

SECURE WORKER INDIVIDUAL MEMBERSHIP APPLICATION

VERSION 3.3.1



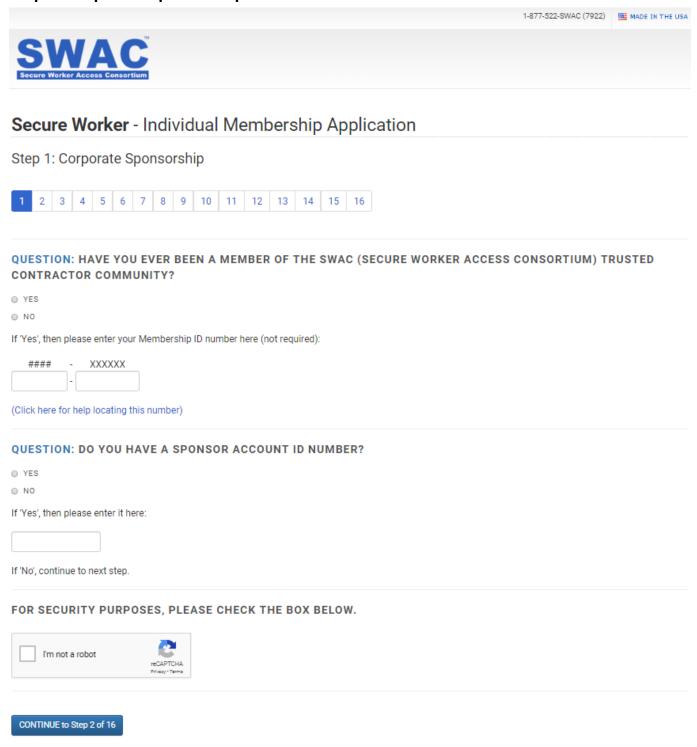
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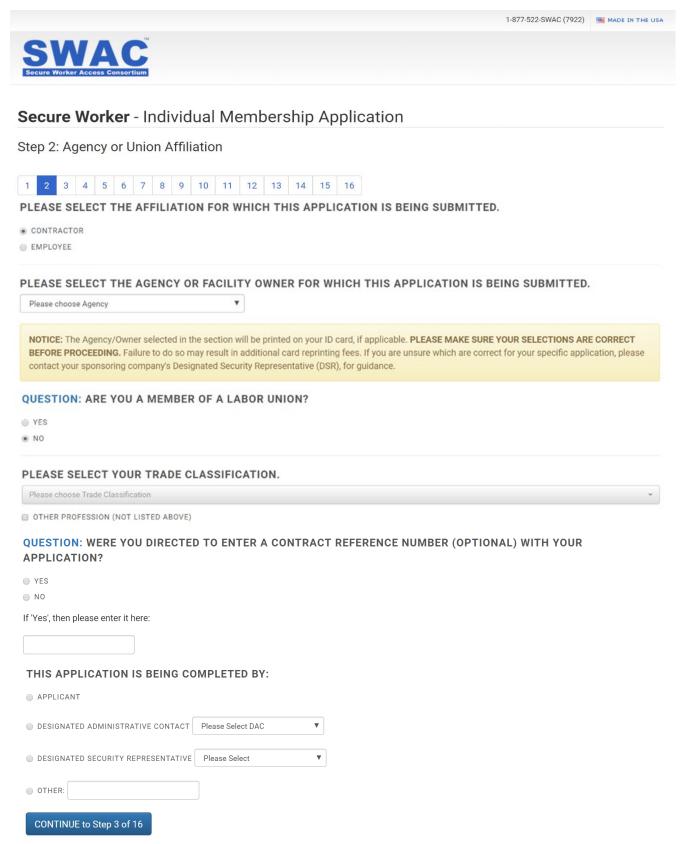
Step-by-Step Application Wizard

