

FJC SECURITY SERVICES Over 20 Years of Service, Support & Solutions!

December 22, 2010

Re: Conditional Offer of Employment

Dear: Bolivar Ovando

On behalf of FJC Security Services, Inc., I am delighted to offer you a position as an Airport Security Agent (ASA) with the Company. This is a full-time non-exempt position. In this capacity your salary will be as follows:

Your initial rate of pay will be $16.24 per hour as dictated by The Port Authority Contract. You will receive overtime pay at 1 ½ times your regular rate of pay for all hours actually worked in excess of forty (40) during the work week. You will be paid on Friday of each week.

You will be initially assigned to The Port Authority of NY & NJ, LGA Airport Location. We would like you to begin work on 01-19-2011.

Please be aware that your employment is "at will", meaning either you or FJC may terminate the employment relationship at any time with or without cause or notice. Your employment is for no definite term, regardless of any oral or written statement by any FJC Security officer or representative, with the sole exception of an express written employment contract signed by the President of the Company.

The offer described above is contingent upon the results of a reference/background check, drug test and a physical examination, as required by the Company and The Port Authority Contract. The physical examination and drug test must be completed at least five (5) days before employment commences. Employment is also contingent upon compliance with immigration law and the completion of an I-9.I. Additionally, as a condition of employment, you must complete 40 Hours FJC Initial Training

We look forward to hearing from you about this offer. Please indicate your acceptance of our offer by signing the attached form and returning one copy of the letter, with your original signature, to me no later than 01-14-2011. Any acceptance after this date will be invalid.

Sincerely,

Karen L. O'Neill

Corporate Director, Human Resources

FJC Security Services, Inc.

FJC SECURITY SERVICES Over 20 Years of Service, Support & Solutions!

I accept / decline (please circle one) FJC Security Services, Inc.'s offer of employment. I understand that my employment with FJC Security Services, Inc. is for no definite term, regardless of any other oral or written statement by any FJC Security officer or representative, and is considered "at-will." I understand further that either the company or I may terminate this employment relationship at any time or without cause or notice.

I understand that my employment is contingent upon completion of background check, drug test, or any other contingencies necessary.

I have been notified of my pay rate, overtime rate, and designated pay day on the date given below.

Accepted (Signature): _____

Print Name: Cesar Arturo Curiel

Date: 1/10/11

COVENANT

January 5, 2011

To Whom It May Concern:

This is to certify that Covenant Aviation Security has employed Ovando, Bolivar A. since February 1, 2007, as an Airport Security Agent, earning $16.10 per hour.

If I may be of any further assistance, please feel free to contact me.

Sincerely,

Shelly-Ann Foster
Human Resources Generalist

COVENANT AVIATION SECURITY, LLC
LAGUARDIA AIRPORT
CENTRAL TERMINAL BUILDING
ROOM 3570B
FLUSHING, NY 11371
PHONE: 718-203-3160 • FAX: 718-205-3322

*** REC 2011007 114616 H48409E0 GQPL CIPQYAE PQAE (F-GQP) ***

QRY DATE: 01/07/11 AN: DOC: 134 UNIT: VIP PG: 001+ DEQR
INPUT: YRS REQ: 2000-2009; COVERED DETAILS; SELF-EMPLOYMENT;
NON-COVERED DETAILS; EMPLOYER ADDRESS
MEF: NA: B A OVANDO DB: SX: M AK: OVAADO

DETAIL COVERED FICA EARNINGS AND EMPLOYER NAME AND ADDRESS FOR YEARS REQUESTED

EIN: MC2 SECURITY INC
% F CABREJA
615 JACKSON AVE
BRONX NY 10455-3106

RPYR	REO LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0000	IA1	B A OVANDO	13726.83	13726.83	1121-91-55552	01502	V
	1A1	B A OVANDO	-13726.83	-13726.83	1121-91-55552	04002	V
	IA	B A OVANDO	13726.83	13726.83	1263-83-00479	04002	V
		WAGE TOTAL	13726.83				
		OASDI EMPLOYER TOTAL	13726.83				
		00 OASDI YEARLY TOTAL	13726.83				

EIN: MC2 SECURITY INC

RPYR	REO LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0001	IA	B A OVANDO	12609.11	12609.11	3274-82-08373	04004	V
		WAGE TOTAL	12609.11				
		OASDI EMPLOYER TOTAL	12609.11				
		01 OASDI YEARLY TOTAL	12609.11				

Social Security Administration
Washington Heights District Office
1312 Broadway
New York, N.Y. 10033

EIN: MC2 SECURITY INC

RPYR	REO LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0002	IA	B A OVANDO	18006.08	18006.08	3093-88-78988	01204	V
		WAGE TOTAL	18006.08				
		OASDI EMPLOYER TOTAL	18006.08				
		02 OASDI YEARLY TOTAL	18006.08				

EIN: VGI INC
37A SAW MILL RIVER RD
HAWTHORNE NY 10532-1519

RPYR	REO LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0003	IA	B A OVANDO	6141.39	6141.39	4294-85-00732	04105	V
		WAGE TOTAL	6141.39				
		OASDI EMPLOYER TOTAL	6141.39				

EIN: MC2 SECURITY INC

0003	AA	B A OVANDO	12896.32	12896.32	3093-88-65699	01204	V
		WAGE TOTAL	12896.32				
		OASDI EMPLOYER TOTAL	12896.32				
		03 OASDI YEARLY TOTAL	19037.71				

EIN: VGI INC

RPYR	REO LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0004	AA	B A OVANDO	4436.26	4436.26	4291-85-00376	04005	V
		WAGE TOTAL	4436.26				
		OASDI EMPLOYER TOTAL	4436.26				

EIN: TRISTAR PATROL SERVICE INC
1448 COMMERCE AVE
BRONX NY 10461-3609

0004	AA	B A OVANDO	12353.64	12353.64	4252-85-04603	03505	V
		WAGE TOTAL	12353.64				
		OASDI EMPLOYER TOTAL	12353.64				
		04 OASDI YEARLY TOTAL	16789.90				

QRY DATE: 01/07/11 AN: DOC: 134 UNIT: VIP PG: 002+ DEQR

EIN: TRISTAR PATROL SERVICE INC

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0005		AA	B A OVANDO	17908.90	17908.90	5082-85-17027	01006	V
			WAGE TOTAL	17908.90				
			OASDI EMPLOYER TOTAL	17908.90				
			05 OASDI YEARLY TOTAL	17908.90				

EIN: TRISTAR PATROL SERVICE INC

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0006		AA	B A OVANDO	4068.00	4068.00	6094-85-37883	01207	V
			WAGE TOTAL	4068.00				
			OASDI EMPLOYER TOTAL	4068.00				

EIN: HAYNES SECURITY INC
1 JERSEY CITY AVE
LAVALLETTE NJ 08735-2519

0006		AA	B OVANDO	17703.80	17703.80	6043-87-79139	00507	V
			WAGE TOTAL	17703.80				
			OASDI EMPLOYER TOTAL	17703.80				

EIN: SECURITAS SECURITY SERVICES USA INC
ATTN NORMAN HARDER
TWO CAMPUS DRIVE
PARSIPPANY NJ 07054-4400

0006		AA	B A OVANDO	741.00	741.00	6060-91-13459	00707	V
			WAGE TOTAL	741.00				
			OASDI EMPLOYER TOTAL	741.00				
			06 OASDI YEARLY TOTAL	22512.80				

EIN: HAYNES SECURITY INC

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0007		AA	B OVANDO	3468.75	3468.75	8058-AT-65114	00608	V
			WAGE TOTAL	3468.75				
			OASDI EMPLOYER TOTAL	3468.75				

EIN: COVENANT AVIATION SECURITY LLC
WORLDWIDE SECURITY SERVICES LTD
270 REMINGTON BLVD STE B
BOLINGBROOK IL 60440-3593

0007		AA	B A OVANDO	26619.11	26619.11	8093-AF-32542	01108	V
			WAGE TOTAL	26619.11				
			OASDI EMPLOYER TOTAL	26619.11				
			07 OASDI YEARLY TOTAL	30087.86				

EIN: COVENANT AVIATION SECURITY LLC

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0008		AA	B A OVANDO	33321.41	33321.41	9076-BD-73339	00809	V
			WAGE TOTAL	33321.41				
			OASDI EMPLOYER TOTAL	33321.41				
			08 OASDI YEARLY TOTAL	33321.41				

EIN: COVENANT AVIATION SECURITY LLC

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0009		AA	B A OVANDO	35142.51	35142.51	0071-AJ-51547	00910	V
			WAGE TOTAL	35142.51				
			OASDI EMPLOYER TOTAL	35142.51				
			09 OASDI YEARLY TOTAL	35142.51				

DETAIL NON-COVERED EARNINGS AND W-2 PENSION DATA AND EMPLOYER NAME AND

Social Security Administration
Washington Heights
282 Broadway
New York, N.Y. 10033
District Office

QRY DATE: 01/07/11 AN: DOC: 134 UNIT: VIP PG: 003 DEQR
ADDRESS FOR YEARS REQUESTED
NO NON-COVERED EARNINGS AND W-2 PENSION DATA POSTED FOR YEARS REQUESTED

Social Security Administration
Washington Heights District Office
4292 Broadway
New York, N.Y. 10033

FJC Security Services Inc.

REQUEST FOR DRIVER ABSTRACT

Acknowledgment A

This form is to be filled out by each employee who will drive a Company owned vehicle.

I acknowledge receipt of FJC Security Services's Fleet Safety Program. I understand that I am required to read and strictly comply with the requirements stated in the policy. I also authorize a representative of FJC Security Services to obtain a copy of my Motor Vehicle Report.

Print Name: _____

Work Site: _____ Division: _____

Date of Birth: _____ SS#: _____

Driver's License #: _____ State: _____ Exp. Date: _____

Signature: _____ Date: _____

Acknowledgment B

This form is to be completed if the employee regularly drives on Company business as a job requirement and does not drive a Company vehicle.

I acknowledge receipt of FJC Security Services's Fleet Safety Program. I understand I am required to read and strictly comply with the requirements stated in the policy. I also authorize a representative of FJC Security Services to obtain a copy of my Motor Vehicle Report.

Print Name: _____

Title: _____ Division: _____

Date of Birth: _____ SS#: _____

Driver's License #: _____ State: _____ Exp. Date: _____

Signature: _____

State of New York DEPARTMENT OF MOTOR VEHICLES, Empire State Plaza, Albany, New York 12228

ABSTRACT OF DRIVING RECORD

PRINT DATE: 01/19/2011 TIME: 02:52 28600 17
FJC SECURITY SERVICES INC

OK

CLIENT ID#: 693485680

OVANDO,BOLIVAR,A DOB: SEX: M
HEIGHT: 6-0 EYE COLOR: BROWN
COUNTY: NEWY
MI #: 022057 13985 990859 69

NAME ON LICENSE/ID: OVANDO
BOLIVAR A

LICENSE CLASS *D* STATUS: VALID EXPIRATION: 01/11/2015

**********ACTIVITY**********
CLASS CHANGE: 07/03/2000 NEW: *D* OLD: PERMIT
RECIPROCITY ON: 09/24/2010 FROM: FL
CLASS CHANGE: 09/24/2010 NEW: *D* OLD: *D*

********** END OF RECORD **********

This is to certify that this document is a true and complete copy of an electronic record on file in the New York State Department of Motor Vehicles, Albany, New York. The record was made in regular course of New York State Department of Motor Vehicles daily business. It is the business of the New York State Department of Motor Vehicles to create and maintain the records of drivers in the state of New York. Entries in this document are made at the time the recorded transactions or events took place or within a reasonable time thereafter. The person who reports the information is under a business duty to do so accurately.

ABS-3 (01/11)

EXECUTIVE DEPUTY COMMISSIONER OF MOTOR VEHICLES

FJC Security Services Inc.

Physical Capabilities Sign-Off

FJC Security Services
Employee Statement

EMPLOYEE: _____ Date: 1/10/11

I _____ do hereby certify that to the best of my knowledge I am capable of performing normal or emergency duties including arduous physical exertion such as standing or walking an entire shift, climbing stairs and ladders, lifting and carrying objects weighing up to *50* lbs., running and enduring exposure to extreme weather conditions for an entire shift. I further understand my assignment may require periods of prolonged standing.

I have no physical limitations that would preclude me from accepting an assignment.

Signed: _____ Date: 1/10/11

Accepted by: _____

Title: Admin.

Revised 09/30/05

FJC Security Services Inc.

FAIR CREDIT REPORTING ACT DISCLOSURE/AUTHORIZATION

In accordance with the provisions of Section 604 (b) (2) of the Fair Credit Reporting Act (FCRA) (Title II, Subtitle D, Chapter I, Public Law 104-208) you are hereby informed that a consumer report about you may be ordered and used for employment purposes. Under the provisions of the Act, a driving record is considered a consumer report when used for employment purposes.

I, the undersigned, acknowledge receipt of the above disclosure and authorize the above named company to obtain a consumer report about me for its use related to employment purposes.

Applicant Signature

Social Security #

Applicant Print Name

1 / 10 / 11
Date

Street Address

Date of Birth

City, State, Zip

Revised 07/28/08

FJC Security Services Inc.

Terms and Conditions of Employment

TO ALL EMPLOYEES OF FJC SECURITY SERVICES INC. PLEASE READ AND SIGN THE FOLLOWING.

TO ENSURE THE GENERAL WELFARE OF ALL COMPANY EMPLOYEES AND THE PROPER FUNCTIONING OF COMPANY OPERATION, ALL EMPLOYEES ARE EXPECTED TO FOLLOW ESTABLISHED COMPANY TERMS AND CONDITIONS. THE FOLLOWING ARE EXAMPLES OF CONDUCT WHICH MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION. THEY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

1. INSUBORDINATION - WILLFULLY REFUSING TO FOLLOW INSTRUCTIONS OR TO PERFORM DESIGNATED WORK.
2. REFUSAL TO ACCEPT A JOB ASSIGNMENT.
3. FALSIFYING EMPLOYMENT APPLICATION, TIME SHEETS AND ANY OTHER OFFICIAL DOCUMENT.
4. FOUND TO BE CONVICTED OF ANY CRIME, RESULTING IN DENIAL OF SECURITY GUARD LICENSE (BEFORE OR DURING EMPLOYMENT).
5. FRATERNIZATION WITH CLIENTS OR CO-WORKERS.
6. THEFT OR UNAUTHORIZED REMOVAL, USE OR POSSESSION OF COMPANY, CUSTOMER, CLIENT OR ANOTHER EMPLOYEE'S PROPERTY.
7. FAILURES TO PASS A DRUG/ALCOHOL TEST OR REFUSAL TO TAKE A DRUG/ALCOHOL TEST.
8. REPORTING TO ANY FJC FACILITY INTOXICATED (ON OR OFF DUTY).
9. UNSATISFACTORY WORK PERFORMANCE.
10. FAILURE TO FOLLOW UNIFORM DRESS CODE OR MAINTAIN PERSONAL HYGIENE.
11. INATTENTION TO DUTIES OR SLEEPING ON DUTY OR ASSUMING THE POSITION SUGGESTING SLEEP, ON THE JOB.
12. EXCESSIVE PERSONAL USE OF TELEPHONES OR POSSESSION OF PERSONAL CELL PHONES/BEEPERS/CD PLAYERS/RADIOS OR ANY UNAUTHORIZED ELECTRONIC DEVICE WHILE WORKING.
13. UNAUTHORIZED EATING, DRINKING OR CHEWING GUM AT WORK STATIONS.
14. WALKING OFF POST, ABANDONMENT OF SCHEDULE, LEAVING AN ASSIGNED WORK AREA DURING WORK HOURS FOR ANY REASON OTHER THAN IN THE LINE OF DUTY OR WITH AUTHORIZATION FROM THE SUPERVISOR.
15. MALICIOUS DAMAGE TO COMPANY OR CLIENT PROPERTY.
16. DISLOYALTY TO THE COMPANY OR DISPARAGEMENT OF ITS PRODUCTS.
17. DISHONESTY.
18. PUNCHING ANOTHER EMPLOYEE'S TIME CARD OR FALSIFYING A TIME SHEET.
19. FIGHTING ON DUTY.
20. DISCLOSURE OF CONFIDENTIAL COMPANY INFORMATION TO UNAUTHORIZED PERSONS.
21. CREATING UNSAFE OR UNSANITARY CONDITIONS.
22. REFUSAL TO COOPERATE IN ANY INVESTIGATION IN THE WORKPLACE.
23. DELAYING OR RESTRICTING PRODUCTION OR ENCOURAGING OTHERS TO DO SO.
24. FAILURE TO MAINTAIN THE FOLLOWING LICENSES UP TO DATE (ALIEN CARD; SECURITY LICENSE; FIRE GUARD AND DMV.)
25. EMPLOYEES ARE RESTRICTED FROM SMOKING IN RESTRICTED AREAS. NEW YORK CITY FIRE DEPARTMENT CODE PROHIBITS SMOKING IN ALL PUBLIC BUILDINGS; THIS INCLUDES ALL BUILDINGS AND TERMINALS AT THE AIRPORTS. SMOKING ON THE AOA IS PROHIBITED EVEN IN A CLOSED VEHICLE.
26. FAILURE TO ABIDE BY COMPANY, CUSTOMER OR AIRPORT SECURITY, TRAFFIC, AND VEHICLE OPERATION OR PARKING REGULATIONS.
27. FAILURE TO REPORT EQUIPMENT FAILURES OR SAFETY HAZARDS IMMEDIATELY TO A MANAGER OR MAINTENANCE PERSONNEL.
28. CONSUMING ALCOHOLIC BEVERAGES OR TAKING NON-PRESCRIBED MEDICATION BEFORE START OF TOUR.

