KANSAS CITY MISSOURI POLICE DEPARTMENT

EMPLOYER'S APPLICATION FOR EMPLOYMENT OF PRIVATE SECURITY "INTENT TO HIRE"

TO: KANSAS CITY MISSOURI BOARD OF POLICE COMMISSIONERS

FROM: _____ _____ _____
Name of Employer | Number, Street, City, Zip Code | Telephone

Employee: _____ _____ _____
Name | Date of Birth | Social Security Number

_____ _____ _____
Number, Street | City/State | Zip Code

_____ _____
Telephone | E-Mail Address

As an authorized representative of the employer, I understand that registration and licenses are canceled automatically in the absence of required insurance. The employer agrees that it will furnish the Board a description of all weapons used by its employees. Any corporation, partnership, or other entity that provides private security services and proprietary private investigative services is fully responsible for the acts and omissions of its employees acting in the course and scope of their duties. **TRAINING IS THE RESPONSIBILITY OF THE ENTITY HIRING SUCH EMPLOYEES**. The Board is a licensing agency, not an employer, and assumes no responsibilities for the acts or omissions of any entity or individual providing such services. The Board's functions are limited to licensing and regulating any entity or individual who perform such services. **THE EMPLOYER ACCEPTS FULL RESPONSIBILITY FOR THE PHYSICAL AND MENTAL CAPABILITIES OF ITS EMPLOYEES, AND UNDERSTANDS THE COMPANY IS ACCOUNTABLE FOR THE CONDUCT OF ITS EMPLOYEES**. The employer requests the above named person be considered for: (Please check appropriately).

Class A

☐ Loss Prevention-Unarmed/Non-uniformed

☐ Patrol Agent/Uniformed ☐ Armed ☐ Unarmed

☐ Proprietary Private Investigator/Non-uniformed ☐ Armed ☐ Unarmed

☐ Airport Police-Armed/Uniformed ☐ TCO-Unarmed/Uniformed

☐ Park Ranger (CITY)-Armed/Uniformed

Class B

☐ Guard-Unarmed/Uniformed

☐ Armed Courier/Uniformed

☐ Proprietary Private Investigator/Non-uniformed ☐ Armed ☐ Unarmed

As an authorized representative of the employer, I request the employee be authorized, after completion of the background investigation, and after meeting the qualification, to carry:

_____ _____ _____ _____
Make | Model | Caliber | Serial #

Notice to Employee: ONE of the following weapons may be carried only when you are working; 38 caliber, double action solid frame revolvers (5 or 6 shot) and semi automatic, double action only or double/single action which are equipped with a decocker or decocker safety. This limits selection to calibers 40, 45, and 9mm. The weapon may only be carried when you are working, only in the approved uniform for the company name who appears on your license, only on the premises you are hired to protect, and only while at work and while traveling directly to and from work.

Signature of Employee _____

All licenses issued are temporary until the background investigation, criminal history record check and firearms qualifications are completed. The license may be canceled without notice, with reasonable cause, at any time.

Please check appropriately : ☐ **Employee provided a copy of Title 17 of the Code of State Regulations**

☐ **Employee provided a copy of Form 5061B, Instructional Manual**

_____ _____ _____
Signature of authorized representative of the Employer | Date | Position