Step 1: Corporate Sponsorship



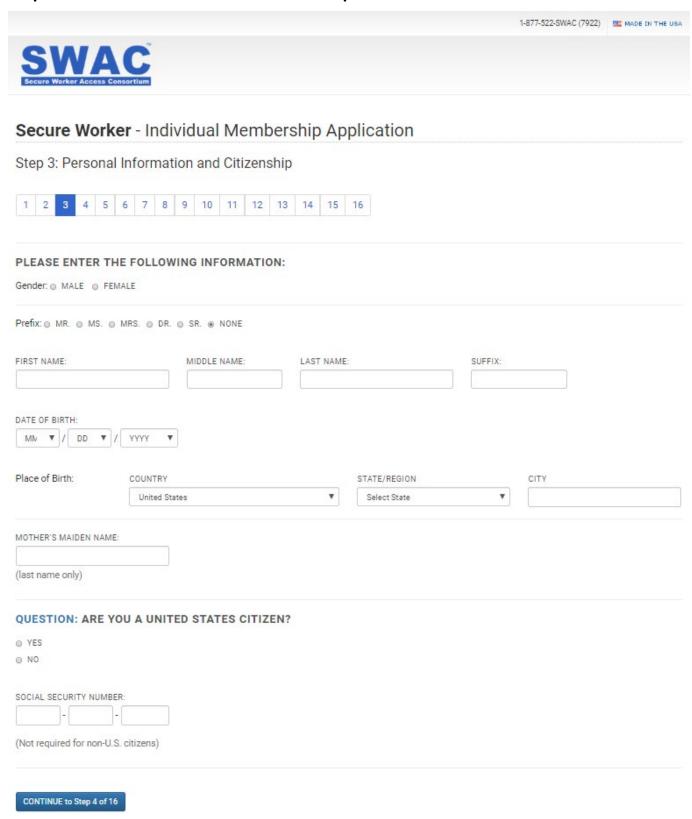


Step 2: Agency or Union Affiliation



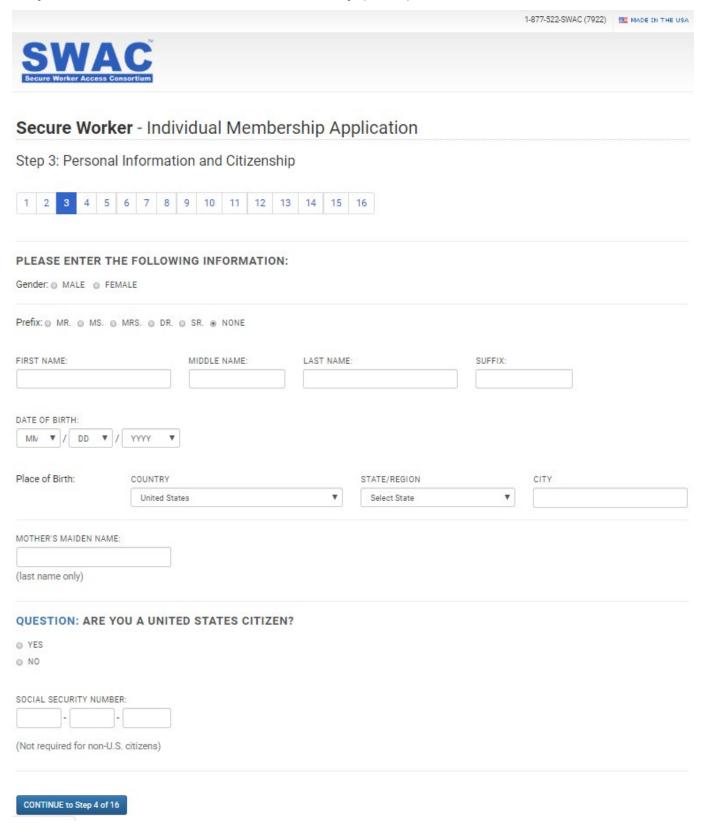


Step 3: Personal Information and Citizenship



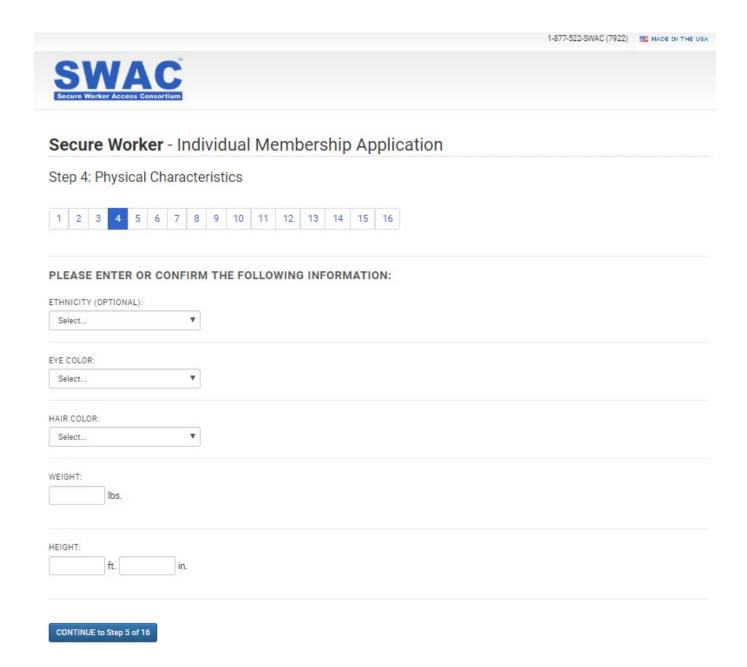


Step 3: Personal Information and Citizenship (cont.)