29. TAKING OF OVER THE COUNTER MEDICATION THAT COULD IMPAIR JUDGMENT, REFLEXES, OR ABILITY TO DO YOUR STATED DUTIES.
30. DISTRIBUTION OF LITERATURE, OF ANY DESCRIPTION, IS PROHIBITED IN THE WORKPLACE AT ALL TIMES.
31. COLLECTION OF MONEY, SUCH AS SELLING RAFFLES OR CANDIES, COLLECTING MONEY FOR VARIOUS CAUSES, SELLING TICKETS, ETC.
32. FAILURE OF FJC OFFICER TO COMMUNICATE TO SUPERVISORY STAFF ANY MATTERS PERTAINING TO A CHANGE IN AGREED UPON EMPLOYEE CONTRACT. IT IS THE RESPONSIBILITY OF THE OFFICER TO SUPPLY ANY DOCUMENTS THAT WILL CAUSE A CHANGE IN AGREED UPON SCHEDULE, AS SOON AS CHANGE IS KNOWN.
33. GAMBLING DURING WORK HOURS OR ON COMPANY OR CLIENTS PROPERTY
34. VIOLATION OF COMPANY, CUSTOMER SAFETY RULES AND COMMON KNOWN SAFETY PRACTICES.
35. FAILURE TO MAKE A PROMPT REPORT OF ANY INCIDENT THAT INVOLVES, OR IS ON COMPANY, CLIENT PROPERTY.
36. POSSESSION OF WEAPONS, NOT AUTHORIZED BY THE COMPANY, ON COMPANY, CLIENT PROPERTY.
37. TARDINESS OR ABSENCE FROM WORK WITHOUT PROPER NOTIFICATION OR EXPLANATION. ALL CALL OFFS MUST BE WITHIN 4HRS OF COMMENCEMENT OF THE BEGINNING OF YOUR TOUR.
38. ABUSIVE LANGUAGE TO ANY SUPERVISOR, CLIENT, MEMBER OF THE PUBLIC OR TO ANY EMPLOYEE.
39. VIOLATION OF LOCAL, STATE OR FEDERAL LAWS AND OR FAILURE TO NOTIFY COMPANY OF ANY ARREST OR CONVICTION FOR ANY OFFENCE OF SAID LAWS.
40. ABANDONMENT OF WORK SCHEDULE/ OR REASSIGNMENT: IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO REPORT BACK TO THE PERSONNEL OFFICE FOR REASSIGNMENT TO A NEW JOB LOCATION. OFFICER MUST SUBMIT DOCUMENTATION TO SAID OFFICE FOR ALL WORK STOPPAGE NOT APPROVED THROUGH THE CHAIN OF COMMAND.
41. FAILURE TO MAINTAIN STATE REQUIRED TRAINING CERTIFICATION UP TO DATE, INCLUDING THE 160JT (TAKEN ONCE WITHIN 90DAYS OF HIRING), 8HR.ANNUAL UNARMED TRAINING AND THE 8 HR ANNUAL ARMED TRAINING EVERY YEAR.

RULES OF CONDUCT AND DISCIPLINE ACKNOWLEDGEMENT:

I HAVE READ AND UNDERSTAND THE EMPLOYMENT TERMS AND CONDITIONS OF FJC SECURITY SERVICES, INC. FURTHERMORE, I HAVE BEEN GIVEN A COPY OF SUCH RULES AND HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THEM AND HAVE MY QUESTIONS ANSWERED. I HEREBY ATTEST TO THIS BY VIRTUE OF MY SIGNATURE APPEARING BELOW.

PRINT NAME

Div: _____

SECURITY OFFICER'S SIGNATURE

DATE: 11/30/11

SIGNATURE of FJC STAFF

DATE: 11/30/11

Revised 06/17/08

ANTI-DISCRIMINATION AND HARASSMENT POLICY

FJC Security Services, Inc. is committed to maintaining a work environment that is free of discrimination and harassment. In keeping with this commitment, we will not tolerate harassment of FJC employees by anyone, including any supervisor, co-worker, vendor, client, or customer of FJC. All employees are expected to avoid any behavior or conduct that could reasonably be interpreted as unlawful harassment of employees or persons who do business with FJC Security Services, Inc.

Harassment consists of unwelcome conduct, whether verbal, physical, or visual, that is based upon a person's protected status, such as sex, color, race, religion, national origin, age, physical or mental disability, veteran status, citizenship status, ancestry, creed, marital status, sexual orientation or other protected group status. The Company will not tolerate harassing conduct that affects tangible job benefits, that interferes unreasonably with an individual's work performance, or that creates an intimidating, hostile, or offensive working environment.

Sexual harassment deserves special mention: Unwelcome sexual advances, requests for sexual favors, and other physical, verbal, or visual conduct based on sex constitute sexual harassment when (1) submission to the conduct is an explicit or implicit term or condition of employment, (2) submission to or rejection of the conduct is used as the basis for an employment decision, or (3) the conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. Sexual harassment is conduct based on sex, whether directed towards a person of the opposite or same sex, and may include explicit sexual propositions, sexual innuendo, suggestive comments, sexually oriented "kidding" or "teasing," "practical jokes," jokes about obscene printed or visual material, and physical contact such as patting, pinching, or brushing against another person's body.

Everyone at FJC Security Services, Inc. especially supervisors, are expected to avoid any behavior or conduct that could be interpreted as unlawful harassment. All employees should also understand the importance of informing an individual whenever that individual's behavior is unwelcome, offensive, in poor taste or inappropriate.

Discrimination consists of any disparate treatment of employees or actions that have a disparate impact on employees based on their sex, color, race, religion, national origin, age, physical or mental disability, veteran status, citizenship status, ancestry, creed, marital status sexual orientation or other protected group status. Such discrimination includes, but is not limited to, the hiring, assignment, promotion, demotion or discipline of any employee or applicant for employment based on her or his status as a member of one or more protected groups.

The policy of FJC Security Services, Inc. is to investigate each complaint promptly and to keep complaints and the result of our investigation confidential to the fullest extent possible.

If an investigation confirms that a violation of this policy has occurred, then appropriate disciplinary actions will be taken. In investigating complaints of discrimination or harassment under this policy, the Company may impose discipline for inappropriate conduct without regard to whether the conduct constitutes a violation of the law and even if that conduct does not rise to the level of violation of this policy. The company will advise interested parties of the outcome of an investigation, although not necessarily all details of the actions the company has taken to maintain a discrimination and harassment free environment.

If you feel that you have experienced or witnessed discrimination or harassment, you are to immediately contact the FJC Anti-Discrimination Hotline at 347-418-3127 *and* your immediate supervisor. If for any reason you feel uncomfortable addressing your concerns/complaints with your immediate supervisor, contact the Corporate Risk Manager at (516) 328-6000 x1153. FJC will then take the necessary steps to ensure that your report is properly investigated. There will be no retaliation against anyone for reporting a harassment or discrimination charge. Nor will there be any retaliation taken against anyone who cooperates with an investigation of a complaint of discrimination or harassment. Any retaliation should be reported immediately in the same manner as a discrimination or harassment complaint and will be investigated thoroughly.

Employee Acknowledgement:

I, the undersigned employee of FJC Security Services, Inc., hereby confirm and acknowledge that I have read and understood the above Anti-Discrimination and Harassment policy. I agree to abide by it and understand that any violation of it will be grounds for discipline, up to and including termination of my employment.

Bolivar A. Quando — 11/30/11 — [signature]

Print Employee Name — Date — Signature

FJC SECURITY SERVICES, INC. IS AN EQUAL OPPORTUNITY EMPLOYER.

White Copy – Corporate File — Yellow Copy – Personnel File — Pink Copy – Employee

OVANDO, BOLIVAR
XXX-XX-2790
PA JFK LGA
PALG02

Notice and Acknowledgement of Pay Rate and Payday Under Section 195.1 of the New York State Labor Law

Notice for Multiple Hourly Rate Employees

1. Employer Information

Name:

FJC Security Services Inc

Doing Business As (DBA) Name(s):

Physical Address:

275 Jericho Turnpike
Floral Park, NY 11001

Mailing Address:

Same as Above

Phone:

(516) 328-6000

2. Notice given:

- ☐ At hiring
- ☒ On or before February 1
- ☐ Before a change in pay rate(s), allowances claimed or payday

3. Employee's rate(s) of pay for each type of work or shift:

$16.24 per hour for ASA

$29.47 per hour for TS

N/A per hour for N/A

4. Allowances taken:

- ☒ None
- ☐ Tips_____per hour
- ☐ Meals_____per meal
- ☐ Lodging_____
- ☐ Other_____

5. Regular payday: Friday

6. Pay is:

- ☒ Weekly
- ☐ Bi-weekly
- ☐ Other

7. Overtime Pay Rate(s) for each type of work or shift:

This must be at least 1 ½ times the worker's weighted average of the multiple rates of pay for the week, with few exceptions. The weighted average is the total regular pay divided by the total hours worked in the week. The overtime rate may vary from week to week depending on how many hours you worked at each rate of pay. The overtime rate may vary from week to week.

8. Employee Acknowledgement: On this date, I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated payday. I told my employer what my primary language is:

Check one:

- ☒ I have been given this pay notice in English only, because it is my primary language.
- ☐ My primary language is _____. I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

Employee Signature

1/19/12
Date Received and Signed

JOAN DILBERT, PAYROLL SPECIALIST
Preparer Name and Title

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.

LS 55 (03/11)

FJC Security Services Inc.

Port Authority Division

Employment Status Statement

Full Time Employment

Date 2/23/4

I, B. OVANDO hereby accept a full time position with FJC Security Services as a Security Agent as shown on the attached schedule. I fully understand and acknowledge that FJC considers a full time position as a schedule of 30 hours or more per week. I also understand that as a full time employee I am entitled to all benefits of a Full Time Employee as described in the Collective Bargaining Agreement with the SEIU 32BJ Union, which represents all security agents employed within the Port Authority Division.

Signature _____

Social Security Number _____

PA Division Representative: G ROBSON (Print Name) _____ (Signature)

Title P.M.

26 Journal Square Jersey City NJ
Phone: (201)386-0530 Fax: (201)386-94034
Website: www.fjcsecurity.com

FJC Security Services, Inc. LGA 21 Employee Schedule 2 CARTS 2/28/11

Airport Security Agent Name: B. OVANDO Date: 2/23/11

Site: JFK or LGA (Circle One) Status: Full Time or Part Time (Circle One) Category: ASA LASA CSS ID TS (Circle One)

Listed below is your assigned schedule and the basic rules and regulations that are to be followed at all times as an employee of FJC Security.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hours
TOUR	16-24	16-24	16-24	16-24	16-20	RDO	RDO	36

In case of Call Outs (Sick/Emergency); it is the ASA's responsibility to call their designated dispatch at:
SECURITY OPERATIONS CENTER (SOC): 718.244.7318 OR 718.244.7319

1. Any ASA who unable to report for his/her scheduled tour of duty must adhere to the call out rule of at least 4 hours notification prior to scheduled start time.
2. All ASA's are required to report for roll call 30 minutes prior to their scheduled tour of duty.
3. Call if you are going to be late for roll call.
4. No ASA can make changes to his/her schedule without prior approval from their Project Manager.
5. If you have any problems with your schedule, co-workers or supervisors; contact or Project Manager or HR Manager.
6. Don't forget to sign in/out and hand scan in/out daily.
7. Any ASA who does not wait for their relief or does not report for their scheduled tour of duty will face disciplinary action.
8. Please note that this is a temporary schedule and subject to change.

The pay period is Monday-Sunday. Checks are distributed on Fridays.

My signature below indicates that I read, understand and accept the schedule assigned to me.

Employee Signature Date 2/23/11 FJC Manager

My signature below indicates that I am unable to accept the schedule assigned and I understand that I will be removed from the active employee list.

Employee Signature Date FJC Manager

Entered in VISION

VOLUNTARY DISCLOSURE OF EQUAL EMPLOYMENT OPPORTUNITY RECORD

FJC Security Services, Inc. is an equal employment opportunity employer and prohibits discrimination in its employment practices based on race, color, religion, sex, age, national origin, or disability, or any similar legally protected status.

In order to comply with EEOC, OFCCP and Affirmative Action regulations, the Company is required to compile summary data on the gender and ethnicity of its applicants. The information solicited is collected for the sole purpose of providing data to be used for statistical analysis by the Office of Human Resources. We request that you **voluntarily** provide the information listed below. Refusal to provide this information **will not** affect your current application for employment.

All information provided will be retained **separately** from your application and will be used only for record maintenance purposes as required by Federal and State regulations. Those individuals evaluating your application and making hiring decisions will not have access or review your answers on this form.

☐ I do **not** wish to provide this information to FJC Security Services, Inc.

1. Name: Bolivar A. Quando

2. Position applied for: Security agent

3. Date of Birth: _____ _____ (Month/Year)

4. Gender:

☐ Female ☒ Male

5. Ethnic Group:

☐ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

☐ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☒ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

6. **HANDICAPPED:** Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s). ☐ Handicapped

7. Pursuant to the Vietnam Era Veterans Readjustment Act of 1974, governmental contractors are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era. If you are a qualified veteran, you are invited to volunteer this information. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

Are you a veteran? ☐ Yes ☒ No. If Yes, indicate dates of military service:

from _____ to _____
Month / Day / Year Month / Day / Year

_____ _____
Signature of Job Applicant Date

ACKNOWLEDGMENT BY RELATED PARTY INDIVIDUAL

I, Edwin Quando (name of employee) ("**Related Party**"), am employed as a(n) Airport Security Agent (job title) by FJC Security Services, Inc. (name of employer). I have been provided with and have read the Non Disclosure and Confidentiality Agreement between FJC Security Services (the "**Recipient**") and The Port Authority of New York and New Jersey (the "**Port Authority**") dated February 1, 2011 (hereinafter the "**Agreement**".) I understand that because of my employer's relationship with Port Authority (name of Recipient, or the Port Authority if Related Party Individual is an employee of Recipient), both my employer and I may be provided with access to, and/or copies of, sensitive security materials or confidential information. If it is required for me to review or receive Confidential Information, as it is defined in the aforementioned Agreement, I acknowledge that I will be bound by each and every term and provision contained therein, and that failure to do so may include, but is not limited to, the imposition of disciplinary action and sanctions, and/or the institution of legal action seeking injunctive relief, monetary and/or criminal penalties for violation of law and/or Port Authority policies and procedures, as well as for violation of federal and/or state regulations.

To the extent that I am currently in the possession of, or have previously come into contact with, marked information as it relates to the aforementioned Agreement, I agree to conform my handling procedures for Confidential Information to the practices and procedures set forth and defined herein, or risk loss of access to said Information, removal from said Project and/or subjecting myself to the aforementioned disciplinary actions and/or civil and criminal penalties.

Signed: [signature]

Print Name: Edwin Quando

Title: ASA

Date: 4/16/11

Avanda. Bolivar

Employee Acknowledgement Form

I understand that the FJC Security Services, Inc. Corporate Handbook contains employment and benefits information only and is in no way to be interpreted as a contract between FJC Security Services, Inc. and myself. I also understand that no supervisor or management employee has any authority to make any statements to the contrary. I further recognize that the Company reserves the right to modify or delete any of the policies without notice at any time.

I have entered into my at-will employment relationship with FJC voluntarily and acknowledge that there is no specified length of employment. In a similar respect, the Company can terminate or change the terms and condition of my employment at any time, for any reason, with or without cause, notice or liability. so long as there is no violation of applicable federal or state law.

I have read and understand all foregoing policies and have received a copy of the Corporate Handbook, and agree to abide by them. If there is anything I do not understand, I will request an explanation from my supervisor or Human Resources.

Bolivar Avanda _____ 1/22/11 _____

Signature Date

_____ _____

Witness Date

FJC Security Services Inc.

Suspension

FJC Security Services, Inc.
LaGuardia Airport- CTB # 3570B
Flushing, New York 11371

Tel: 718-424-7438
Fax: 718-424-7579

July 5, 2012

Re: **Violation of Policy – Unprofessional Conduct**

Mr. Bolivar Ovando:

This will confirm our verbal discussion informing you of the outcome of an investigation which began in June, 2012, involving the issue of unprofessional conduct, both at GP3 and in the Men's locker room. As discussed, it was concluded that there was some inappropriate behavior, whether direct or indirect on your part; though perhaps unintentional, the content of your conversations, were deemed offensive and unprofessional. As you are aware, by way of the FJC Employee Handbook, as well as, Terms and Conditions of Employment, received on January 22, 2011 and November 30, 2011, respectively, this constitutes a violation of company policies.

This is a reminder that your conduct must be professional at all times representing FJC. As also previously discussed, this confirms the one day suspension, served on Tuesday, June 26, 2012 for afore mentioned offense (s). Please note any further violations of policy will result in additional disciplinary action, up to, and including discharge.

If you have any questions or concerns regarding this matter, please do not hesitate to contact me, or any member of the FJC-LGA Management team.

Sincerely,

Shelly-Ann Foster
Human Resources
(718)424-7438

I, Bolivar Ovando, hereby acknowledge receipt of disciplinary action unprofessional conduct.

Employee Name (Print) Bolivar Ovando Date 7/6/12

Employee Signature Bolivar Ovando

Witnessed by: Viberto Scantlebury
Assistant Project Manager

Signature: Viberto Scantlebury Date: 7/6/12

Disciplinary Procedures & Standards of Conduct

Discipline is necessary for the efficient and successful operation of our business. We expect employees to conduct themselves with proper discipline in the execution of their duties. Employees develop proper discipline by adhering to the instructions that govern their duties and by exercising the control necessary to carry out those duties.

When policy and procedures are not being followed, the employee will receive either a verbal or written warning, or be suspended or discharged if the Company determines the offense warrants such action.

The format of the written warning may be in letter or memo form. Written warnings are to be signed by the employee to acknowledge that he/she has read and understands what is written. Refusal to sign a written warning does not invalidate it, as a second manager will be called in and will witness the refusal to sign. You should recognize the grave nature of the written warning.

Examples of rules violations that may result in discharge include, without limitations:

1. Insubordination – willfully refusing to follow instructions or to perform designated work.
2. Refusal to accept a job assignment.
3. Falsifying employment application, time sheets, and any other official document.
4. Discovery of conviction of any crime, resulting in denial of security guard license (before or during employment).
5. Fraternization with clients.
6. Theft or unauthorized removal, use or possession of Company, customer, client or another employee's property.
7. Failure to pass a drug/alcohol test or refusal to take a drug/alcohol test.
8. Reporting to any FJC facility intoxicated (on or off duty).
9. Unsatisfactory work performance.
10. Failure to follow uniform dress code or maintain personal hygiene.
11. Inattention to duties or sleeping on duty or assuming the position suggesting sleep, on the job.
12. Excessive personal use of telephones or possession of personal cell phones/beepers/CD players/radios or any unauthorized electronic device while working.
13. Unauthorized eating, drinking or chewing gum at work stations.
14. Walking off post, abandonment of schedule, leaving an assigned work area during work hours for any reason other than in the line of duty or with authorization from the supervisor.
15. Malicious damage to Company or client property.
16. Disparagement of the Company or its services.
17. Dishonesty.
18. Punching another employee's time card or falsifying a time sheet.
19. Fighting on duty.
20. "Horseplay" or any other activity with potentially serious consequences such as personal injury or property damage.
21. Disclosure of confidential Company information to unauthorized persons.
22. Creating unsafe or unsanitary conditions.
23. Refusal to cooperate in any investigation in the workplace.
24. Delaying or restricting production or encouraging others to do so.
25. Failure to maintain the licenses necessary to perform services (e.g., Alien Registration Card, Security License, Fire Guard, and DMV).
26. Smoking in restricted areas. New York City Fire Department code prohibits smoking in all public buildings including all buildings and terminals at the airports. Smoking on the AOA is prohibited even in a closed vehicle.
27. Failure to abide by Company, customer or airport security, traffic, and vehicle operation or parking regulations.
28. Failure to report equipment failures or safety hazards immediately to a manager or maintenance personnel.

29. Consuming alcoholic beverages or taking non-prescribed medication or illegal substances before start of or during tour.
30. Taking over the counter medication that could impair judgment, reflexes, or ability to do your stated duties.
31. Distribution of literature, of any description, is prohibited in the workplace at all times.
32. Collection of money, such as selling raffles or candies, collecting money for various causes, selling tickets, etc. on company or client property is prohibited at all times without the express written authorization from the company.
33. Taking a gratuity, bribe or payoff.
34. Failure of FJC Officer to communicate to supervisory staff any matters pertaining to a change in agreed upon employee contract. It is the responsibility of the officer to supply any documents that will cause a change in agreed upon schedule, as soon as change is known.
35. Gambling during work hours or on Company or client's property.
36. Violation of Company, customer safety rules and commonly known safety practices.
37. Failure to make a prompt report of any incident that involves, or is on company, client property.
38. Possession of weapons, not authorized by the Company, on Company or client property.
39. Tardiness or absence from work without proper notification or explanation. All call offs must be within 4 hours of commencement of the beginning of your tour.
40. Abusive language to any supervisor, client, member of the public or to any employee.
41. Violation of local, state or federal laws and or failure to notify Company of any arrest or conviction for any offence of said laws.
42. Abandonment of work schedule/or reassignment; it is the responsibility of the employee to report to the Human Resources office for reassignment to a new job location. Officer must submit documentation to said office for all work stoppage not approved through the chain of command.
43. Failure to maintain state required training, certification up to date, including the 16 OJT (taken once within 90 days of hiring), 8 hour annual unarmed training and the 8 hour annual armed training every year.
44. Bringing unauthorized personnel onto Company or client premises.
45. Failure to report to work after the expiration of a leave of absence.
46. Unprofessional conduct at any time while wearing the Company uniform.

These examples of impermissible behavior are not intended to be an exhaustive list.

FJC *Security Services, Inc.* 275 Jericho Turnpike, Floral Park, NY 11001 • Tel. (516) 328-6000 • Fax (516) 328-0340

SECURITY INCIDENT REPORT

CLIENT LOCATION: E LGA Gp#3
(Name of Account)

REPORT DATE: _____
(Day of Week-Month/Day/Yr.)

ADDRESS: LGA
(Street Number/Name)

REPORT TIME: _____ AM/PM

_____
(City/State/Zip Code)

ON DUTY SUPERVISOR: _____

REPORT PREPARED BY: Gerby Medrad
(Print Full Name)

POSITION/TITLE: Asc.

TYPE OF INCIDENT: _____
(Classify by Category/Subject/ Heading-See "Incident" Examples)

DATE OF INCIDENT: _____
(Day of Week-Month/Day/Yr.)

TIME OF OCCURRENCE: _____ AM/PM

DETAILS OF INCIDENT: (In detail describe the when, where, who, what, why and how-if known)

While returning from a personal at Guard post #3 Area By Mr. Lopez Mr. B Orando was on the ground. Mr orando Saying, "Yo medrad I Bitch slap someone back in the day at my old Job. Because this co-worker was fucking with me." I said, "uhok" He continued saying, "I don't give a fuck I'll Bitch slap Anybody" Saying these things directly towards me. Saying, "I got my money in a safe Deposit Box. If get arrested I only be charged for aggravated assault." while mr Lopez was standing near by the Booth to give me The meal Break/personal sheet to sign out. I was inside the Ground Booth at this time.

(Use Additional pages, as required-Remember to number all pages)

NOTIFICATIONS

Name of Agency	Name of Person	Title/Position	Date/Time Notified
FJC SECURITY SERVICES			
CLIENT REPRESENTATIVE			

(Signature of Writer) _____ (Security Supervisor Review/Signature) _____ (FJC Representative Review/Signature) _____

(Print Full Name) _____ (Print Full Name) _____ (Print Full Name/Title) _____

Distribution: FJC [Original] CLIENT COPY [Yellow]

FJC SECURITY SERVICES

Over 20 Years of Service, Support & Solutions!

SECURITY INCIDENT REPORT

Client/Location: FJC/La Guardia
Address: Guard post #3/Male locker room
Report Date: 6/13/12
Report Time: 1900 Hours
On Duty Supervisor: T/S Rodriguez
Report Prepared by: ASA Bolivar Ovando
Position/Title: ASA
Type of Incident: Verbal argument
Date of Incident: 5/28/12 / 6/5/12
Time of Occurrence: about 2130 hours

Details of Incident:

On the evening of May 28th I ASA Ovando was posted at guard post #3 conducting vehicle inspections on the ground when meal relief for that evening ASA Lopez arrived at the post to drop off a flashlight for the post, sent by the T/S at base, before the ASA Lopez departed the post he approach me and started asking in a loud tone of voice, afterwards I told him to not come to my post starting trouble with me, a few days later I was in the males locker room before roll call joking with a coworker cracking a few jokes when a few people I guess got offended by it, ASA Lopez was present at the moment this took place.

ASA O. Ovando

26 Journal Square- Suite 1202 - Jersey City, New Jersey 07306
Phone 201.386.0530 Fax 201.386.9403
www.fjcsecurity.com

FJC *Security Services, Inc.* 275 Jericho Turnpike, Floral Park, NY 11001 • Tel. (516) 328-6000 • Fax (516) 328-0340

SECURITY INCIDENT REPORT

CLIENT LOCATION: _____ (Name of Account)

REPORT DATE: _____ (Day of Week-Month/Day/Yr.)

ADDRESS: _____ (Street Number/Name)

REPORT TIME: _____ AM/PM

_____ (City/State/Zip Code)

ON DUTY SUPERVISOR: _____

REPORT PREPARED BY: ISAAC ADAMES (Print Full Name) POSITION/TITLE: ASA/GSR

TYPE OF INCIDENT: Locker Room (Classify by Category/Subject/ Heading-See "Incident" Examples)

DATE OF INCIDENT: _____ (Day of Week-Month/Day/Yr.) TIME OF OCCURRENCE: 1520 AM/PM

DETAILS OF INCIDENT: (In detail describe the when, where, who, what, why and how-if known)

on monday, JUNE 04, 2012 AT about 1520 Hrs, The undersigned ASA entered the locker room to prepare for duty. Upon entering the room, observed that some ASA were discussing A Letter that someone Had written Anonymously About ASA Relations. ASA Quando was Apparently upset About the content of the letter and Loudly voice used some Profanity language to other ASAS. The undersigned ASA changed into his uniform and exited the locker room.

(Use Additional pages, as required-Remember to number all pages)

NOTIFICATIONS

Name of Agency	Name of Person	Title/Position	Date/Time Notified
FJC SECURITY SERVICES			
CLIENT REPRESENTATIVE			

(Signature of Writer) (Security Supervisor Review/Signature) (FJC Representative Review/Signature)

Isaac Adames (Print Full Name) (Print Full Name) (Print Full Name/Title)

Distribution: FJC [Original] CLIENT COPY [Yellow]

Security incident report

Report prepared by: ASA Luis Lopez

Location: LGA

Date: 6/6/12

Type of incident: Hostile Work environment by ASA Ovando

Details of incident:

I am not providing a specific date on top of this incident report because it has occurred in more than one occasion but I will provide those dates when they happened.

Everything started on Monday May 28th as I was working as a meal reliever on the "C" tour. I visited GP3 while I was on standby as requested by T/S Kush because it was too early to start the breaks for that tour, it was around 17:30 hours. There were posted **ASA Ghauri** who was inside the booth and **ASA Ovando** who was working outside as the Alpha guard. As I asked them if they needed any personal breaks to which they refuse, Ovando started to converse with me about the firing of ASA Mathews.

Along to his comments I made the point that ASA Mathews had a schedule where he will break the guard working at GSR for the "C" tour when he started his shift and the "A" tour before he left and not much in between, and that he had a lot of time to himself. That in many occasions he wouldn't respond to radio calls and he was getting away with it.

To those comments **ASA Ovando** got really upset and started an array of bad words towards me, telling me I didn't know anything and that there were other guards that were going to get fire because of their action. Also that he knew who were the guards trying to get him fire and envy him to witch he mention **ASA Matheys** and also an incident he had working as a T/S that happen at GP3 regarding a document that he signed.

That's when he really got aggressive and started saying people didn't know him, that he was crazy and could hit someone with the mirror outside GP3 and crack someone's head open. To which I decided had heard enough and left. That day I finish all the breaks and personals assigned to me and left without any other incident. I didn't file a report that day because I have heard him talked before about his enemies and just though he was having a bad day and got into me because of that.

The next day Tuesday May 29th I worked with **ASA Mednard** at GP1 in place of **ASA Ovando**. I guess he called out. No problems that day!

Wednesday May 30th I returned to work again as a meal reliever.

Again, around 17:30 hours, I visited GP3, this time as per request of T/S Kush. **ASA Ovando** took a personal and **ASA Mednard** just asked me to bring him something. After I was finish there I went to GP1 to start the breaks there. While I was there **ASA Trotman** informed me that **ASA Ovando** was talking about me and the incident that happen on Monday while they were inside the locker room before roll call.

He told me he was surprised when he mentioned my name because he knew we were friends and that I got along with everyone. I told him I was surprise he was talking about it, that I thought it was just a conversation where he didn't agree to what I said and he was having a bad day or something and that's why he got like that with me. Anyway that just told me that it wasn't like that and he was still upset about it.

Later during my shift I went back to GP1 and gave them personal breaks. It was around 21:40 when I was done so I went back to the office because I had started that day at 14:00 and it was going to be my 8th hour. When I arrived at the office T/S Rodrigues ask me if I could stay an extra hour and do the personals at GP3 to witch I said yes.

I drove back out and arrived at Gp3. **ASA Mednard** was outside and the first one to take a personal. While I was outside **ASA Ovando** told me to go inside the booth because it was Mednards turn, so we switch...

After ASA Mednard came back **ASA Ovando** went for his personal and Mednard stayed outside.

When **ASA Ovando** came back from his personal he parked the vehicle across the street which is very wired because everyone returns back to post including him. **ASA Mednard** went inside the booth and started walking outside. As I was passing by between ASA Ovando who was outside and ASA Mednard inside the booth out the blue **ASA Ovando** told **ASA Mednard** that he could bitch slap someone without getting in too much trouble because it was a misdemeanor and not a felony. That he knew it because he has done it before and he should do it again to the pussy ass fake people that works with this company. He kept talking but I just kept walking back to the vehicle and eventually back to base and off work that night and didn't hear what else he said.

I was troubled about all that and though about talking to someone in the office but because of lack of work I did not work the rest of the week.

I was back Monday 4th of June to work again in the "C" tour. As I was walking my way to the office I came along to **ASA Adames** and stared to tell him about what had happen to me until we got inside the locker room. There, was **ASA Ovando** sitting in a corner not far from where my locker is. A few minutes later **ASA Smith, Jhon** walked in and show Ovando a paper to witch Ovando told him: You know what this means, this means stay the F.ck away from me. This means you need to treat this fake ass people that way. Tuff just like you deal with people from the hood and so on so forth he continued until he left. Then **ASA Adames** who was on the other side of the locker room came and looked at me in disbelieve and told me he was out of his mind.

That's when I decided I had enough and went to talk to Miss Foster.

Want to make clear to all parties that get involved in this that prior to this incident I was friendly with **ASA Ovando**, talked about our personal life and other topics.

Never before I had problems with anyone else and got along very well with everyone in my 3 plus years here.

Looking for a fair and quick response from management.

With best regards...

Luis M. Lopez

Revised 032709

FJC SECURITY SERVICES, INC. 26 Journal Square, Jersey City, NJ 07306

EMPLOYEE INFRACTION/VIOLATION REPORT

PLEASE PRINT ALL INFORMATION

DATE OF REPORT 3/30/13 Day Saturday VIOLATION # 21

Employee Name Luis Lopez Date of Occurrence 3/30/13

Location Office, Base Tour/Shift C, 2305 hrs

Report Prepared By Bolivar Ovando Title/Position Supervisor

ALLEGATION-OF INFRACTION/VIOLATION: (X)

[ ] 01 No Call/No Show	[ ] 08 Carelessness	[ ] 15 Taking Gratuity
[ ] 02 Lateness	[ ] 09 Abandon Post	[ ] 16 Insubordination
[ ] 03 Post Absence	[ ] 10 Improper Conduct	[ ] 17 Inattentive to Duty
[ ] 04 Improper Uniform	[ ] 11 Unsatisfactory Performance	[ ] 18 Fighting on Duty
[ ] 05 Sitting on Post	[ ] 12 Lost Equipment	[ ] 19 Harassment
[ ] 06 Personal Phone Calls	[ ] 13 Refuse Post Assignment	[ ] 20 Falsifying Information
[ ] 07 Safety Violation	[ ] 14 Disrupting Roll Call	[X] 21 Other

BRIEFLY EXPLAIN DETAILS: (Refer and attach Any/all Supporting Statements/Documents Marked as Attachments A-Z)

ASA Luis Lopez as he came to sign out told me at the desk in the Spanish language that I'm always talking shit and walk away Visibly upset

Bolivar Ovando 3/30/13 Saturday

Signature of Reporting Party *Date* *Day*

EMPLOYEE RESPONSE (X): [ ] I agree with the above [X] I disagree with the above-response follows

READ ATTACHMENT!

Luis Manuel Lopez 3/31/13 SUNDAY

Signature *Date* *Day*

MANAGER COMMENTS/RECOMMENDATION (X):

[ ] Referred To-specify [ ] Verbal Warning/Reprimand [ ] Suspension [ ] Probation [ ] Other-explain

Print Name *Signature*

DIRECTOR REVIEW: ___/___/___ ___

Date *Day*

COMMENTS/RECOMENDATION:

PRINT NAME *SIGNATURE*

(I) ASA LUIS M. LOPEZ Round II 3/31/13

I AM WRITING THIS REPORT TO EXPLAIN THAT MY OUTBURST LAST NIGHT DIDN'T COME OUT OF NOWHERE BUT TO A CONSISTENCY OF HARASSMENT FROM T/S OVANDO TO MY PERSON AND IT CAME TO A POINT WHERE I COULDN'T TAKE IT NO MORE.

TO MUST OF YOU THIS IS NOTHING NEW SINCE YOU KNOW ABOUT THE INCIDENT THAT HAPPEN LAST YEAR WHERE YOUR INVESTIGATION PROVED THAT HE WAS THE INSTIGATOR AND KEPT HARASSING ME FOR OVER A WEEK. HE WAS SUPPOSED TO BE DISCIPLINE BUT IT NEVER HAPPEN BECAUSE OF THE CHANGE OF P.M. AND ME NOT PERSUING FURTHER ACTION SINCE HE STOPPED HIS BAD BEHAVIOR TOWARDS ME.

ALL THIS STARTED TO CHANGE LITTLE BY LITTLE. EVERY TIME HE HAD A CHANCE HE WILL SAY THINGS AT ME THAT SHOWED ME HE WASN'T OVER THAT INCIDENT. TO THE POINT WHERE HE THREATED ME BY TELLING ME THAT HE HAS AN OPEN CASE AT THE DEPARTMENT OF EQUAL OPPORTUNITIES AGAINST ME AND EVERY OTHER PERSON THAT TOOK PART ON THE INVESTIGATION AGAINST HIM FOR THE INCIDENT OF LAST YEAR.

ALSO WHEN HE WAS PROMOTED TO FULL TIME T/S HE TOLD ME THE GOOD NEWS BUT INCLUDED THE FOLLOWING COMMENT: "NOW I CAN GET PEOPLE FIRE SINCE THE PA ACCEPTED ME AS A T/S AND I'M BACK BY THE OFFICE".

MANY CO-WORKERS HAVE TOLD ME OF HIM TALKING BAD ABOUT ME TO WITCH NAMES I'M NOT GOING TO MENTION RIGHT NOW BECAUSE I DON'T KNOW IF THEY WOULD LIKE TO BE PART OF THIS AND I DON'T WANT TO GET PEOPLE INVOLVE!

(II)

GOING BACK TO WHAT HAPPENED LAST NIGHT:

AS I CAME BACK FROM TRANSPORTING ASA DOUGLAS WHO HAD CALL FOR A PERSONAL FROM HUG 5. T/S OVANDO ARRIVED AT THE POST. HE CAME OVER TO ME AND INSPECTED THE VEHICLE I WAS DRIVING AND THEN WENT INSIDE HUG 5.

BEFORE I DROVE OFF I REALIZED THAT ASA DOUGLAS DIDN'T SIGN MY MEAL RELIEF SHEET SO I WENT INSIDE HUG 5 AS WELL. ASA BADALVAYVE WHO WAS WORKING ALONG ASA DOUGLAS IN HUG 5 WHE SAW ME MADE A COMIC COMMENT THAT SINCE IT WAS FOUR OF US WE COULD PLAY SOME GAME. TO WITCH T/S OVANDO WENT ON TO LECTURE THE TWO NEW GUARDS ABOUT THEIR BEHAVIOR.

THIS INCLUDED THE FIRST TIME HE DIRESPECTED ME BY SIGNALING AT ME AND TELLING THEM THAT THIS GUARDS ARE BAD INFLUENCE FOR THEM. I DIDN'T PAY NO MIND OR TOOK PERSONAL SINCE ALL THE FEED BACK THAT I GET FROM OTHERS ASA, AND T/S AS WELL ARE PRETTY GOOD.

BUT THEN HE KEPT GOING SAYING THAT THINGS WERE NOT GOING TO BE THE SAME AS SOON AS A NEW COMPANY COMES IN BECAUSE THEY WERE NOT GOING TO LET THINGS GO THE WAY "FJC" DO.

THEN HE CAME BACK AT ME ASKING THEM: "WHAT DO YOU THINK HE IS DOING STANDING HERE" TO WITCH T/S OVANDO RESPONDED HIMSELF:

-TO GO OUT THERE AND TELL EVERYONE ELSE WHAT I'M TELLING YOU. — ☺

AT THIS POINT I ASK ASA DOUGLAS TO HANDLE ME MY MIR SHEET WITCH HE WAS HOLDING AND LISTENING TO EVERYTHING T/S OVANDO HAD TO SAY THAT WAS THE REASON WHY I WAS STILL THERE.