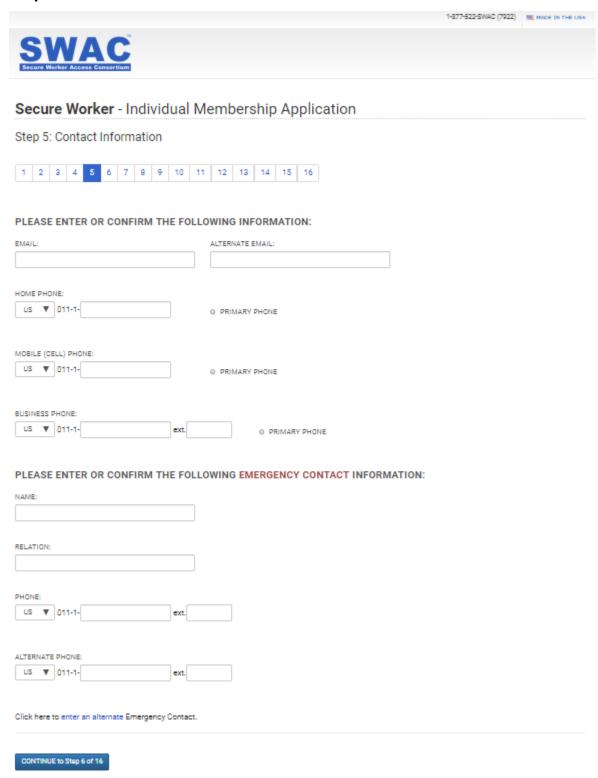


Step 4: Physical Characteristics



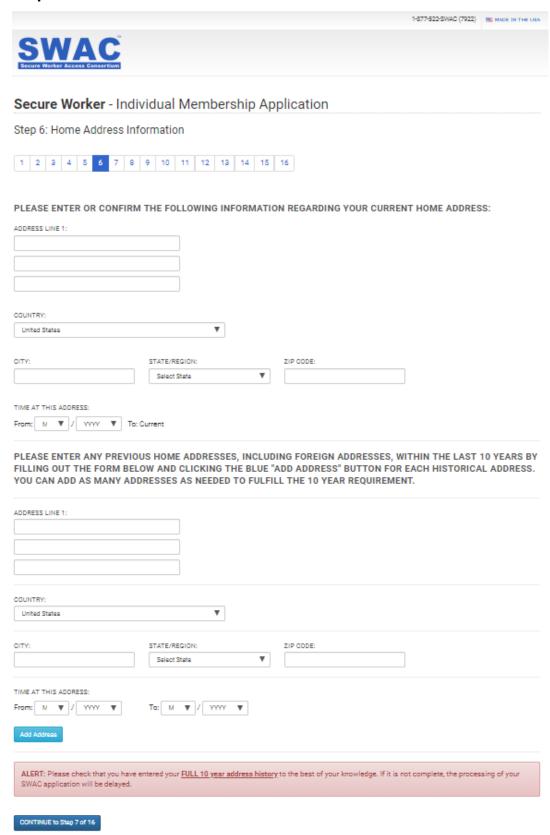


Step 5: Contact Information



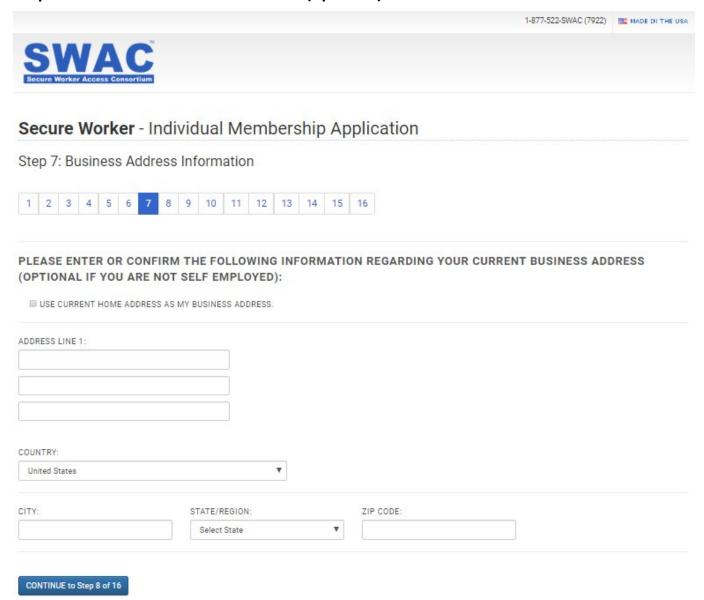


Step 6: Home Address Information



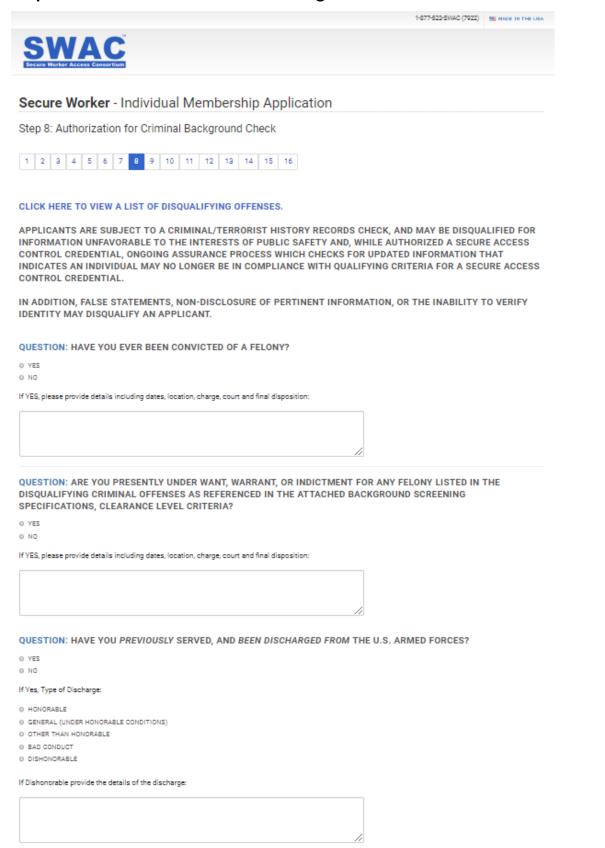


Step 7: Business Address Information (optional)





Step 8: Authorization for Criminal Background Check





Step 8: Authorization for Criminal Background Check (cont.)

QUESTION: ARE YOU LAWFULLY PRESENT IN THE UNITED STATES?										
0 YES										
0 NO										
0 110										
QUESTION: HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME(S)? OTHER NAMES INCLUDE NICKNAMES, ALIASE FORMER MARRIED NAMES, MAIDEN NAMES, OR ANY PART OF THE NAME OF A RELATIVE, INCLUDING FOR A EXAM A MOTHER OR FATHER'S LAST NAME OR A GRANDPARENT'S LAST NAME, OR FOSTER OR ADOPTED LAST NAMES.										
0 YES										
0 NO										
QUESTION: SELECT ALL THE TEN (10) YEARS.	HE STATES (OR "OUT OF CO	OUNTRY: NO STATES") YOU HAV	'E WORKED IN DURING THE PAST							
□ ALABAMA	□ ILLINOIS	■ MONTANA	□ RHODE ISLAND							
■ ALASKA	■ INDIANA	■ NEBRASKA	SOUTH CAROLINA							
☐ ARIZONA	□ IOWA	□ NEVADA	■ SOUTH DAKOTA							
□ ARKANSAS	■ KANSAS	■ NEW HAMPSHIRE	□ TENNESSEE							
□ CALIFORNIA		■ NEW JERSEY	□ TEXAS							
□ COLORADO	□ LOUISIANA	□ NEW MEXICO	□ UTAH							
□ CONNECTICUT	MAINE	□ NEW YORK								
□ DELAWARE	■ MARYLAND	□ NORTH CAROLINA	□ VIRGINIA							
DISTRICT OF COLUMBIA	■ MASSACHUSETTS	■ NORTH DAKOTA	■ WASHINGTON							
□ FLORIDA	■ MICHIGAN	□ OHIO	■ WEST VIRGINIA							
□ GEORGIA	■ MINNESOTA	□ OKLAHOMA	■ WISCONSIN							
□ HAWAII	■ MISSISSIPPI	□ OREGON	■ WYOMING							
□ IDAHO	MISSOURI	□ PENNSYLVANIA	□ OUT OF COUNTRY: NO STATES							