ONE MORE THING THAT HE: T/S OVANDO SAID AND I WANT YOU KNOW WAS THAT BECAUSE ASA DOUGLAS CALLED FOR A PERSONAL HE WASN'T GOING TO WORK HUG 5 POST NO MORE. HE SAID THE OFFICE JUST TOLD HIM THAT AND IT WAS BECAUSE ON THAT POST HE IS NOT SUPPOSED TO CALL FOR ONE.

(III)

After I left Hng S it was close to 2300. I drove to the garege to stand by since I had finish all the personals at the post. At 2300 T/S Rodriguez called over the radio to return to base because he need it the vehicle.

At 2305 I entered the office and saw T/S Ovando sitting next to T/S Rodriguez and ask him in spanish: "You waste no time to talk trash about me."!? AHH!

To this T/S Rodriguez reaction was to ask me to let it go, sign out and go to the locker room. I was really upset but did what T/S Rodriguez told me.

I really wanted to ask T/S Ovando what is his problem with me. Why he keep looking for trouble and can't leave me alone But I have to admit it was the best thing not to do it right at that time because the way I felt.

It is easy to put it together just like 2+2=4 that T/S Ovando took the opportunity to talk bad about me infront of those two new guards.

I sincerly regret not holding back and talking to him that way but I'm tired of his behavior against me.

I hope you can help me resolve this problem and just go back to doing my job in peace!

Sincerly.

Luis Manuel Díaz
3/31/13

Revised 032709

FJC SECURITY SERVICES, INC. 26 Journal Square, Jersey City, NJ 07306

EMPLOYEE INFRACTION/VIOLATION REPORT

PLEASE PRINT ALL INFORMATION

DATE OF REPORT 5 / 18 / 12 Day Friday VIOLATION #

Employee Name B. Ovando Date of Occurrence 5 / 18 / 12

Location LGA Tour/Shift 1300x2100

Report Prepared By Eric Dainkins Title/Position Tour Supervisor

ALLEGATION-OF INFRACTION/VIOLATION: (X)

[ ] 01 No Call/No Show
[x] 02 Lateness
[ ] 03 Post Absence
[ ] 04 Improper Uniform
[ ] 05 Sitting on Post
[ ] 06 Personal Phone Calls
[ ] 07 Safety Violation
[ ] 08 Carelessness
[ ] 09 Abandon Post
[ ] 10 Improper Conduct
[ ] 11 Unsatisfactory Performance
[ ] 12 Lost Equipment
[ ] 13 Refuse Post Assignment
[ ] 14 Disrupting Roll Call
[ ] 15 Taking Gratuity
[ ] 16 Insubordination
[ ] 17 Inattentive to Duty
[ ] 18 Fighting on Duty
[ ] 19 Harassment
[ ] 20 Falsifying Information
[ ] 21 Other

BRIEFLY EXPLAIN DETAILS: (Refer and attach Any/all Supporting Statements/Documents Marked as Attachments A-Z)

ASA Ovando notified the base at 1225 hours that he would be running late. He arrived at 1248 hours.

Eric Dainkins
Signature of Reporting Party

5 / 18 / 12 Friday
Date *Day*

EMPLOYEE RESPONSE (X): [ ] I agree with the above [ ] I disagree with the above-response follows

Signature *Date* *Day*

5/18/12 Friday

MANAGER COMMENTS/RECOMMENDATION (X):

[ ] Referred To-specify [ ] Verbal Warning/Reprimand [ ] Suspension [ ] Probation [ ] Other-explain

Print Name *Signature*

DIRECTOR REVIEW: ___ / ___ / ___ ___
Date *Day*

COMMENTS/RECOMENDATION:

PRINT NAME *SIGNATURE*

FJC Security Services Inc.

Suspension

FJC Security Services, Inc.
LaGuardia Airport- CTB # 3570B
Flushing, New York 11371

Tel: 718-424-7438
Fax: 718-424-7579

July 5, 2012

Re: **Violation of Policy – Unprofessional Conduct**

Mr. Bolivar Ovando:

This will confirm our verbal discussion informing you of the outcome of an investigation which began in June, 2012, involving the issue of unprofessional conduct, both at GP3 and in the Men's locker room. As discussed, it was concluded that there was some inappropriate behavior, whether direct or indirect on your part; though perhaps unintentional, the content of your conversations, were deemed offensive and unprofessional. As you are aware, by way of the FJC Employee Handbook, as well as, Terms and Conditions of Employment, received on January 22, 2011 and November 30, 2011, respectively, this constitutes a violation of company policies.

This is a reminder that your conduct must be professional at all times representing FJC. As also previously discussed, this confirms the one day suspension, served on Tuesday, June 26, 2012 for afore mentioned offense (s). Please note any further violations of policy will result in additional disciplinary action, up to, and including discharge.

If you have any questions or concerns regarding this matter, please do not hesitate to contact me, or any member of the FJC-LGA Management team.

Sincerely,

Shelly-Ann Foster
Human Resources
(718)424-7438

I, Bolivar Ovando, hereby acknowledge receipt of disciplinary action unprofessional conduct.

Employee Name (Print) Bolivar Ovando Date 7/6/12

Employee Signature

Witnessed by: Viberto Scantlebury
Assistant Project Manager

Signature: Date: 7/6/12

Disciplinary Procedures & Standards of Conduct

Discipline is necessary for the efficient and successful operation of our business. We expect employees to conduct themselves with proper discipline in the execution of their duties. Employees develop proper discipline by adhering to the instructions that govern their duties and by exercising the control necessary to carry out those duties.

When policy and procedures are not being followed, the employee will receive either a verbal or written warning, or be suspended or discharged if the Company determines the offense warrants such action.

The format of the written warning may be in letter or memo form. Written warnings are to be signed by the employee to acknowledge that he/she has read and understands what is written. Refusal to sign a written warning does not invalidate it, as a second manager will be called in and will witness the refusal to sign. You should recognize the grave nature of the written warning.

Examples of rules violations that may result in discharge include, without limitations:

1. Insubordination – willfully refusing to follow instructions or to perform designated work.
2. Refusal to accept a job assignment.
3. Falsifying employment application, time sheets, and any other official document.
4. Discovery of conviction of any crime, resulting in denial of security guard license (before or during employment).
5. Fraternization with clients.
6. Theft or unauthorized removal, use or possession of Company, customer, client or another employee's property.
7. Failure to pass a drug/alcohol test or refusal to take a drug/alcohol test.
8. Reporting to any FJC facility intoxicated (on or off duty).
9. Unsatisfactory work performance.
10. Failure to follow uniform dress code or maintain personal hygiene.
11. Inattention to duties or sleeping on duty or assuming the position suggesting sleep, on the job.
12. Excessive personal use of telephones or possession of personal cell phones/beepers/CD players/radios or any unauthorized electronic device while working.
13. Unauthorized eating, drinking or chewing gum at work stations.
14. Walking off post, abandonment of schedule, leaving an assigned work area during work hours for any reason other than in the line of duty or with authorization from the supervisor.
15. Malicious damage to Company or client property.
16. Disparagement of the Company or its services.
17. Dishonesty.
18. Punching another employee's time card or falsifying a time sheet.
19. Fighting on duty.
20. "Horseplay" or any other activity with potentially serious consequences such as personal injury or property damage.
21. Disclosure of confidential Company information to unauthorized persons.
22. Creating unsafe or unsanitary conditions.
23. Refusal to cooperate in any investigation in the workplace.
24. Delaying or restricting production or encouraging others to do so.
25. Failure to maintain the licenses necessary to perform services (e.g., Alien Registration Card, Security License, Fire Guard, and DMV).
26. Smoking in restricted areas. New York City Fire Department code prohibits smoking in all public buildings including all buildings and terminals at the airports. Smoking on the AOA is prohibited even in a closed vehicle.
27. Failure to abide by Company, customer or airport security, traffic, and vehicle operation or parking regulations.
28. Failure to report equipment failures or safety hazards immediately to a manager or maintenance personnel.

29. Consuming alcoholic beverages or taking non-prescribed medication or illegal substances before start of or during tour.
30. Taking over the counter medication that could impair judgment, reflexes, or ability to do your stated duties.
31. Distribution of literature, of any description, is prohibited in the workplace at all times.
32. Collection of money, such as selling raffles or candies, collecting money for various causes, selling tickets, etc. on company or client property is prohibited at all times without the express written authorization from the company.
33. Taking a gratuity, bribe or payoff.
34. Failure of FJC Officer to communicate to supervisory staff any matters pertaining to a change in agreed upon employee contract. It is the responsibility of the officer to supply any documents that will cause a change in agreed upon schedule, as soon as change is known.
35. Gambling during work hours or on Company or client's property.
36. Violation of Company, customer safety rules and commonly known safety practices.
37. Failure to make a prompt report of any incident that involves, or is on company, client property.
38. Possession of weapons, not authorized by the Company, on Company or client property.
39. Tardiness or absence from work without proper notification or explanation. All call offs must be within 4 hours of commencement of the beginning of your tour.
40. Abusive language to any supervisor, client, member of the public or to any employee.
41. Violation of local, state or federal laws and or failure to notify Company of any arrest or conviction for any offence of said laws.
42. Abandonment of work schedule/or reassignment; it is the responsibility of the employee to report to the Human Resources office for reassignment to a new job location. Officer must submit documentation to said office for all work stoppage not approved through the chain of command.
43. Failure to maintain state required training, certification up to date, including the 16 OJT (taken once within 90 days of hiring), 8 hour annual unarmed training and the 8 hour annual armed training every year.
44. Bringing unauthorized personnel onto Company or client premises.
45. Failure to report to work after the expiration of a leave of absence.
46. Unprofessional conduct at any time while wearing the Company uniform.

These examples of impermissible behavior are not intended to be an exhaustive list.

FJC Security Services Inc.

Suspension

FJC Security Services, Inc.
LaGuardia Airport- CTB # 3570B
Flushing, New York 11371

Tel: 718-424-7438
Fax: 718-424-7579

July 5, 2012

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If you have any questions or concerns regarding this matter, please do not hesitate to contact me, or any member of the FJC-LGA Management team.

Sincerely,

Shelly-Ann Foster
Human Resources
(718)424-7438

I, Bolivar Ovando, hereby acknowledge receipt of disciplinary action unprofessional conduct.

Employee Name (Print) Bolivar Ovando Date 7/6/12

Employee Signature

Witnessed by: Viberto Scantlebury
Assistant Project Manager

Signature: Date: 7/6/12

FJC *Security Services, Inc.* 275 Jericho Turnpike, Floral Park, NY 11001 • Tel. (516) 328-6000 • Fax (516) 328-0340

SECURITY INCIDENT REPORT

CLIENT LOCATION: E. LGA, Gp#3
(Name of Account)

REPORT DATE: _____
(Day of Week-Month/Day/Yr.)

ADDRESS: LGA
(Street Number/Name)

REPORT TIME: _____ AM/PM

_____
(City/State/Zip Code)

ON DUTY SUPERVISOR: _____

REPORT PREPARED BY: Gerby Medrano
(Print Full Name)

POSITION/TITLE: Asa

TYPE OF INCIDENT: _____
(Classify by Category/Subject/ Heading-See "Incident" Examples)

DATE OF INCIDENT: _____
(Day of Week-Month/Day/Yr.)

TIME OF OCCURRENCE: _____ AM/PM

DETAILS OF INCIDENT: (In detail describe the when, where, who, what, why and how-if known)

While returning from a personal at Guard post #3 Area By Mr. Lopez. Mr. B. Orando was on the ground. Mr orando Saying, "Yo medrano I Bitch slap someone back in the day at my old Job. Because this co-worker was fucking with me" I said, "uhok" He continued saying, "I don't give a fuck I'll Bitch slap anybody" Saying these things directly towards me. Saying, "I got my money in a safe Deposit Box. If get arrested I only be charged for aggravated assault." while Mr Lopez was standing near by the Booth to give me The meal Break/personal sheet to sign out. I was inside the Ground Booth at this time.

(Use Additional pages, as required-Remember to number all pages)

NOTIFICATIONS

Name of Agency	Name of Person	Title/Position	Date/Time Notified
FJC SECURITY SERVICES			
CLIENT REPRESENTATIVE			

(Signature of Writer)	(Security Supervisor Review/Signature)	(FJC Representative Review/Signature)
(Print Full Name)	(Print Full Name)	(Print Full Name/Title)

Distribution: FJC [Original] CLIENT COPY [Yellow]

FJC Security Services Inc.

Suspension

FJC Security Services, Inc.
LaGuardia Airport- CTB # 3570B
Flushing, New York 11371

Tel: 718-424-7438
Fax: 718-424-7579

July 5, 2012

Re: **Violation of Policy – Unprofessional Conduct**

Mr. Bolivar Ovando:

This will confirm our verbal discussion informing you of the outcome of an investigation which began in June, 2012, involving the issue of unprofessional conduct, both at GP3 and in the Men's locker room. As discussed, it was concluded that there was some inappropriate behavior, whether direct or indirect on your part; though perhaps unintentional, the content of your conversations, were deemed offensive and unprofessional. As you are aware, by way of the FJC Employee Handbook, as well as, Terms and Conditions of Employment, received on January 22, 2011 and November 30, 2011, respectively, this constitutes a violation of company policies.

This is a reminder that your conduct must be professional at all times representing FJC. As also previously discussed, this confirms the one day suspension, served on Tuesday, June 26, 2012 for afore mentioned offense (s). Please note any further violations of policy will result in additional disciplinary action, up to, and including discharge.

If you have any questions or concerns regarding this matter, please do not hesitate to contact me, or any member of the FJC-LGA Management team.

Sincerely,

Shelly-Ann Foster
Human Resources
(718)424-7438

I, Bolivar Ovando, hereby acknowledge receipt of disciplinary action unprofessional conduct.

Employee Name (Print) Bolivar Ovando Date 7/6/12

Employee Signature

Witnessed by: Viberto Scantlebury
Assistant Project Manager

Signature: Date: 7/6/12

Disciplinary Procedures & Standards of Conduct

Discipline is necessary for the efficient and successful operation of our business. We expect employees to conduct themselves with proper discipline in the execution of their duties. Employees develop proper discipline by adhering to the instructions that govern their duties and by exercising the control necessary to carry out those duties.

When policy and procedures are not being followed, the employee will receive either a verbal or written warning, or be suspended or discharged if the Company determines the offense warrants such action.

The format of the written warning may be in letter or memo form. Written warnings are to be signed by the employee to acknowledge that he/she has read and understands what is written. Refusal to sign a written warning does not invalidate it, as a second manager will be called in and will witness the refusal to sign. You should recognize the grave nature of the written warning.

Examples of rules violations that may result in discharge include, without limitations:

1. Insubordination – willfully refusing to follow instructions or to perform designated work.
2. Refusal to accept a job assignment.
3. Falsifying employment application, time sheets, and any other official document.
4. Discovery of conviction of any crime, resulting in denial of security guard license (before or during employment).
5. Fraternization with clients.
6. Theft or unauthorized removal, use or possession of Company, customer, client or another employee's property.
7. Failure to pass a drug/alcohol test or refusal to take a drug/alcohol test.
8. Reporting to any FJC facility intoxicated (on or off duty).
9. Unsatisfactory work performance.
10. Failure to follow uniform dress code or maintain personal hygiene.
11. Inattention to duties or sleeping on duty or assuming the position suggesting sleep, on the job.
12. Excessive personal use of telephones or possession of personal cell phones/beepers/CD players/radios or any unauthorized electronic device while working.
13. Unauthorized eating, drinking or chewing gum at work stations.
14. Walking off post, abandonment of schedule, leaving an assigned work area during work hours for any reason other than in the line of duty or with authorization from the supervisor.
15. Malicious damage to Company or client property.
16. Disparagement of the Company or its services.
17. Dishonesty.
18. Punching another employee's time card or falsifying a time sheet.
19. Fighting on duty.
20. "Horseplay" or any other activity with potentially serious consequences such as personal injury or property damage.
21. Disclosure of confidential Company information to unauthorized persons.
22. Creating unsafe or unsanitary conditions.
23. Refusal to cooperate in any investigation in the workplace.
24. Delaying or restricting production or encouraging others to do so.
25. Failure to maintain the licenses necessary to perform services (e.g., Alien Registration Card, Security License, Fire Guard, and DMV).
26. Smoking in restricted areas. New York City Fire Department code prohibits smoking in all public buildings including all buildings and terminals at the airports. Smoking on the AOA is prohibited even in a closed vehicle.
27. Failure to abide by Company, customer or airport security, traffic, and vehicle operation or parking regulations.
28. Failure to report equipment failures or safety hazards immediately to a manager or maintenance personnel.

29. Consuming alcoholic beverages or taking non-prescribed medication or illegal substances before start of or during tour.
30. Taking over the counter medication that could impair judgment, reflexes, or ability to do your stated duties.
31. Distribution of literature, of any description, is prohibited in the workplace at all times.
32. Collection of money, such as selling raffles or candies, collecting money for various causes, selling tickets, etc. on company or client property is prohibited at all times without the express written authorization from the company.
33. Taking a gratuity, bribe or payoff.
34. Failure of FJC Officer to communicate to supervisory staff any matters pertaining to a change in agreed upon employee contract. It is the responsibility of the officer to supply any documents that will cause a change in agreed upon schedule, as soon as change is known.
35. Gambling during work hours or on Company or client's property.
36. Violation of Company, customer safety rules and commonly known safety practices.
37. Failure to make a prompt report of any incident that involves, or is on company, client property.
38. Possession of weapons, not authorized by the Company, on Company or client property.
39. Tardiness or absence from work without proper notification or explanation. All call offs must be within 4 hours of commencement of the beginning of your tour.
40. Abusive language to any supervisor, client, member of the public or to any employee.
41. Violation of local, state or federal laws and or failure to notify Company of any arrest or conviction for any offence of said laws.
42. Abandonment of work schedule/or reassignment; it is the responsibility of the employee to report to the Human Resources office for reassignment to a new job location. Officer must submit documentation to said office for all work stoppage not approved through the chain of command.
43. Failure to maintain state required training, certification up to date, including the 16 OJT (taken once within 90 days of hiring), 8 hour annual unarmed training and the 8 hour annual armed training every year.
44. Bringing unauthorized personnel onto Company or client premises.
45. Failure to report to work after the expiration of a leave of absence.
46. Unprofessional conduct at any time while wearing the Company uniform.

These examples of impermissible behavior are not intended to be an exhaustive list.

FJC Security Services Inc.

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Sincerely,

Shelly-Ann Foster
Human Resources
(718)424-7438

I, Bolivar Ovando, hereby acknowledge receipt of disciplinary action unprofessional conduct.

Employee Name (Print) Bolivar Ovando Date 7/6/12

Employee Signature Bolivar Ovando

Witnessed by: Viberto Scantlebury
Assistant Project Manager

Signature: Viberto Scantlebury Date: 7/6/12

FJC SECURITY SERVICES

Over 20 Years of Service, Support & Solutions!

SECURITY INCIDENT REPORT

Client/Location: FJC/La Guardia
Address: Guard post #3/Male locker room
Report Date: 6/13/12
Report Time: 1900 Hours
On Duty Supervisor: T/S Rodriguez
Report Prepared by: ASA Bolivar Ovando
Position/Title: ASA
Type of Incident: Verbal argument
Date of Incident: 5/28/12/6/5/12
Time of Occurrence: about 2130 hours

Details of Incident:

On the evening of May 28th I ASA Ovando was posted at guard post #3 conducting vehicle inspections on the ground when mad relief for that evening ASA Lopez arrived at the post to drop off a flashlight for the post, sent by the T/S at base, before he ASA Lopez departed the post he approach me and started asking in a loud tone of voice, afterwards I told him to not come to my post starting trouble with me, a few days later I was in the males locker room before roll call joking with a coworker cracking a few jokes when a few people I guess got offended by it, ASA Lopez was present at the moment this took place.

ASA O. Ovando

26 Journal Square- Suite 1202 - Jersey City, New Jersey 07306
Phone 201.386.0530 Fax 201.386.9403
www.fjcsecurity.com

FJC *Security Services, Inc.* 275 Jericho Turnpike, Floral Park, NY 11001 • Tel. (516) 328-6000 • Fax (516) 328-0340

SECURITY INCIDENT REPORT

CLIENT LOCATION: FJC (Name of Account)

REPORT DATE: 06/17/12 (Day of Week-Month/Day/Yr.)

ADDRESS: _____ (Street Number/Name)

REPORT TIME: _____ AM/PM

_____ (City/State/Zip Code)

ON DUTY SUPERVISOR: Bryan ortiz

REPORT PREPARED BY: Isaac Adams (Print Full Name)

POSITION/TITLE: GSR/operator

TYPE OF INCIDENT: Two guys video photographing the AOA (Classify by Category/Subject/ Heading-See "Incident" Examples)

DATE OF INCIDENT: 06/11/12 (Day of Week-Month/Day/Yr.)

TIME OF OCCURRENCE: 1845 AM/PM

DETAILS OF INCIDENT: (In detail describe the when, where, who, what, why and how-if known)

GSR operator Isaac Adams advised CC ops Ricardo of two individuals at parking lot #5 near GP#2 possible taken pictures and filming the AOA with a camera mounted in a tripod. PAPD was called. PAPD responded and made contact with the two individuals. This incident took place on "06/11/12" at around 1835 to 1855. Mr ortiz was advised about the incident around 1836.

(Use Additional pages, as required-Remember to number all pages)

NOTIFICATIONS

Name of Agency	Name of Person	Title/Position	Date/Time Notified
FJC SECURITY SERVICES			
CLIENT REPRESENTATIVE			

(Signature of Writer) (Security Supervisor Review/Signature) (FJC Representative Review/Signature)

(Print Full Name) (Print Full Name) (Print Full Name/Title)

Distribution: FJC [Original] CLIENT COPY [Yellow]

FJC *Security Services, Inc.* 275 Jericho Turnpike, Floral Park, NY 11001 • Tel. (516) 328-6000 • Fax (516) 328-0340

SECURITY INCIDENT REPORT

CLIENT LOCATION: _____ (Name of Account)

REPORT DATE: _____ (Day of Week-Month/Day/Yr.)

ADDRESS: _____ (Street Number/Name)

REPORT TIME: _____ AM/PM

_____ (City/State/Zip Code)

ON DUTY SUPERVISOR: _____

REPORT PREPARED BY: ISAAC ADAMOS (Print Full Name) POSITION/TITLE: ASA/GSR

TYPE OF INCIDENT: Locker Room (Classify by Category/Subject/ Heading-See "Incident" Examples)

DATE OF INCIDENT: _____ (Day of Week-Month/Day/Yr.) TIME OF OCCURRENCE: 1520 AM/PM

DETAILS OF INCIDENT: (In detail describe the when, where, who, what, why and how-if known)

on monday, JUNE 04, 2012 AT about 1520 Hrs, the undersigned ASA entered the locker room to prepare for duty. upon entering the room, observed that some ASA were discussing A LETTER THAT SOMEONE HAD WRITTEN ANONYMOUSLY ABOUT ASA RELATIONS. ASA OUANDO WAS APPARENTLY UPSET ABOUT THE CONTENT OF THE LETTER and LOUDLY VOICE USED SOME PROFANITY language TO OTHER ASA S. THE UNDERSIGNED ASA CHANGED INTO HIS UNIFORM and EXITED THE LOCKER ROOM.

(Use Additional pages, as required-Remember to number all pages)

NOTIFICATIONS

Name of Agency	Name of Person	Title/Position	Date/Time Notified
FJC SECURITY SERVICES			
CLIENT REPRESENTATIVE			

(Signature of Writer) (Security Supervisor Review/Signature) (FJC Representative Review/Signature)

Isaac Adamos (Print Full Name) (Print Full Name) (Print Full Name/Title)

Distribution: FJC [Original] CLIENT COPY [Yellow]

Security incident report

Report prepared by: ASA Luis Lopez

Location: LGA

Date: 6/6/12

Type of incident: Hostile Work environment by ASA Ovando

Details of incident:

I am not providing a specific date on top of this incident report because it has occurred in more than one occasion but I will provide those dates when they happened.

Everything started on Monday May 28th as I was working as a meal reliever on the "C" tour. I visited GP3 while I was on standby as requested by T/S Kush because it was too early to start the breaks for that tour, it was around 17:30 hours. There were posted **ASA Ghauri** who was inside the booth and **ASA Ovando** who was working outside as the Alpha guard. As I asked them if they needed any personal breaks to which they refuse, Ovando started to converse with me about the firing of ASA Mathews.

Along to his comments I made the point that ASA Mathews had a schedule where he will break the guard working at GSR for the "C" tour when he started his shift and the "A" tour before he left and not much in between, and that he had a lot of time to himself. That in many occasions he wouldn't respond to radio calls and he was getting away with it.

To those comments **ASA Ovando** got really upset and started an array of bad words towards me, telling me I didn't know anything and that there were other guards that were going to get fire because of their action. Also that he knew who were the guards trying to get him fire and envy him to witch he mention **ASA Matheys** and also an incident he had working as a T/S that happen at GP3 regarding a document that he signed.

That's when he really got aggressive and started saying people didn't know him, that he was crazy and could hit someone with the mirror outside GP3 and crack someone's head open. To which I decided had heard enough and left. That day I finish all the breaks and personals assigned to me and left without any other incident. I didn't file a report that day because I have heard him talked before about his enemies and just though he was having a bad day and got into me because of that.

The next day Tuesday May 29th I worked with **ASA Mednard** at GP1 in place of **ASA Ovando**. I guess he called out. No problems that day!

Wednesday May 30th I returned to work again as a meal reliever.

Again, around 17:30 hours, I visited GP3, this time as per request of T/S Kush. **ASA Ovando** took a personal and **ASA Mednard** just asked me to bring him something. After I was finish there I went to GP1 to start the breaks there. While I was there **ASA Trotman** informed me that **ASA Ovando** was talking about me and the incident that happen on Monday while they were inside the locker room before roll call.

He told me he was surprised when he mentioned my name because he knew we were friends and that I got along with everyone. I told him I was surprise he was talking about it, that I thought it was just a conversation where he didn't agree to what I said and he was having a bad day or something and that's why he got like that with me. Anyway that just told me that it wasn't like that and he was still upset about it.

Later during my shift I went back to GP1 and gave them personal breaks. It was around 21:40 when I was done so I went back to the office because I had started that day at 14:00 and it was going to be my 8th hour. When I arrived at the office T/S Rodrigues ask me if I could stay an extra hour and do the personals at GP3 to witch I said yes.

I drove back out and arrived at Gp3. **ASA Mednard** was outside and the first one to take a personal. While I was outside **ASA Ovando** told me to go inside the booth because it was Mednards turn, so we switch...

After ASA Mednard came back **ASA Ovando** went for his personal and Mednard stayed outside.

When **ASA Ovando** came back from his personal he parked the vehicle across the street which is very wired because everyone returns back to post including him. **ASA Mednard** went inside the booth and started walking outside. As I was passing by between ASA Ovando who was outside and ASA Mednard inside the booth out the blue **ASA Ovando** told **ASA Mednard** that he could bitch slap someone without getting in too much trouble because it was a misdemeanor and not a felony. That he knew it because he has done it before and he should do it again to the pussy ass fake people that works with this company. He kept talking but I just kept walking back to the vehicle and eventually back to base and off work that night and didn't hear what else he said.

I was troubled about all that and though about talking to someone in the office but because of lack of work I did not work the rest of the week.

I was back Monday 4th of June to work again in the "C" tour. As I was walking my way to the office I came along to **ASA Adames** and stared to tell him about what had happen to me until we got inside the locker room. There, was **ASA Ovando** sitting in a corner not far from where my locker is. A few minutes later **ASA Smith, Jhon** walked in and show Ovando a paper to witch Ovando told him: You know what this means, this means stay the F.ck away from me. This means you need to treat this fake ass people that way. Tuff just like you deal with people from the hood and so on so forth he continued until he left. Then **ASA Adames** who was on the other side of the locker room came and looked at me in disbelieve and told me he was out of his mind.

That's when I decided I had enough and went to talk to Miss Foster.

Want to make clear to all parties that get involved in this that prior to this incident I was friendly with **ASA Ovando**, talked about our personal life and other topics.

Never before I had problems with anyone else and got along very well with everyone in my 3 plus years here.

Looking for a fair and quick response from management.

With best regards...

Luis M. Lopez

FJC SECURITY SERVICES

Over 20 Years of Service, Support & Solutions!

TO S.FOSTER

From K.JOSEPH

Subject: JENNIFER CORNELL

On Sat Nov 26 while working in the office I received a phone call from ASA Jennifer Cornell. She stated that she was glad to have got me on the phone and would like to speak with me about her payroll discrepancy which was not rectified. I told her that I am in the office and she could come by on her break or lunch to see me. At approx. 1145am ASA Cornell came to the office and approached me in a very hostile manner saying that it's been 3 weeks now and her payroll discrepancy has still not been rectified. I apologized to the agent for the length of time that it was taking to rectify the discrepancy and I proceeded to print the discrepancy email which I sent to corporate office last week. After printing it and showing the agent she began to get loud and belligerent. I told her in the presence of APM Scantlebury and Tour Supervisor Ortiz that even though I understood her frustration I will not condone her speaking to me in that manner. I then referred her to see Mr. Scantlebury or if she wanted to see the HR Manager or the Project Manager on Monday morning. Reason being the same document that was sent to corporate office was also sent to them. In my frustration with the agent I am unsure whether I left the document with her or if she took it from my desk.

The APM and the tour supervisor can attest to my statement.

FJC SECURITY SERVICES, INC. 26 Journal Square, Jersey City, NJ 07306

EMPLOYEE INFRACTION/VIOLATION REPORT

PLEASE PRINT ALL INFORMATION

DATE OF REPORT 9/26/11 Day Monday VIOLATION # 03

Employee Name Cornell, J. Date of Occurrence 9/26/11

Location LGA/FJC Tour/Shift B/0800-1600

Report Prepared By [signature] Title/Position Tour Supervisor

ALLEGATION-OF INFRACTION/VIOLATION: (X)

[ ] 01 No Call/No Show
[ ] 02 Lateness
[X] 03 Post Absence
[ ] 04 Improper Uniform
[ ] 05 Sitting on Post
[ ] 06 Personal Phone Calls
[ ] 07 Safety Violation
[ ] 08 Carelessness
[ ] 09 Abandon Post
[ ] 10 Improper Conduct
[ ] 11 Unsatisfactory Performance
[ ] 12 Lost Equipment
[ ] 13 Refuse Post Assignment
[ ] 14 Disrupting Roll Call
[ ] 15 Taking Gratuity
[ ] 16 Insubordination
[ ] 17 Sleeping on Duty
[ ] 18 Fighting on Duty
[ ] 19 Harassment
[ ] 20 Falsifying Information
[ ] 21 Other

BRIEFLY EXPLAIN DETAILS: (Refer and attach Any/all Supporting Statements/Documents Marked as Attachments A-Z)

ASA Cornell, J. called @ approx. 0638 HRS. Stating she is sick.

[signature] 9/26/11 Monday

Signature of Reporting Party Date Day

EMPLOYEE RESPONSE (X): [ ] I agree with the above [ ] I disagree with the above-response follows

Signature ___/___/___ Date Day

MANAGER COMMENTS/RECOMMENDATION (X):

[ ] Referred To-specify [ ] Verbal Warning/Reprimand [ ] Suspension [ ] Probation [ ] Other-explain

Print Name Signature

DIRECTOR REVIEW: ___/___/___ Date Day

COMMENTS/RECOMENDATION:

PRINT NAME SIGNATURE

FJC Security Services Inc.

Service. Support. Solutions!

EMPLOYEE RECORD-Absentee/Lateness Notice

Subject Employee-Last Name: Cornell First Name: Jennifer

Position: (check one) ☐ Officer ☒ Agent ☐ Supervisor ☐ Other: _____

Assignment & Location: G.P. 3

Attn Operations: _____
(Print Name & Title)

Report prepared by: [signature] – TS
(Print Name & Title)

The following information is provided for your immediate attention/future reference as it relates to the subject employee:

☐ Reported for Duty Late

- **Date:** 0 / / **Day:** _____ **Scheduled Tour:** _____
- _____ **Minutes Late** **Arrival Time:** _____
- **Reason-** as provided by employee

☒ Calling out for:

- **Date:** 09 26 11 **Day:** Monday **Scheduled Tour:** B/0800-1600
- **Time of Call out:** 0638HRS
- **Reason-** Other additional Comments: sick

Position was filled with: Greenly J. (Name of replacement officer) OT Incurred: ☒ NO ☒ YES – 8 TOTAL HRS

Notified Supervisor/Manager: [signature] (Print name & Title) Time: 0638 Date: 9/26/11

MANAGEMENT USE ONLY

☐ **Unexcused absence:** ☐ **Excused absence / Reason:** **Date:** / /

EmployeeAbsenteeismDoc092308

FJC Security Services Inc.

Service. Support. Solutions!

EMPLOYEE RECORD-Absentee/Lateness Notice

Subject Employee-Last Name: Cornell, **First Name:** JENNIFER.

Position: (check one) ☐ Officer ☑ Agent ☐ Supervisor ☐ Other: _____

Assignment & Location: Guard Post 1 / LGA

Attn Operations: _____
(Print Name & Title)

Report prepared by: (T/S) Kushelal.
(Print Name & Title)

The following information is provided for your immediate attention/future reference as it relates to the subject employee:

☐ Reported for Duty Late

- **Date:** ___/___/___ **Day:** _____ **Scheduled Tour:** _____
- _____ **Minutes Late** **Arrival Time:** _____
- **Reason-** as provided by employee

_____

_____

☑ Calling out for:

- **Date:** 9/03/2011 **Day:** Saturday **Scheduled Tour:** B.
- **Time of Call out:** 0700hrs.
- **Reason-** Other additional Comments:

Emergency.

_____

Position was filled with: _____ OT Incurred: ☐ NO ☐ YES – ____TOTAL HRS
(Name of replacement officer)

Notified Supervisor/Manager: _____ Time: _____ Date: _____
(Print name & Title)

MANAGEMENT USE ONLY

☐ **Unexcused absence:** ☐ **Excused absence / Reason:** **Date:** ___/___/___

_____

_____

EmployeeAbsenteeismDoc092308

FJC Security Services Inc.

Service. Support. Solutions!

EMPLOYEE RECORD-Absentee/Lateness Notice

Subject Employee-Last Name: CORNELL **First Name:** J.

Position: (check one) ☐ Officer ☑ Agent ☐ Supervisor ☐Other: _____

Assignment & Location: LGA

Attn Operations: _____
(Print Name & Title)

Report prepared by: T/S N. GEORGE
(Print Name & Title)

The following information is provided for your immediate attention/future reference as it relates to the subject employee:

☑ Reported for Duty Late

- **Date:** 9/2/11 **Day:** FRIDAY **Scheduled Tour:** B
- 30 **Minutes Late** **Arrival Time:** 0804
- **Reason-** as provided by employee

☐ Calling out for:

- **Date:** ___/___/___ **Day:** _____ **Scheduled Tour:** _____
- **Time of Call out:** _____
- **Reason-** Other additional Comments:

Position was filled with: MR. VILLONG. G. (Name of replacement officer) OT Incurred: ☑ NO ☐ YES – ____TOTAL HRS

Notified Supervisor/Manager: NEVILLE GEORGE T/S (Print name & Title) Time: 1210 Date: 9/2/11

MANAGEMENT USE ONLY

☐**Unexcused absence:** ☐**Excused absence / Reason:** **Date:** ___/___/___

EmployeeAbsenteeismDoc092308

FJC Security Services Inc.

Service. Support. Solutions!

EMPLOYEE RECORD-Absentee/Lateness Notice

Subject Employee-Last Name: Cornell First Name: Jennifer

Position: (check one) ☐ Officer ☒ Agent ☐ Supervisor ☐Other: _____

Assignment & Location: G.P. 3

Attn Operations: _____
(Print Name & Title)

Report prepared by: J. Rosa - T/S
(Print Name & Title)

The following information is provided for your immediate attention/future reference as it relates to the subject employee:

☐ Reported for Duty Late

- **Date:** ___/___/___ **Day:** _____ **Scheduled Tour:** _____
- _____ **Minutes Late** **Arrival Time:** _____
- **Reason-** as provided by employee

☐ Calling out for:

- **Date:** 8/01/11 **Day:** Monday **Scheduled Tour:** B/0800
- **Time of Call out:** 0530 HRS
- **Reason-** Other additional Comments: stomach virus

Position was filled with: Vazquez, R. (Name of replacement officer) OT Incurred: ☒ NO ☐ YES – ____TOTAL HRS

Notified Supervisor/Manager: J. Rosa - T/S (Print name & Title) Time: 0535 Date: 8/1/11

MANAGEMENT USE ONLY

☐**Unexcused absence:** ☐**Excused absence / Reason:** **Date:** ___/___/___

EmployeeAbsenteeismDoc092308

Meal Relief Sheet

DATE:	7/24/11
DAY:	SUNDAY
TOUR TIME:	0900 – 1700
LTS ON DUTY:	A GIBBONS
MRO#	DUNBAR

Post	SECURITY AGENT NAME (print)	Signature	Time Out	Agent Initial	Time In	Agent Initial
GP1C	A. ALEXEDO	[signature]	0900	[initials]	0950	[initials]
GP1	E. PHILOGENE	[signature]	0955	[initials]	10:45	[initials]
GP1	CORNELL	"SICK"			"SICK"	
GP3	M. ROJAS					
GP3	R. CAMPBELL					
GP3 SPEC	I. GREENAWAY					
MR BREAK	D. DUNBAR	[signature]	14:45	[initials]	15:35	[initials]
Personal Break						
Personal Break						
Personal Break						

NOT DONE

NOT DONE

MRO Signature	[signature]
LTS Signature	

Meal relief must be done in order TS [signature]

* M/R. DUNBAR Holding post 1A @ the time, DUE TO SICK ASA.