QUESTION: SELECT ALL THE STATES (OR "OUT OF COUNTRY: NO STATES") YOU HAVE RESIDED IN DURING THE PAST TEN (10) YEARS.										
■ ALABAMA	■ ILLINOIS	■ MONTANA	■ RHODE ISLAND							
□ ALASKA	□ INDIANA	■ NEBRASKA	SOUTH CAROLINA							
■ ARIZONA	□ IOWA	■ NEVADA	SOUTH DAKOTA							
□ ARKANSAS	■ KANSAS	■ NEW HAMPSHIRE	□ TENNESSEE							
□ CALIFORNIA	■ KENTUCKY	■ NEW JERSEY	■ TEXAS							
□ COLORADO	■ LOUISIANA	■ NEW MEXICO	□ UTAH							
□ CONNECTICUT	MAINE	■ NEW YORK	UERMONT							
III DELAWARE	MARYLAND	■ NORTH CAROLINA	U VIRGINIA							
DISTRICT OF COLUMBIA	■ MASSACHUSETTS	■ NORTH DAKOTA	■ WASHINGTON							
□ FLORIDA	■ MICHICAN	□ OHIO	■ WEST VIRGINIA							
□ GEORGIA	III MINNESOTA	□ OKLAHOMA	WISCONSIN							
□ HAWAII	□ MISSISSIPPI	□ OREGON	□ WYOMING							
□ IDAHO	■ MISSOURI	□ PENNSYLVANIA	OUT OF COUNTRY: NO STATES							
I certify that all information I have provided on this application is true, complete, correct, and accurate to the best of my knowledge and belief, and is provided in good faith. I understand that a knowing and willful material false statement or omission made in connection with this application, and/or my failure to provide truthful and honest information by either omission or commission is sufficient cause for denial of the application or revocation of a prior approval. In addition, I understand that such a false statement may subject me to criminal charges. I consent to the background screening, ongoing Assurance Process, and release of results to authorized individuals at Agencies, Contractors, Unions, etc. as applicable.										
QUESTION: DO YOU ACCEPT THE ABOVE STATEMENT?										
0 YES										
0 NO										
CONTINUE to Step 9 of 16										