DAILY LOG

DATE: 7/24/11

Time	Activity
09:00	ASA ACEVEDO ON M/B @ this time
09:50	ASA ACEVEDO BACK FROM M/B
09:55	ASA PHILOGENE ON M/B @ this time.
10:45	ASA PHILOGENE RESUMED DUTIES
	ASA CORNELL ON M/B @ this time
	ASA CORNELL RESUMED DUTIES
	ASA ROJAS ON M/B @ this time
	ASA ROJAS RESUMED DUTIES
	ASA CAMPBELL ON M/B @ this time
	ASA CAMPBELL RESUMED DUTIES.
	ASA GREENAWAY ON M/B @ this time
	ASA GREENAWAY RESUMED DUTIES
14:45	ASA DUNBAR ON M/B @ this time
15:35	ASA DUNBAR RESUMED DUTIES.
	RETURNED TO BASE FOR RE ASSIGNMENT.

@ OUT.

FJC Security Services Inc.

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EMPLOYEE RECORD-Absentee/Lateness Notice

Subject Employee-Last Name: CORNELL First Name: JENNIFER

Position: (check one) ☐ Officer ☑ Agent ☐ Supervisor ☐ Other: _____

Assignment & Location: GP1 LGA

Attn Operations: _____
(Print Name & Title)

Report prepared by: MIRANDA NICHOLAS T/S
(Print Name & Title)

The following information is provided for your immediate attention/future reference as it relates to the subject employee:

☐ Reported for Duty Late

- **Date:** ___/___/___ **Day:** _____ **Scheduled Tour:** _____
- _____ **Minutes Late** **Arrival Time:** _____
- **Reason-** as provided by employee

☐ Calling out for:

- **Date:** 7/31/11 **Day:** SUNDAY **Scheduled Tour:** "B" 8:00 A.M
- **Time of Call out:** 06:13 hrs
- **Reason-** Other additional Comments: Having car trouble awaiting tow truck.

Position was filled with: ROSADO, J
(Name of replacement officer)

OT Incurred: ☐ NO ☑ YES – 4 TOTAL HRS

Notified Supervisor/Manager: Joseph Katanga OPM Time: 0620hrs Date: 7/31/11
(Print name & Title)

MANAGEMENT USE ONLY

☐ **Unexcused absence:** ☐ **Excused absence / Reason:** **Date:** ___/___/___

EmployeeAbsenteeismDoc092308

FJC SECURITY SERVICES, INC. 26 Journal Square, Jersey City, NJ 07306

EMPLOYEE INFRACTION/VIOLATION REPORT

PLEASE PRINT ALL INFORMATION

DATE OF REPORT 7/30/11 Day Saturday VIOLATION # 02

Employee Name Cornell, Jennifer Date of Occurrence 7/30/11

Location LGA/FJC Tour/Shift B/0800

Report Prepared By [signature] Title/Position Tour supervisor

ALLEGATION-OF INFRACTION/VIOLATION: (X)

[ ] 01 No Call/No Show	[ ] 08 Carelessness	[ ] 15 Taking Gratuity
[X] 02 Lateness	[ ] 09 Abandon Post	[ ] 16 Insubordination
[ ] 03 Post Absence	[ ] 10 Improper Conduct	[ ] 17 Sleeping on Duty
[ ] 04 Improper Uniform	[ ] 11 Unsatisfactory Performance	[ ] 18 Fighting on Duty
[ ] 05 Sitting on Post	[ ] 12 Lost Equipment	[ ] 19 Harassment
[ ] 06 Personal Phone Calls	[ ] 13 Refuse Post Assignment	[ ] 20 Falsifying Information
[ ] 07 Safety Violation	[ ] 14 Disrupting Roll Call	[ ] 21 Other

BRIEFLY EXPLAIN DETAILS: (Refer and attach Any/all Supporting Statements/Documents Marked as Attachments A-Z)

ASA Cornell, J. called @ approx. 0655 HRS. stating she would be 1/2 hr. late. She arrived @ approx. 0745 HRS.

[signature] 7/30/11 Saturday

Signature of Reporting Party *Date* *Day*

EMPLOYEE RESPONSE (X): [ ] I agree with the above [ ] I disagree with the above-response follows

Due to Flat I was late.

J. Cornell 07/30/2011 Saturday

Signature *Date* *Day*

MANAGER COMMENTS/RECOMMENDATION (X):

[ ] Referred To-specify [ ] Verbal Warning/Reprimand [ ] Suspension [ ] Probation [ ] Other-explain

Print Name *Signature*

DIRECTOR REVIEW: ___ ___/___/___ ___

Date *Day*

COMMENTS/RECOMENDATION:

PRINT NAME *SIGNATURE*

FJC SECURITY SERVICES, INC. 26 Journal Square, Jersey City, NJ 07306

EMPLOYEE INFRACTION/VIOLATION REPORT

PLEASE PRINT ALL INFORMATION

DATE OF REPORT 5 / 9 / 11 Day TUESDAY VIOLATION # 03

Employee Name CORNELL, J Date of Occurrence 5/ 9/ 11

Location LGA-FJC Tour/Shift B

Report Prepared By V.MARTINEZ Title/Position TOUR SUPERVISOR

ALLEGATION-OF INFRACTION/VIOLATION: (X)

[ ] 01 No Call/No Show
[ ] 02 Lateness
[X] 03 Post Absence
[ ] 04 Improper Uniform
[ ] 05 Sitting on Post
[ ] 06 Personal Phone Calls
[ ] 07 Safety Violation
[ ] 08 Carelessness
[ ] 09 Abandon Post
[ ] 10 Improper Conduct
[ ] 11 Unsatisfactory Performance
[ ] 12 Lost Equipment
[ ] 13 Refuse Post Assignment
[ ] 14 Disrupting Roll Call
[ ] 15 Taking Gratuity
[ ] 16 Insubordination
[ ] 17 Sleeping on Duty
[ ] 18 Fighting on Duty
[ ] 19 Harassment
[ ] 20 Falsifying Information
[ ] 21 Other

BRIEFLY EXPLAIN DETAILS: (Refer and attach Any/all Supporting Statements/Documents Marked as Attachments A-Z)

AT 04:15HRS.ASA CORNELL CALLED;SHE IS SICK

V.MARTINEZ
Signature of Reporting Party

5 / 9 / 11 MONDAY
Date *Day*

EMPLOYEE RESPONSE (X): [ ] I agree with the above [ ] I disagree with the above-response follows

Signature ___/___/___ *Date* *Day*

MANAGER COMMENTS/RECOMMENDATION (X):

[ ] Referred To-specify [ ] Verbal Warning/Reprimand [ ] Suspension [ ] Probation [ ] Other-explain

Print Name *Signature*

DIRECTOR REVIEW: ___/___/___ *Date* *Day*

COMMENTS/RECOMENDATION:

PRINT NAME *SIGNATURE*

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SECURITY INCIDENT REPORT

CLIENT LOCATION: PA LGA (Name of Account)

REPORT DATE: Friday June 3rd 2011 (Day of Week-Month/Day/Yr.)

ADDRESS: LGA CTB - Room 3570 Suite A (Street Number/Name)

REPORT TIME: 1240 AM/PM

Flushing, NY 11371 (City/State/Zip Code)

ON DUTY SUPERVISOR: Rosa

REPORT PREPARED BY: Jennifer Cornell (Print Full Name)

POSITION/TITLE: ASA

TYPE OF INCIDENT: Harrassment (Classify by Category/Subject/Heading-See "Incident" Examples)

DATE OF INCIDENT: May 30th 2011 & June 3rd (Day of Week-Month/Day/Yr.) TIME OF OCCURRENCE: Approximately 1211 AM/PM

DETAILS OF INCIDENT: (In detail describe the when, where, who, what, why and how-if known)

On Monday May 30th, 2011 I ASA Cornell was stationed @ Guard Post #3 awaiting for P. Lewis to return from meal Break. As I exited guard post #3, I crossed the street at the intersection and as I was making my way to the waiting area ASA Greenly passed by in an FJC vehicle and called me a Mother Fucking Stupid Bitch. I immediately came to the OFFICE and reported what she said to me to Mr. Joseph.. On Friday, June 3rd, 2011 Once again I was stationed at post #3. ASA Greenly arrived on post to start the meal Breaks starting with ASA Novkovic at 1147 HRS. She refuses to swipe in at the post as is policy & post procedure. At 1211 HRS ASA Greenly came to the post #3 door & I opened it for her. She stated to me that it was her time to be upstairs in the booth. I stated to her that when ASA Novkovic comes off of break she will be inside the booth. A Delta vehicle approached the post. &

(Use Additional pages, as required-Remember to number all pages)

NOTIFICATIONS

Name of Agency	Name of Person	Title/Position	Date/Time Notified
FJC SECURITY SERVICES			
CLIENT REPRESENTATIVE			

(Signature of Writer) (Security Supervisor Review/Signature) (FJC Representative Review/Signature)

(Print Full Name) (Print Full Name) (Print Full Name/Title)

Distribution: FJC (Original) CLIENT COPY (Yellow)

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SECURITY INCIDENT REPORT

CLIENT LOCATION: _____ (Name of Account)

REPORT DATE: _____ (Day of Week-Month/Day/Yr.)

ADDRESS: _____ (Street Number/Name)

REPORT TIME: _____ AM/PM

_____ (City/State/Zip Code)

ON DUTY SUPERVISOR: _____

REPORT PREPARED BY: _____ (Print Full Name)

POSITION/TITLE: _____

TYPE OF INCIDENT: _____ (Classify by Category/Subject/ Heading-See "Incident" Examples)

DATE OF INCIDENT: _____ (Day of Week-Month/Day/Yr.)

TIME OF OCCURRENCE: _____ AM/PM

DETAILS OF INCIDENT: (In detail describe the when, where, who, what, why and how-if known)

ASA Greenly stated that she is not leaving the booth or checking that vehicle. I immediately informed my T/S. and exited the booth to tend to the vehicle. I remained outside until ASA Novkovic came back from break. I have never had any problem with Ms. Greenly. It appears ever since this investigation has taken place she has become Hostile, provocative, & refuses to follow FJC post & policy procedures. She has made working with her very difficult & is creating a hostile work environment for me. I am tired of crying and becoming unable to perform my job because of the way she has spoken to me and her failure to follow post procedures. I AM tired.

(Use Additional pages, as required-Remember to number all pages)

NOTIFICATIONS

Name of Agency	Name of Person	Title/Position	Date/Time Notified
FJC SECURITY SERVICES			
CLIENT REPRESENTATIVE			

(Signature of Writer) (Security Supervisor Review/Signature) (FJC Representative Review/Signature)

(Print Full Name) (Print Full Name) (Print Full Name/Title)

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PAGE ONE OF [ ] PAGE(S)

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SECURITY INCIDENT REPORT

CLIENT LOCATION: LGA (Name of Account)

REPORT DATE: June 03, 2011 (Day of Week-Month/Day/Yr.)

ADDRESS: _____ (Street Number/Name)

REPORT TIME: 1500 AM/PM

_____ (City/State/Zip Code)

ON DUTY SUPERVISOR: Elizabeth Rosa

REPORT PREPARED BY: Elizabeth Rosa (Print Full Name) POSITION/TITLE: Tour Supervisor

TYPE OF INCIDENT: Jacqueline Greenly / Jennifer Cornell (Classify by Category/Subject/Heading-See "Incident" Examples)

DATE OF INCIDENT: 6/3/11 - Friday (Day of Week-Month/Day/Yr.) TIME OF OCCURRENCE: 1430 AM/PM

DETAILS OF INCIDENT: (In detail describe the when, where, who, what, why and how-if known)

AT the above Date, time and location; as I (Tour Supervisor Elizabeth Rosa) was dropping off ASA Jennifer Cornell back to her Post (Guard Post 3) I observed ASA Jacqueline Greenly invade ASA Cornell's Space and to my observation that could of been avoided.

I also observed PAPD Gill approach Guard Post 3; look up to see who was in the booth then scan the area; backed out of Guard Post 3 and went to the standing area across the Street; where ASA Greenly was at waiting for me. ASA Greenly and PAPD Gill had engaged in conversation while I was @ Guard Post 3.

(Use Additional pages, as required-Remember to number all pages)

NOTIFICATIONS

Name of Agency	Name of Person	Title/Position	Date/Time Notified
FJC SECURITY SERVICES			
CLIENT REPRESENTATIVE			

(Signature of Writer) (Security Supervisor Review/Signature) (FJC Representative Review/Signature)

(Print Full Name) (Print Full Name) (Print Full Name/Title)

Distribution: FJC [Original] CLIENT COPY [Yellow]

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Security Incident Report

Client Location: LGA - Port Authority

Report Date: 12/29/2011

Type Incident: Retaliation

Report Time: 0800

Tour Supervisor: E. Rosa

Report Prepared by: Jennifer Cornell

Position/Title: Airport Security Agent

Date of Incident: 12/29/2011

Time of occurrence: 0730

Detail (who, what, where and when):

On December 29th, 2011 I ASA Cornell arrived to work for an eight o'clock tour of duty. Prior to signing in TJS Rosa informed me that I will be reassigned to a construction detail. I asked the Tour Supervisor why was I being reassigned and on whose directive. TJS Rosa informed me as per the PM Desk Cameal. In February 2011, I ASA Cornell was presented with two packets from FJC ASA management. Within these two packets contained one with guard post jobs titled CTB Posts and another with construction posts. As per FJC guidelines I placed a bid on a CTB guard post position and was awarded this schedule based on my seniority and delta barrier training. I have never had any kind of Breach on post, delta Barrier accident or vehicle accident while on duty. This is not the first time my post has been changed. On 12/27/2011 I was also reassigned to a construction detail without proper

Employee Print: Jennifer Cornell

Employee Signature: Jennifer Cornell

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www.fjcsecurity.com

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Security Incident Report

Client Location: LGA- Port Authority

Report Date: 12/29/2011

Type Incident: Retaliation

Report Time: 0800

Tour Supervisor: E. Rosa

Report Prepared by: Jennifer Cornell

Position/Title: Airport Security Agent

Date of Incident: 12/29/2011

Time of occurrence: 0730

Detail (who, what, where and when):

notification. I have heard rumors from other FJC personnel that it is my performance on the guard post and that is the reason for the reassignments. I do not understand this because I perform my duties and all that is required of me while on duty and none of my supervisors or managers have spoken to me or written me up for disciplinary action. It appears that the only personnel being moved is TSA Lewis and myself off of the guard post standard assignments. I am requesting written feedback from FJC management as to why I am being reassigned at the last minute every Thursday. I called the base yesterday and T/S Dinkins stated to me that I would be working my regular scheduled post. What changed or what operational need was so important to change the assignment without even giving a courtesy call to say I am being reassigned.