Step 9: Background Screening Consent Form

1-877-522-SWAC (7922)

MADE IN THE USA

SWAC

Secure Worker Access Consortium

Secure Worker - Individual Membership Application

Step 9: Background and Counter-Terrorism Screening Consent Form



I, the undersigned do hereby authorize Secure Worker Access Consortium, LLC (SWAC), to produce a criminal and/or terrorist history report on me for the sole and only purpose of verifying my identity, identifying any criminal, terrorist, or other security-related information which suggests that I may pose a threat to the general public or highrisk areas of facilities, and to assess my truthfulness by validating the data that I supplied on the SWAC Individual Membership Application. I also authorize SWAC to provide my information to the Department of Homeland Security/Transportation Security Administration for security purposes. In addition, I give my continuing consent—while authorized active membership—to perform an Ongoing Assurance Process to verify that I continue to be in compliance with qualifying criteria for membership and associated screening certifications.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any criminal history background report of which I am the subject upon my written request to the independent background screening contractor, if such is made in accordance with the appeals process after the date hereof. Your rights to this program are similar to 15 U.S.C. § 1681 et. seq. as outlined below.

I hereby release SWAC, its independent contractor and/or agents, and any and all persons, business entities and government agencies, whether public or private, which provide information pursuant to this authorization, from any and all liability, claims, demands or lawsuits that I, my heirs or others on my behalf may have, arising from the sharing of such information in accordance with the authority I have given herein, but do not release any of the above from any intentional, negligent and/or improper misuse or misappropriation of such information, or from any other tort or criminal activity.

I understand that this Background and Counter-terrorism Screening Consent Form shall remain in effect for the duration that I am an active member. I also understand that my active membership may be terminated, and/or any screening certifications and SWAC membership may be revoked based on any false or fraudulent information, or criminal/counter-terrorism report which suggests that I may pose a threat to the general public or high-risk areas of facilities.

It is understood that, notwithstanding anything else stated herein, any and all discipline shall be carried out in accordance with the terms and conditions of Local Unions'

Full Name of Applicant: Test Sample

Date: 6/20/2019

Social Security Number: 987-65-4321

Date of Birth: 1/1/1970

QUESTION: DO YOU ACCEPT THE ABOVE STATEMENT?

O YES

NO

CONTINUE to Step 10 of 16



Step 10: Summary of Rights - Criminal History Background Report

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Secure Worker - Individual Membership Application

Step 10: Summary of Rights - Criminal History Background Report

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Secure Worker Access Consortium, LLC (SWAC) promotes the accuracy, fairness, and privacy of information in the files of the SWAC program and background screening contractors. Here is a summary of your rights under the SWAC program. For more information go to www.secureworker.com or write to: Secure Worker Access Consortium, LLC, Attention: Customer Service Department, Pavilions at Greentree, 651 Rt. 73 North, Suite 309, Martton, NJ 08053.

- You have the right to know what is in your file. You may request and obtain all the information about you in the SWAC database and/or background screening
 contractor criminal history background report. You will be required to provide proper identification, which may include your Social Security number. In many cases, the
 disclosure will be free. You are entitled to a free file disclosure if:
 - A person has taken adverse action against you because of information in your criminal history background report;
 - You are the victim of identity theft;
 - Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the
 background-screening contractor, the background-screening contractor will direct you to the source of the information so that you may correct it.
- Access to your file is limited. All information on file is held in strict confidence by SWAC and its background screening contractors, and by contract may not be sold to
 or shared with any third party non-SWAC consortium member. All data is encrypted using industry best practices in accordance with National Institute of Standards &
 Technology (NIST) standards. At no time is data stored on desktop, laptop, or handheld PDA type devices. The only information available to authorized security

QUESTION: DO YOU ACCEPT THE ABOVE STATEMENT?

YES

NO

CONTINUE to Step 11 of 16



Step 11: Appeals Process - Criminal History Background Report

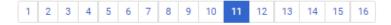
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Step 11: Appeals Process - Criminal History Background Report



In the event an applicant FAILS the criminal history background screening check, the background-screening contractor will send, via the United States Postal Service (U.S.P.S.), a letter to the applicant stating that the screening check returned a DID NOT QUALIFY.