Employee Print: Jennifer Cornell

Employee Signature: Jennifer Cornell

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Phone 718.424.7493 Fax 718.424.7579
www.fjcsecurity.com

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EMPLOYEE RECORD-Absentee/Lateness Notice

Subject Employee-Last Name: CORNELL **First Name:** JENNIFER

Position: (check one) ☐ Officer ☑ Agent ☐ Supervisor ☐ Other: _____

Assignment & Location: GP1 LGA

Attn Operations: MIRANDA NICHOLAS SUPERVISOR
(Print Name & Title)

Report prepared by: MIRANDA NICHOLAS T/S
(Print Name & Title)

The following information is provided for your immediate attention/future reference as it relates to the subject employee:

☐ Reported for Duty Late

- **Date:** ___/___/___ **Day:** _____ **Scheduled Tour:** _____
- _____ **Minutes Late** **Arrival Time:** _____
- **Reason-** as provided by employee

☑ Calling out for:

- **Date:** 8/28/11 **Day:** SUNDAY **Scheduled Tour:** B 0800-1600
- **Time of Call out:** 0610hrs
- **Reason-** Other additional Comments: Unable to make it to work due to weather condition

Position was filled with: RICE, L
(Name of replacement officer)

OT Incurred: ☐ NO ☐ YES – 8 TOTAL HRS

Notified Supervisor/Manager: MIRANDA N T/S
(Print name & Title)

Time: 0610 Date: 8/28/11

MANAGEMENT USE ONLY

☐ **Unexcused absence:** ☐ **Excused absence / Reason:** **Date:** ___/___/___

EmployeeAbsenteeismDoc092308

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EMPLOYEE RECORD-Absentee/Lateness Notice

Subject Employee-Last Name: CORNELL First Name: JENNIFER

Position: (check one) ☐ Officer ☒Agent ☐ Supervisor ☐Other: _____

Assignment & Location: GP-1/LGA

Attn Operations: _____
(Print Name & Title)

Report prepared by: L. RODRIGUEZ T/S
(Print Name & Title)

The following information is provided for your immediate attention/future reference as it relates to the subject employee:

☐ Reported for Duty Late

- **Date:** ___/___/___ **Day:** _____ **Scheduled Tour:** _____
- _____ **Minutes Late** **Arrival Time:** _____
- **Reason-** as provided by employee

☒Calling out for:

- **Date:** 7 / 2 / 11 **Day:** SATURDAY **Scheduled Tour:** B 0800-1600
- **Time of Call out:** 0303
- **Reason-** Other additional Comments: STOMACK VIRUS

Position was filled with: ASA ROSADO, I OT Incurred: ☒NO ☐ YES – ____TOTAL HRS
(Name of replacement officer)

Notified Supervisor/Manager: L. RODRIGUEZ T/S Time: 0315 Date: 7-1-11
(Print name & Title)

MANAGEMENT USE ONLY

☐**Unexcused absence:** ☐**Excused absence / Reason:** **Date:** ___/___/___

EmployeeAbsenteeismDoc092308

FJC SECURITY SERVICES, INC. 26 Journal Square, Jersey City, NJ 07306

EMPLOYEE INFRACTION/VIOLATION REPORT

PLEASE PRINT ALL INFORMATION

DATE OF REPORT: 9/15/11 Day Thursday VIOLATION # 01

Employee Name Cornell, J. Date of Occurrence 9/15/11

Location LGA/FJC Tour/Shift B/0800-1600

Report Prepared By Rosa Title/Position Tour Supervisor

ALLEGATION-OF INFRACTION/VIOLATION: (X)

[X] 01 No Call/No Show
[ ] 02 Lateness
[ ] 03 Post Absence
[ ] 04 Improper Uniform
[ ] 05 Sitting on Post
[ ] 06 Personal Phone Calls
[ ] 07 Safety Violation
[ ] 08 Carelessness
[ ] 09 Abandon Post
[ ] 10 Improper Conduct
[ ] 11 Unsatisfactory Performance
[ ] 12 Lost Equipment
[ ] 13 Refuse Post Assignment
[ ] 14 Disrupting Roll Call
[ ] 15 Taking Gratuity
[ ] 16 Insubordination
[ ] 17 Sleeping on Duty
[ ] 18 Fighting on Duty
[ ] 19 Harassment
[ ] 20 Falsifying Information
[ ] 21 Other

BRIEFLY EXPLAIN DETAILS: (Refer and attach Any/all Supporting Statements/Documents Marked as Attachments A-Z)

ASA Cornell, J. was due for R/C @ 0730 HRS. She did not call or show for her schedule Post for GP1-0800-1600

Rosa 9/15/11 Thursday

Signature of Reporting Party *Date* *Day*

EMPLOYEE RESPONSE (X): [ ] I agree with the above [ ] I disagree with the above-response follows

Signature *Day*

MANAGER COMMEN

[ ] Referred To-speci [ ] Probation [ ] Other-explain

Cornell -
Called Twice - Left
Message to go to
HR @ 12pm - Not
allowed to work until
then - D Cowal

Print Name

DIRECTOR REVIEW: ___/___/___ *Date* *Day*

COMMENTS/RECOME

PRINT NAME *SIGNATURE*

Shelly-Ann Foster

From: Dean Caneal
Sent: Friday, September 16, 2011 7:39 AM
To: PALGATS; Deenauth Kushelal; Katanga Joseph; Shelly-Ann Foster; Viberto Scantlebury
Subject: Phone number for Jennifer Cornell

Importance: High

Please change the records to reflect a new phone contact number for ASA Cornell. Her cell is

Shelly-Ann-We are dismissing the infraction for the No-call No-Show as she has proven to me by her outgoing calls that she did indeed call twice within the required time to report her absence due to an ill family member. See me and I will sign off.

Viberto- Can you please make sure all Tour Supervisors know how to retrieve messages from our landlines moving forward so that when the office is not manned due to the TS having to go into the field. We can instruct them to make sure they check the messages upon their return.

Thanks all!

Best Regards,

Dean Caneal
FJC Security Services Inc.
Project Manager
LaGuardia Airport
Central Terminal B, Ste 3570B
Flushing, NY 11371
V 718-424-7493
C
F 718-424-7579
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Excused!
9/16 - Checked phone msgs
confirmed.

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EMPLOYEE RECORD-Absentee/Lateness Notice

Subject Employee-Last Name: CORNELL **First Name:** JENNIFER

Position: (check one) ☐ Officer ☒ Agent ☐ Supervisor ☐ Other: _____

Assignment & Location: GP-1 LGA

Attn Operations: _____
(Print Name & Title)

Report prepared by: L. RODRIGUEZ T/S
(Print Name & Title)

The following information is provided for your immediate attention/future reference as it relates to the subject employee:

☐ Reported for Duty Late

- **Date:** ___/___/___ **Day:** _____ **Scheduled Tour:** _____
- _____ **Minutes Late** **Arrival Time:** _____
- **Reason-** as provided by employee

☒ Calling out for:

- **Date:** 9 / 1 / 11 **Day:** THURSDAY **Scheduled Tour:** B 0800-1600
- **Time of Call out:** 0320
- **Reason-** Other additional Comments:

FATHER SICK TAKING HIM TO HOSPITAL

Position was filled with: NELSON, R (Name of replacement officer) OT Incurred: ☒ NO ☐ YES – ____TOTAL HRS

Notified Supervisor/Manager: T/S RODRIGUEZ,L (Print name & Title) Time: 0330 Date: 9-1-2011

MANAGEMENT USE ONLY

☐ **Unexcused absence:** ☐ **Excused absence / Reason:** **Date:** ___/___/___

EmployeeAbsenteeismDoc092308

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EMPLOYEE RECORD-Absentee/Lateness Notice

Subject Employee-Last Name: Cornwell First Name: J

Position: (check one) ☐ Officer ☑ Agent ☐ Supervisor ☐ Other: _____

Assignment & Location: GPI / LGA

Attn Operations: _____
(Print Name & Title)

Report prepared by: L. Rodriguez T/S
(Print Name & Title)

The following information is provided for your immediate attention/future reference as it relates to the subject employee:

☐ Reported for Duty Late

- **Date:** ___/___/___ **Day:** _____ **Scheduled Tour:** _____
- _____ **Minutes Late** **Arrival Time:** _____
- **Reason-** as provided by employee

☑ Calling out for:

- **Date:** 5/26/11 **Day:** Thursday **Scheduled Tour:** B
- **Time of Call out:** 0040
- **Reason-** Other additional Comments: Family Emergency

Position was filled with: Goodwin (Name of replacement officer) OT Incurred: ☑ NO ☐ YES – ____TOTAL HRS

Notified Supervisor/Manager: L. Rodriguez (Print name & Title) Time: 0050 Date: 5-26-11

MANAGEMENT USE ONLY

☐ **Unexcused absence:** ☐ **Excused absence / Reason:** **Date:** ___/___/___

EmployeeAbsenteeismDoc092308

FJC SECURITY SERVICES, INC. 26 Journal Square, Jersey City, NJ 07306

EMPLOYEE INFRACTION/VIOLATION REPORT

PLEASE PRINT ALL INFORMATION

DATE OF REPORT 3 / / 11 Day MONDAY VIOLATION # 03

Employee Name CORNELL, J Date of Occurrence 3 / 21 / 11

Location FJC-LGA Tour/Shift B

Report Prepared By V.Martinez Title/Position TOUR SUPERVISOR

ALLEGATION-OF INFRACTION/VIOLATION: (X)

[ ] 01 No Call/No Show
[ ] 02 Lateness
[X] 03 Post Absence
[ ] 04 Improper Uniform
[ ] 05 Sitting on Post
[ ] 06 Personal Phone Calls
[ ] 07 Safety Violation
[ ] 08 Carelessness
[ ] 09 Abandon Post
[ ] 10 Improper Conduct
[ ] 11 Unsatisfactory Performance
[ ] 12 Lost Equipment
[ ] 13 Refuse Post Assignment
[ ] 14 Disrupting Roll Call
[ ] 15 Taking Gratuity
[ ] 16 Insubordination
[ ] 17 Sleeping on Duty
[ ] 18 Fighting on Duty
[ ] 19 Harassment
[ ] 20 Falsifying Information
[ ] 21 Other

BRIEFLY EXPLAIN DETAILS: (Refer and attach Any/all Supporting Statements/Documents Marked as Attachments A-Z)

ASA CORNELL,J CALLED AT 05:05HRS.STATED "SHE IS SICK".ASA CORNELL WAS SCHEDULE 07:30HRS. ROLL CALL.

V.MARTINEZ — *Signature of Reporting Party* 3 / 21 / 11 — *Date* MONDAY — *Day*

EMPLOYEE RESPONSE (X): [ ] I agree with the above [✓] I disagree with the above-response follows

I called out at 4:04 AM. I was sick with a chest cold. Please notify me of accumulated sick time accruing From Feb. 1, 2011.

Jennifer Cornell — *Signature* 03/25/11 — *Date* Friday — *Day*

MANAGER COMMENTS/RECOMMENDATION (X):

[ ] Referred To-specify [ ] Verbal Warning/Reprimand [ ] Suspension [ ] Probation [ ] Other-explain

< 2 hrs notice - verbal warning to be issued as a reminder of protocol.

Foster — *Print Name* — *Signature*

DIRECTOR REVIEW: ___ / ___ / ___ *Date* — *Day*

COMMENTS/RECOMENDATION:

PRINT NAME — *SIGNATURE*

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SECURITY INCIDENT REPORT

CLIENT LOCATION: PA LGA (Name of Account)

REPORT DATE: Monday 04/04/11 (Day of Week-Month/Day/Yr.)

ADDRESS: LGA CTB Suite 3570 (Street Number/Name)

REPORT TIME: 1145 AM/PM

Flushing NY 11371 (City/State/Zip Code)

ON DUTY SUPERVISOR: T/S V. Martinez

REPORT PREPARED BY: J. Cornell (Print Full Name)

POSITION/TITLE: ASA

TYPE OF INCIDENT: (Classify by Category/Subject/ Heading-See "Incident" Examples)

DATE OF INCIDENT: Monday 04/04/11 (Day of Week-Month/Day/Yr.)

TIME OF OCCURRENCE: 1140 AM/PM

DETAILS OF INCIDENT: (In detail describe the when, where, who, what, why and how-if known)

Campbell a personal. ASA Acevedo got his Meal Break and a personal. Why didn't he grant me the same of that which I am entitled to have under FJC policy. He also issued me a meal Break before breaking all of the construction detail which came in at 0630HRS. How is he sending me to Meal Break before breaking a 0700HR Guard. T/S Martinez is very insensitive to feminine needs of the women working in the field and should be trained or retrained to use proper descretion in such cases and I believe he needs closer ~~supervision~~. supervision. I did speak with Ms. Foster and the PM. of which they spoke with me and the T/S Martinez. I am writing this report to document this incident and to prevent any retaliation on the part of T/S Martinez. I Needed to use the restroom for a personal matter.

(Use Additional pages, as required-Remember to number all pages)

NOTIFICATIONS

Name of Agency	Name of Person	Title/Position	Date/Time Notified
FJC SECURITY SERVICES	Ms. Foster	HR Generalist	1145 am 4/4/11
CLIENT REPRESENTATIVE	Mr. Gerod.	PM	1149 am 4/4/11

Jennifer Cornell (Signature of Writer) — (Security Supervisor Review/Signature) — (FJC Representative Review/Signature)

(Print Full Name) — (Print Full Name) — (Print Full Name/Title)

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SECURITY INCIDENT REPORT

CLIENT LOCATION: PA LGA (Name of Account)

REPORT DATE: Monday 04/04/11 (Day of Week-Month/Day/Yr.)

ADDRESS: LGA CTB Suite 3570 (Street Number/Name)

REPORT TIME: 11:45 AM/PM

Flushing, NY 11371 (City/State/Zip Code)

ON DUTY SUPERVISOR: V. Martinez

REPORT PREPARED BY: Jennifer Cornell (Print Full Name)

POSITION/TITLE: ASA

TYPE OF INCIDENT: (Classify by Category/Subject/ Heading-See "Incident" Examples)

DATE OF INCIDENT: Monday 04/04/11 (Day of Week-Month/Day/Yr.)

TIME OF OCCURRENCE: 1140 AM/PM

DETAILS OF INCIDENT: (In detail describe the when, where, who, what, why and how-if known)

On Monday 04/04/2011 I ASA Cornell was stationed at Guard Post #3. HRO Gary Neville 1st arrived at Post 3 at 1025 HRS to give personals to ASA Lewis and ASA Cornell. HRO then received instructions to go to another location and stated he would return shortly. HRO Neville returned at 1120 HRS and proceeded to give ASA Lewis a personal. & stated that I will be going next as per T/S Martinez directives. At 1138 HRS Guard Post #2 requested personals and Mr. Neville was directed to leave GP#3 without giving me a personal. I then called base and notified the T/S which was Martinez that I need to go to the restroom and on the phone T/S Martinez stated to me to go to the bathroom Then I hear the Construction lead state on the radio that I am going on Meal Break. I then called the T/S back and ask why am I not getting the personal, he said I could have and hung up the phone without responding. He gave ASA

(Use Additional pages, as required-Remember to number all pages)

NOTIFICATIONS

Name of Agency	Name of Person	Title/Position	Date/Time Notified
FJC SECURITY SERVICES	Ms. Foster	HR Generalist	11:45 AM
CLIENT REPRESENTATIVE	Mr. Gerod	PM	11:49 AM

Jennifer Cornell (Signature of Writer) — (Security Supervisor Review/Signature) — (FJC Representative Review/Signature)

Jennifer Cornell (Print Full Name) — (Print Full Name) — (Print Full Name/Title)

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PAGE ONE OF [ ] PAGE(S)

FJC *Security Services, Inc.* 275 Jericho Turnpike, Floral Park, NY 11001 • Tel. (516) 328-6000 • Fax (516) 328-0340

SECURITY INCIDENT REPORT

CLIENT LOCATION: PA LCA (Name of Account)

REPORT DATE: Monday June 6, 2011 (Day of Week-Month/Day/Yr.)

ADDRESS: CTB - Room 3570 B Suite (Street Number/Name)

REPORT TIME: 1100 HRS (AM)/PM

Flushing, NY 11371 (City/State/Zip Code)

ON DUTY SUPERVISOR: Neville

REPORT PREPARED BY: Jennifer Cornell (Print Full Name)

POSITION/TITLE: ASA

TYPE OF INCIDENT: Harrassment (Classify by Category/Subject/ Heading-See "Incident" Examples)

DATE OF INCIDENT: Friday June 3rd, 2011 (Day of Week-Month/Day/Yr.)

TIME OF OCCURRENCE: 1422 HRS AM/(PM)

DETAILS OF INCIDENT: (In detail describe the when, where, who, what, why and how-if known)

On Friday June 6, 2011 T/S Rosa transported me to Guard Post #3. As I was approaching the Guard Post, I ASA Cornell waited for Ms. Greenly to exit the Booth. Upon Exiting the Booth Ms. Greenly came down stairs and as she approached, she attempted to brush her body up against me and invade my personal space. Ms. Greenly has become very hostile and difficult to work with at times. She does not work as a team at the guard post. Ms. Greenly on several occassions has made comments about me to other guards. It appears that she has a problem with me and is doing all that she can to create a situation between the two of us. I am writing this report putting my administrative management on notice that I believe it is Ms. Greenly's intentions to create a hostile & unsafe work environment for me. She has also used ~~of~~ J.C. members of the LCA community to try to intimidate me while working on duty. Please help me, because I am tired of her actions.

(Use Additional pages, as required-Remember to number all pages)

NOTIFICATIONS

Name of Agency	Name of Person	Title/Position	Date/Time Notified
FJC SECURITY SERVICES	T/S Rosa	Tour Supervisor	
CLIENT REPRESENTATIVE			

Jennifer C. Cornell (Signature of Writer) | (Security Supervisor Review/Signature) | (FJC Representative Review/Signature)

Jennifer Cornell (Print Full Name) | (Print Full Name) | (Print Full Name/Title)

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SECURITY INCIDENT REPORT

CLIENT LOCATION: PA LGA (Name of Account)

REPORT DATE: Sunday 05/01/11 (Day of Week-Month/Day/Yr.)

ADDRESS: CTB- Room 3570, Suite B (Street Number/Name)

REPORT TIME: 1340 HRS AM/PM

Flushing, NY 11371 (City/State/Zip Code)

ON DUTY SUPERVISOR: Kush / Dinkins

REPORT PREPARED BY: Jennifer Cornell (Print Full Name)

POSITION/TITLE: ASA

TYPE OF INCIDENT: Harrassment (Classify by Category/Subject/ Heading-See "Incident" Examples)

DATE OF INCIDENT: Sunday 05/1/11 (Day of Week-Month/Day/Yr.)

TIME OF OCCURRENCE: Approximately 1335 HRS AM/PM

DETAILS OF INCIDENT: (In detail describe the when, where, who, what, why and how-if known)

On Sunday May 1st, 2011, I ASA Cornell was stationed at Guard Post #1 Bravo. At approximately 1335 HRS a LG Skychef vehicle approached GP#1 in the Bravo Barrier Lane. I observed Mr. Dario Proano Exit the passenger side of the vehicle and throw a cup with a liquid substance INto the sand barrel. I Explained to Mr. Proano the purpose of the sand barrel and after doing so he took the cup out of the barrel and emptied the liquid substance back into the barrel. I ask him why is he doing that. Mr. Proano became irate started cursing at me calling me a "Bitch" several times at which point I notified my T/S who stated to let him through as long as his access via the swipe system was granted access. Mr. Proano was very disrespectful and verbally abuse telling me to do my "Fucking JOB" and stated he doesn't care who I call. I do not wish to be spoken to in this manner and I was very disturb by his actions.

(Use Additional pages, as required-Remember to number all pages)

NOTIFICATIONS

Name of Agency	Name of Person	Title/Position	Date/Time Notified
FJC SECURITY SERVICES	Kush	Tour Supervisor	1340 HRS 05/01/11
CLIENT REPRESENTATIVE	Dinkins	Tour Supervisor	1340 HRS 05/01/11

Jennifer Cornell (Signature of Writer) — (Security Supervisor Review/Signature) — (FJC Representative Review/Signature)

Jennifer Cornell (Print Full Name) — (Print Full Name) — (Print Full Name/Title)

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SECURITY INCIDENT REPORT

CLIENT LOCATION: PA La Guardia Airport (Name of Account)

REPORT DATE: Friday April 22, 2011 (Day of Week-Month/Day/Yr.)

ADDRESS: CTB Room 3570B (Street Number/Name)

REPORT TIME: 1100 AM/PM

Flushing, NY 11371 (City/State/Zip Code)

ON DUTY SUPERVISOR: Rosa / Martinez

REPORT PREPARED BY: Jennifer Cornell (Print Full Name)

POSITION/TITLE: Airport Security Agent

TYPE OF INCIDENT: Misappropriation of Time Accrual (Classify by Category/Subject/ Heading-See "Incident" Examples)

DATE OF INCIDENT: 04/13/2011 (Day of Week-Month/Day/Yr.)