The applicant, or the applicant and employer, or the applicant and union local representative are welcome to assist in the appeals process. The Local Union, or employer shall then be afforded the right, if the applicant so chooses, to represent the applicant throughout the course of the appeal process.

The letter from the background-screening contractor gives contact information for the applicant to begin the appeals process within ten (10) business days upon receipt of a regular U.S.P.S. letter, and a letter as confirmed by certified mail/return receipt.

The applicant has the right to dispute directly with the background-screening contractor the accuracy or completeness of any information provided by it. Additionally, if required, you will be provided with the source of the information in dispute.

If the background-screening contractor has not heard from the applicant within one week, a second letter is mailed reminding him of his right to appeal.

When an appeal is heard, and a determination made to upgrade the reported result, the background-screening contractor will notify SWAC, who in turn will amend the clearance in their data server.

QUESTION: DO YOU ACCEPT THE ABOVE STATEMENT?

O YES

NO

CONTINUE to Step 12 of 16



Step 12: Identity Document Selection

1-877-522-SWAC (7922) E MADE IN THE USA Secure Worker - Individual Membership Application Step 12: Identity Document Selection PLEASE NOTE: THE APPLICANT'S NAME ON ALL DOCUMENTS MUST MATCH, AND THE NAME ON THE APPLICATION MUST MATCH ALL DOCUMENTS. ORIGINAL LEGAL NAME CHANGE PAPERWORK IS REQUIRED IF YOUR NAME HAS CHANGED (EXAMPLE: MARRIAGE CERTIFICATE OR LEGAL NAME CHANGE DOCUMENTATION FROM THE COURTS). THE SWAC AGENT CANNOT PROCESS YOUR SWAC APPLICATION WITHOUT IT. PLEASE PRESENT YOUR SOCIAL SECURITY CARD OR FOREIGN NATIONAL IDENTIFICATION TO THE SWAC AGENT. ☐ SOCIAL SECURITY CARD - (ORIGINAL, UNLAMINATED) ☐ FOREIGN NATIONAL ID CARD - (UNEXPIRED) Any one (1) of the following original identification documents must be presented to the SWAC Agent prior to your application being approved. □ U.S. PASSPORT OR U.S. PASSPORT CARD - (UNEXPIRED) U.S. BIRTH CERTIFICATE ISSUED BY STATE OR COUNTY OF BIRTH. - (ORIGINAL OR CERTIFIED COPY) ☐ FOREIGN PASSPORT - UNEXPIRED DOCUMENT THAT CONTAINS A TEMPORARY I-551 STAMP OR TEMPORARY I-551 PRINTED NOTATION ON A MACHINE-READABLE IMMIGRANT VISA (MRIV) ☐ CERTIFICATE OF U.S. NATURALIZATION - (FORM N-550 OR N-570) ☐ CERTIFICATE OF U.S. CITIZENSHIP - (FORM N-560 OR N-561) □ PERMANENT RESIDENT CARD (NOTE: IF YOUR PRC EXPIRES BEFORE THE TERM OF YOUR MEMBERSHIP, (3 YEARS), YOUR MEMBERSHIP WILL BE LIMITED TO THE PRC EXPIRATION DATE) ☐ EMPLOYMENT AUTHORIZATION DOCUMENT (CARD) THAT CONTAINS A PHOTOGRAPH (NOTE: IF YOUR EAD EXPIRES BEFORE THE TERM OF YOUR MEMBERSHIP, (3 YEARS), YOUR MEMBERSHIP WILL BE LIMITED TO THE EAD EXPIRATION DATE) - FORM I-□ NON-IMMIGRANT ALIEN AUTHORIZED FOR WORK WITH SPECIFIC EMPLOYER - IN THE CASE OF A NON-IMMIGRANT ALIEN AUTHORIZED TO WORK FOR A SPECIFIC EMPLOYER INCIDENT TO STATUS. A FOREIGN PASSPORT WITH FORM I-94 OR FORM I-94A BEARING THE SAME NAME AS THE PASSPORT AND CONTAINING AN

ENDORSEMENT OF THE ALIEN NON-IMMIGRANT STATUS. AS LONG AS THE PERIOD OF ENDORSEMENT HAS NOT YET EXPIRED AND THE PROPOSED EMPLOYMENT IS

NOT IN CONFLICT WITH ANY RESTRICTIONS OR LIMITATIONS IDENTIFIED ON THE FORM



Step 12: Identity Document Selection (cont.)

AND, any two (2) of the following ORIGINAL forms of Government issued identification, at least one (1) of which is from Column A, MUST be presented to the SWAC Agent prior to your application being approved.

(IF TWO (2) ARE FROM COLUMN A THAN COLUMN B IS NOT REQUIRED)

OTE: IF YOUR AUTHORIZED STAY ON A VISA EXPIRES BEFORE THE TERM OF		
NON-IMMIGRANT VISA AUTHORIZED STAY (NOTE: IF YOUR AUTHORIZED STAY ON A VISA EXPIRES BEFORE THE TERM OF YOUR MEMBERSHIP, (3 YEARS), YOUR MEMBERSHIP WILL BE LIMITED TO THE AUTHORIZED STAY EXPIRATION DATE.) - IN THE CASE OF A NON-IMMIGRANT ALIEN AUTHORIZED TO WORK FOR A SPECIFIC EMPLOYER INCIDENT TO STATUS, A FOREIGN PASSPORT WITH FORM I-94 OR FORM I-94A BEARING THE SAME NAME AS THE PASSPORT AND CONTAINING AN ENDORSEMENT OF THE ALIEN NON-IMMIGRANT STATUS, AS LONG AS THE PERIOD OF ENDORSEMENT HAS NOT YET EXPIRED AND THE PROPOSED EMPLOYMENT IS NOT IN CONFLICT WITH ANY RESTRICTIONS OR LIMITATIONS IDENTIFIED ON THE FORM		
TA AUTHORIZATION DOCUMENT TA AUTHORIZATION DOCUMENT TA AUTHORIZATION DOCUMENT TA AUTHORIZATION DOCUMENT TOTE: BY CHOOSING THIS DOCUMENT YOUR SWAC MEMBERSHIP WILL BE MITED TO THE ESTA "DATE OF ENTRY" PLUS 90 DAYS AND YOU WILL NOT CEIVE A SWAC CARD.) - ESTA ENABLES FOREIGN NATIONALS TO ENTER THE S. ON A TEMPORARY BASIS (LESS THAN 90 DAYS) FOR BUSINESS RPOSES. IGINAL OR CERTIFIED COPY OF A BIRTH CERTIFICATE ISSUED BY A STATE, UNTY, MUNICIPAL AUTHORITY, OR OUTLYING POSSESSION OF THE UNITED ATES BEARING AN OFFICIAL SEAL HICLE REGISTRATION (IN YOUR NAME) - (IN YOUR NAME) S. CITIZEN IDENTIFICATION CARD (FORM I-197) OR U.S. CERTIFICATE OF TIZENSHIP (FORM N-560) TIVE AMERICAN TRIBAL DOCUMENT VARRIAGE CERTIFICATE PTISMAL CERTIFICATE ION LABOR ID CARD RTIFICATION OF BIRTH ABROAD ISSUED BY THE U.S. DEPARTMENT OF ATE (FORM FS-545) RTIFICATION OF REPORT OF BIRTH ISSUED BY THE U.S. DEPARTMENT OF ATE (FORM DS-1350) ENTIFICATION CARD FOR USE BY RESIDENT CITIZEN IN THE UNITED STATES DRM I-179) TC SITE ONLY: PATH ROADWAY		
TATES TO VOST HUA HIST IN A HITEA HA ED		



Step 13: SWAC Membership ID Card Delivery Options



Secure Worker - Individual Membership Application

Step 13: SWAC Membership ID Card Delivery Options



SPECIAL EXEMPTION FOR LIMITED ACCESS TO CONFIDENTIAL INFORMATION ONLY.

I AM ELIGIBLE FOR A SPECIAL EXEMPTION FOR LIMITED ACCESS TO CONFIDENTIAL INFORMATION ONLY (E.G. PROJECT BID DOCUMENTS). THIS EXEMPTION ENTITLES ME TO BYPASS THE ID CARD ISSUANCE PROCESS. I UNDERSTAND THAT THIS WILL SEVERELY LIMIT MY SWAC MEMBERSHIP RIGHTS.

UNDER THIS EXEMPTION I WILL NOT BE ABLE TO ACCESS SENSITIVE FACILITIES THAT REQUIRE PROGRAM PARTICIPATION, AND WILL ONLY BE ABLE TO RECEIVE CONFIDENTIAL INFORMATION.

** SELECT THIS EXEMPTION ONLY IF YOU WERE INSTRUCTED TO ENROLL FOR THE SOLE PURPOSE OF RECEIVING BID DOCUMENTS.

I HEREBY CERTIFY THAT I AM ELIGIBLE FOR THIS SPECIAL CONFIDENTIAL INFORMATION EXEMPTION.

PLEASE SELECT THE LOCATION OF WHERE YOU WANT YOUR SWAC MEMBERSHIP ID SENT:

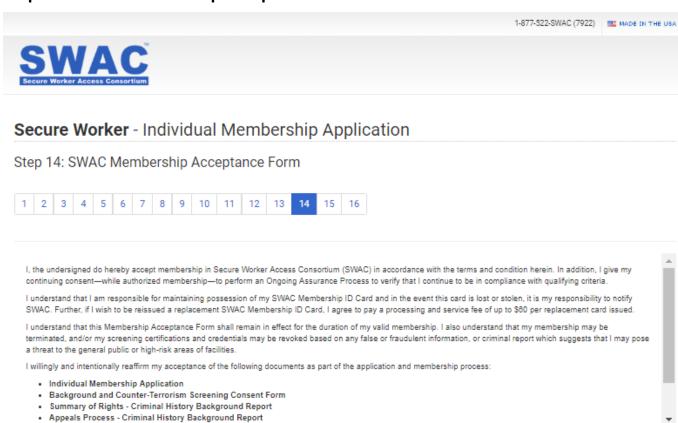
PLEASE SELECT WHICH SWAC PROCESSING CENTER YOU WILL BE REPORTING TO WITH YOUR REQUIRED I.D. DOCUMENTATION:



PLEASE NOTE THAT YOUR BACKGROUND SCREENING WILL ONLY START AFTER YOU VISIT THE SWAC PROCESSING CENTER WITH THE REQUIRED I.D. DOCUMENTATION FOR A SWAC AGENT TO REVIEW. TO AVOID A DELAY IN PROCESSING YOUR APPLICATION, PLEASE REPORT TO ANY SWAC PROCESSING CENTER AS SOON AS POSSIBLE. NO APPOINTMENT IS NECESSARY.



Step 14: SWAC Membership Acceptance Form



I CERTIFY THAT THE FOLLOWING IS MY TRUE AND COMPLETE LEGAL NAME, AND THAT ALL INFORMATION CONTAINED WITHIN THE ABOVE REFERENCED DOCUMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

UPON COMPLETION AND SUBMITTAL OF THIS APPLICATION FORM, I ACKNOWLEDGE AND ACCEPT THAT SWAC DOES NOT PROVIDE REFUNDS UNDER ANY CIRCUMSTANCES.

Full Name of Applicant: Test Sample

Date: 6/20/2019

Social Security Number: 987-65-4321

Date of Birth: 1/1/1970

QUESTION: DO YOU ACCEPT THE ABOVE STATEMENT?

YES

NO

CONTINUE to Step 15 of 16



Step 15: Summary of Application and Screening Fees



Secure Worker - Individual Membership Application

Step 15: Summary of Application and Screening Fees



THE FOLLOWING MEMBERSHIP, APPLICATION AND BACKGROUND SCREENING FEES WILL APPLY. PLEASE PROCEED TO THE NEXT PAGE TO ENTER YOUR PAYMENT INFORMATION.

Membership and Application Fees	Amount (U.S. \$)		
Secure Worker Application: Paula Sample	\$303.58		
SWAC Application Handling Fee	\$28.68		
Membership and Application Fees Subtotal	\$ 332.26		
Secure Worker Account Deposit	Amount (U.S. \$)		
Deposit - Secure Worker Certification (US)	\$262.74		
** NOTE: The above Secure Worker Certification Fee Deposit was derived by using the address history provided in this application. The actual fees will be determined by a 3rd party vendor & invoiced at a later date.			
Secure Worker Account Deposit Subtotal	\$ 262.74		
Current Invoice Total	\$ 595.00		

CONTINUE to Step 16 of 16



Step 16: Payment Information (for Self-Sponsored Applications only)

				1-877-522-5WAC (7922)	MACE IN THE USA				
SWAC Executes Washer Access Consortium									
Secure Worker - Individual Membership Application									
Step 16: Payment Information									
1 2 3 4 5 6 7 8	9 10	11 12 13 14 15	16						
The total required payment at this time	is: \$475.00								
PLEASE ENTER APPLICATIO	N PAYMEI	NT INFORMATION (E	XACTLY AS IT APP	PEARS ON YOUR CREDIT CARE)):				
CARDHOLDER FIRST NAME:									
CARDHOLDER LAST NAME:									
PLEASE ENTER BILLING ADD	RESS INF	FORMATION (BILLING	ADDRESS FOR C	REDIT CARD STATEMENTS):					
ADDRESS LINE 1:									
ADDRESS LINE 2:									
COUNTRY:									
United States	₩								
CITY:	STATE:		ZIP:						
	Select S	tete 🔻							
PLEASE ENTER TRANSACTION Amount (US\$): \$475.00)N INFOR	MATION:							
CREDIT CARD TYPE:									
Select	₹								
CARD NUMBER:									
EXPIRATION DATE:									
M V / YYYY V									
SECURITY CODE (CCV):									
PAYMENT RECEIPT INFORMA	ATION:								
EMAIL:									
pkaplinski@realtimetg.com									
				is my willful intent to charge the amour that SWAC does not provide refunds un					
0 AGREE.									
0 I DO NOT AGREE.									
Final Submission									



Submission Confirmation