TIME OF OCCURRENCE: 16 x 2400 HRS AM/PM

DETAILS OF INCIDENT: (In detail describe the when, where, who, what, why and how-if known)

On April 6, 2011 & April 13, 2011 I ASA Cornell attended a "mandatory" training class. During Both classes I attended, I was informed by OFFICE MANAGER Mr. Joseph that the employer (FJC) would be using my accrued time to pay me for the training classes mandated by the port authority client. I was informed that FJC would pay For the first 3 classes and for the remaining 2 classes I must use my accrued time. At NO time did I fill out a standard form to utilize my accrued vacation, sick, or personal time, Nor have I given any member of management any verbal authorization to utilize the accrued time. I was also informed by Office Manager Mr. Joseph that I can not request to take the training on my own time. I ASA Cornell work a forty hour week and attended the training on my RDO. Prior to the class on April 13, 2011 I was informed that the training is a day of work and I must come in uniform and was paid at

(Use Additional pages, as required-Remember to number all pages)

NOTIFICATIONS

Name of Agency	Name of Person	Title/Position	Date/Time Notified
FJC SECURITY SERVICES	Mr. Foster	HR Generalist	Friday 04/22/11 1110AM
CLIENT REPRESENTATIVE			

Jennifer Cornell (Signature of Writer)

(Security Supervisor Review/Signature)

(FJC Representative Review/Signature)

Jennifer Cornell (Print Full Name)

(Print Full Name)

(Print Full Name/Title)

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SECURITY INCIDENT REPORT

CLIENT LOCATION: PA LGA (Name of Account)

REPORT DATE: Friday April 22, 2011 (Day of Week-Month/Day/Yr.)

ADDRESS: CTB-Room 057013 (Street Number/Name)

REPORT TIME: 1110 AM/PM

Flushing, NY 11371 (City/State/Zip Code)

ON DUTY SUPERVISOR: Rosa/ Martinez

REPORT PREPARED BY: Jennifer Cornell (Print Full Name)

POSITION/TITLE: Airport Security Agent

TYPE OF INCIDENT: Misappropriation of Time Accrual (Classify by Category/Subject/ Heading-See "Incident" Examples)

DATE OF INCIDENT: 04/13/11 (Day of Week-Month/Day/Yr.)

TIME OF OCCURRENCE: 1600 x 2400 AM/PM

DETAILS OF INCIDENT: (In detail describe the when, where, who, what, why and how-if known)

the overtime rate which is $24.360. Under NEW YORK STATE LABOR Law this is a violation of the employees Rights. On several occasions I have request that management put this directive in writing or post it in the office on a memo. The answers given to me if any where very vague, evasive, intimidating and did not help clarify anything for me or my fellow coworkers. I am writing this report documenting the occurance and would like written feedback for the following questions. Why must I use MY accrued time for a day of training. Why am I forced to utilize sick time on my RDO. Why can't I take the training with no pay on my own time. Please respond in a timely fasion.

(Use Additional pages, as required-Remember to number all pages)

NOTIFICATIONS

Name of Agency	Name of Person	Title/Position	Date/Time Notified
FJC SECURITY SERVICES	Ms. Foster	HR Generalist	Friday 04/22/11 1110 HRS
CLIENT REPRESENTATIVE			

Jennifer Cornell (Signature of Writer)

Jennifer Cornell (Print Full Name)

(Security Supervisor Review/Signature)

(Print Full Name)

(FJC Representative Review/Signature)

(Print Full Name/Title)

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SECURITY INCIDENT REPORT

CLIENT LOCATION: PA LGA (Name of Account)

REPORT DATE: Friday 12/02/2011 (Day of Week-Month/Day/Yr.)

ADDRESS: (Street Number/Name)

REPORT TIME: 1000 AM/PM

(City/State/Zip Code)

ON DUTY SUPERVISOR: Ortiz

REPORT PREPARED BY: Jennifer Cornell (Print Full Name)

POSITION/TITLE: ASA

TYPE OF INCIDENT: MisAppropriation of Personal Information (Classify by Category/Subject/ Heading-See "Incident" Examples)

DATE OF INCIDENT: 11/26/2011 Saturday (Day of Week-Month/Day/Yr.)

TIME OF OCCURRENCE: 1057 AM/PM

DETAILS OF INCIDENT: (In detail describe the when, where, who, what, why and how-if known)

On Saturday November 26, 2011 at 1011 HRS I ASA Cornell was on duty stationed at Guard Post #1. At said time I called the Office and asked Mr. Joseph if I could speak with him in reguards to some payroll discrepencies that are still outstanding. Mr. Joseph stated to me he would not be here all day and that I should come see him when I get a break. At 1057 HRS I arrived at base and Mr. Joseph & Mr. Scantlebury were present. I began discussing the issue with Mr. Joseph of OT. Monies owed to me and a personal day I put in for that Both PM Dean & Mr. Joseph verbally told me I would be paid for on the check I received on 11/24/2011. He then asked me for a pay stub which I did not have at the time. I then requested a copy of the approved personal day which I signed as well as the two previous discrepency papers I filled out. I also asked Mr. Joseph why isn't the

(Use Additional pages, as required-Remember to number all pages)

NOTIFICATIONS

Name of Agency	Name of Person	Title/Position	Date/Time Notified
FJC SECURITY SERVICES			
CLIENT REPRESENTATIVE			

Jennifer Cornell (Signature of Writer) | (Security Supervisor Review/Signature) | (FJC Representative Review/Signature)

Jennifer Cornell (Print Full Name) | (Print Full Name) | (Print Full Name/Title)

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SECURITY INCIDENT REPORT

CLIENT LOCATION: PA L&A (Name of Account)

REPORT DATE: Friday 12/02/2011 (Day of Week-Month/Day/Yr.)

ADDRESS: (Street Number/Name)

REPORT TIME: 1000 AM/PM

(City/State/Zip Code)

ON DUTY SUPERVISOR: Ortiz

REPORT PREPARED BY: Jennifer Cornell (Print Full Name)

POSITION/TITLE: ASA

TYPE OF INCIDENT: Mis Appropriation of personal Information. (Classify by Category/Subject/ Heading-See "Incident" Examples)

DATE OF INCIDENT: Sat 11/26/2011 (Day of Week-Month/Day/Yr.)

TIME OF OCCURRENCE: 1057 AM/PM

DETAILS OF INCIDENT: (In detail describe the when, where, who, what, why and how-if known)

information I received from him in reguards to the discrepencies translated on to my paycheck. At this time Mr. Joseph became upset and began to demonstrate a lack of willingness to assist me. During this interaction with Mr. Joseph Both of our voices were elevated and at this time Mr. Joseph began printing papers from his desk out of the copier. He also stated to me he did his job. and its not his fault. I did not received the monies owed. He then placed five pieces of paper from the copier, placed them on Mr. Scantlebury's desk and told me to take those papers. They are the copies I requested. At no time did I ever take any paperwork or property from any FJC facility/site without authorization or consent. I retrieved the paperwork and exited the office. When I reviewed the paperwork I noticed Mr. Joseph had given me other employees social security #'s and sensitive information.

(Use Additional pages, as required-Remember to number all pages)

NOTIFICATIONS

Name of Agency	Name of Person	Title/Position	Date/Time Notified
FJC SECURITY SERVICES			
CLIENT REPRESENTATIVE			

Jennifer Cornell (Signature of Writer) | (Security Supervisor Review/Signature) | (FJC Representative Review/Signature)

Jennifer Cornell (Print Full Name) | (Print Full Name) | (Print Full Name/Title)

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SECURITY INCIDENT REPORT

CLIENT LOCATION: PA LGA (Name of Account)

REPORT DATE: Friday 12/02/2011 (Day of Week-Month/Day/Yr.)

ADDRESS: (Street Number/Name)

REPORT TIME: 1000 AM/PM

(City/State/Zip Code)

ON DUTY SUPERVISOR: Ortiz

REPORT PREPARED BY: Jennifer Cornell (Print Full Name)

POSITION/TITLE: ASA

TYPE OF INCIDENT: Mis Appropriation of Personal Information (Classify by Category/Subject/ Heading-See "Incident" Examples)

DATE OF INCIDENT: 11/26/2011 (Day of Week-Month/Day/Yr.)

TIME OF OCCURRENCE: 1057 AM/PM

DETAILS OF INCIDENT: (In detail describe the when, where, who, what, why and how-if known)

as well as internal emails with My information as well as other employees information. On several occassions Mr. Joseph has demonstrated a lack of willingness to assist me with matters such as vacation time, personal time, and payroll information. I would like to note for the record that I respect Mr. Joseph however respect is a two-way consideration: If you give respect you will receive it in kind. J.C.

All Paperwork returned to HR Shelly Ann Foster on 12/02/2011 J. Cornell

Most Earnestly,

ASA J. Cornell

(Use Additional pages, as required-Remember to number all pages)

NOTIFICATIONS

Name of Agency	Name of Person	Title/Position	Date/Time Notified
FJC SECURITY SERVICES			
CLIENT REPRESENTATIVE			

Jennifer Cornell (Signature of Writer) | (Security Supervisor Review/Signature) | (FJC Representative Review/Signature)

Jennifer Cornell (Print Full Name) | (Print Full Name) | (Print Full Name/Title)

Distribution: FJC (Original) CLIENT COPY (Yellow)

NJ Div Tracking #: _____

Payroll Tracking #: _____

NJ Division
Vacation/Personal Day Request Form

Attn: All FJC Employees

All requests for Vacation Pay – time off must be submitted at least 30 DAYS in advance using this form. Please note the need for you to provide 1st, 2nd and 3rd choices as actual vacation/time off. Approval is granted based upon seniority where there may be multiple employee requests for time off during certain times in the year and will be subject to available personnel for each site.

DO NOT make any reservations or plans prior to receiving confirmation from your Project/Account Manager. Please keep a copy of the request for your records.

PLEASE MAKE SURE ALL INFORMATION IS COMPLETE AND ACCURATE TO PREVENT ANY DELAYS WHEN FILLING OUT REQUEST

PLEASE PRINT CLEARLY

Name: J. Cornell

Date Submitted: 11/17/2011

Hire Date: 10/29/2007

SS #: _____

Site Assigned (Circle One): PATH/EWR/GWB/NJLP/PT.NEWARK/WTC/NYLP/SIB/TEL/PI/PRIVATE/FPS (PA LGA)

Project/Account Manager: Mr. Dean

Vacation Requested Time Period – Choices

Dates (From-To)

1st _____

2nd _____

3rd _____

____ I am requesting vacation pay only and will NOT take time off.

____ Number of weeks requesting pay for.

I am hereby requesting the check for week ending: 11/20/11

Personal Day Requested 8HRS Personal/Sick

Date(s): 11/14/2011 1 Day

____ I am requesting Personal day pay only and will NOT take time off.

Employee Signature: Jennifer Cornell

Project/Account Manager Signature: _____

FTE/PTE (circle one)

26 Journal Square Office Use Only

Received by: [illegible]

Date Received: 11/17/11

Research & Approved by: [illegible]

Date Approved: 11/17/11

Attn Payroll Dept: Please Pay 8 hrs @ $ 16.24 /hr

(Also please see detailed worksheet attached)

Date Payroll Processed: ___/___/___

Katanga Joseph

From: Katanga Joseph
Sent: Friday, November 18, 2011 9:58 AM
To: Dean Caneal
Cc: Viberto Scantlebury
Subject: Personal days Acevedo
Attachments: Personal days Acevedo.pdf

Hi Dean,

Can you assist with the attached documents? The agents at LGA are requesting personal days off and vacation days.

A.Acevedo, Mary Joe Nougues E.Dainkins, C.Agbenyega and Cornell requested personal days. K.Sarkodie, C.Agbenyega, P.Giraldo J.Smith, E.Dainkins, D.Kushelal, L.Rice and K.Ghauri requested vacation days.

Thanks

Katanga Joseph

Tracking:

FJC SECURITY SERVICES INC.
275 JERICHO TURNPIKE
FLORAL PARK, NY 1100

FJC Security Services Inc.

TD BANK, NA
, NY

CHECK DATE	CHECK NO.
11 / 18 / 11	41442336

PAY THIS AMOUNT
$660.82

PAY SIX HUNDRED SIXTY AND 82 / 100 DOLLARS

TO THE

ORDER OF JENNIFER CORNELL

111115161352 000428000372000347

VOID AFTER 15 DAYS-KNOW YOUR ENDORSER

Employee file # | Employee Name: JENNIFER CORNELL | Check No. 41442336 | Company Name & Address (516) 328-6000 FJC SECURITY SERVICES INC. 275 JERICHO TURNPIKE FLORAL PARK, NY 1100

Co.#	Div. #	Dept.#	Clock #	Soc. Sec. #
FJCSEC	PA JFK/LGA	240201		

Period Start	Period Ending	Check Date	
11 / 7 / 11	11 / 13 / 11	11 / 18 / 11	FW= S 0 ST= S 0

EARNINGS $966.94 TAXES $291.12 DEDUCTIONS $15.00 NET PAY $660.82

DESCRIPTION	HOURS	RATE	AMOUNT	YTD	DESCRIPTION	AMOUNT	YTD	DESCRIPTION	AMOUNT	YTD
REGULAR	40.00	16.240	$649.60	$24,753.82	SSEC	$40.61	$1,210.72	32BJF16-19	$15.00	$450.00
OVERTIME	4.00	24.360	$97.44	$2,204.58	MEDI	$14.02	$417.99			
DISCREP	5.50	16.360	$89.98	$98.10	FWT	$157.12	$3,918.57			
HOLIDAY	8.00	16.240	$129.92	$779.52	SWTNY	$49.41	$1,247.25			
SICK PAY				$341.04	LOCNYCRES	$29.36	$734.18			
TRAINING				$129.92	SDINY	$0.60	$25.20			
VACATION				$519.68						

REG HRS 40.00 OT HRS 0.00 BLENDED OT HRS 0.00 BLENDED OT RATE $0.000

CUSTOMER	LOCATION	DATE	TOUR	Hours REGULAR	Hours O.T.	Hours HOLIDAY	Rate REGULAR	Rate O.T.	Rate HOLIDAY
PALGPORT AUTH(	PANYNJ LGA	11 / 7 / 11	4:00 - 8:00	4.00	0.00	0.00	16.240	24.360	24.360
PALGPORT AUTH(	PANYNJ LGA	11 / 7 / 11	8:00 - 16:00	7.50	0.00	0.00	16.240	24.360	24.360
PALGPORT AUTH(	PANYNJ LGA	11 / 10 / 11	8:00 - 16:00	7.50	0.00	0.00	16.240	24.360	24.360
PALGPORT AUTH(	PANYNJ LGA	11 / 11 / 11	8:00 - 16:00	7.50	0.00	0.00	16.240	24.360	24.360
PALGPORT AUTH(	PANYNJ LGA	11 / 12 / 11	8:00 - 16:00	7.50	0.00	0.00	16.240	24.360	24.360
PALGPORT AUTH(	PANYNJ LGA	11 / 13 / 11	8:00 - 16:00	3.50	4.00	0.00	16.240	24.360	24.360
PALGPORT AUTH(	TIME PAID NOT B	11 / 7 / 11	3:30 - 4:00	0.50	0.00	0.00	16.240	24.360	24.360
PALGPORT AUTH(	TIME PAID NOT B	11 / 10 / 11	7:30 - 8:00	0.50	0.00	0.00	16.240	24.360	24.360
PALGPORT AUTH(	TIME PAID NOT B	11 / 11 / 11	7:30 - 8:00	0.50	0.00	0.00	16.240	24.360	24.360
PALGPORT AUTH(	TIME PAID NOT B	11 / 12 / 11	7:30 - 8:00	0.50	0.00	0.00	16.240	24.360	24.360
PALGPORT AUTH(	TIME PAID NOT B	11 / 13 / 11	7:30 - 8:00	0.50	0.00	0.00	16.240	24.360	24.360

FJC Security Services Inc.
"The Preferred Solution... Since 1990"

PAYROLL DISCREPANCY FORM

NAME Jennifer Cornell

SOC SEC #

WEEK ENDING 11/13/2011

DATE 11/18/2011

DEPARTMENT (CIRCLE ONE)

CONTACT PHONE #:

USO DEP IAT LGA DHS NYH OTHER_____

ACCT MGR _____

In order for us to process your Discrep. please fill out "ALL" required fields. You must also attach a copy of the paystub in question.

Keep a copy of this form for your records.

PLEASE FILL OUT CAREFULLY AND COMPLETELY

DAY	DATE	SITE CODE NAME	SHIFT	HOURS
~~MON~~		PA LGA		
~~TUES~~				
~~WED~~		5.5 HRS Paid out as Straight time. Should be OT Rate		
THUR				
FRI				
~~SAT~~				
~~SUN~~				
			TOTAL HOURS	
			HOURS ON CHECK	
			DIFFERENCE	

2nd Discrepency Sheet for Same HRS.
Week Ending 11/13/2011

Jennifer Cornell 11/18/2011
(Security Guard Signature)

ACCOUNT MANAGERS ONLY:

In order to avoid Discrepancies being returned for further investigation. Please fill out "ALL" fields below.
Discrepancies "MUST" be accompanied by the appropriate paystub and if possible timesheet!

INVESTIGATED BY: _____
(REQUIRED SIGNATURE)

Date to Account Manager 11-18-11

DEDUCT FROM SS# _____

PAY TO SS# _

_____ HRS @ _____

2.75 HRS @ 16.24

USO DISCREPANCY LOG

Transmittal

To: Payroll

Date: 11.18.11

From: KATANGA

Name	Social Security	Date of Hire	Day In	Day Out	Comments
DIRECT DEPOSIT					
Jacqueline Sherron					ASTORIA FEDERAL
Discrepancy					
Khurrum Ghauri					Short 4 hrs
Mary Joe Nougues					Short 4 hrs
Jennifer Cornell					2.75 hrs missing
AnnMarie Gibbons					Short 8 hrs
Jury Summons					
Personal Days					
Vacation Days					
Berevement Days					

Katanga Joseph

From: Katanga Joseph
Sent: Monday, November 21, 2011 7:41 AM
To: Payroll Department
Cc: Shelly-Ann Foster; Viberto Scantlebury; Dean Caneal
Subject: Direct deposit Sherron & Discrepancy
Attachments: Direct deposit Sherron.pdf

Hi Alyssa,

Can you assist with the attachment? K.Ghauri and M.Nougues were not paid 4hrs for meal relief on Sat 5th.
Jennifer Cornell was owed 5.5 hrs. at overtime rate. She was paid 5.5hrs at straight time. She is still owed the overtime of 2.75hrs.
Ann Marie Gibbons was not paid for Fri Nov 11 at ID supervisor rate. She was on vacation from Mon Nov 7 to 10, she was due back on Fri Nov 11 but the ID office was closed no pay stub generated for that weekending.

Thanks
Katanga

Tracking: