

Individual Membership



Version 2.0.7.5

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Individual Membership Application



* Fields marked with a red asterisk are required.

Application Type

* Select one of the following application types:

- Site Worker** - Select Site Worker if your job requires a S.W.A.C. Identification card. This is required for the majority of applicants. Includes Identity Verification, Criminal Background Investigation, ID Document Verification, Digital Imaging and Signature Capture, and issuance of a S.W.A.C. Identification card.
 - S.W.A.C. membership and certification processing fee = \$124.37
 - Identity Verification and Criminal Background Investigation search fees vary based on aliases, residency, and other factors. Estimated \$50 to \$175.

- Project Bidder** - Select Project Bidder ONLY if you were instructed to enroll for the sole purpose of receiving bid documents. Identity Verification and Criminal Background Investigation searches are performed; however Document Verification and a S.W.A.C. Identification card are not included in this membership and required for most jobs.
 - S.W.A.C. membership and certification processing fee = \$104.37
 - Identity Verification and Criminal Background Investigation search fees vary based on aliases, residency, and other factors. Estimated \$50 to \$175.

* A \$10 shipping and handling fee applies to all transactions.

Worker Sponsorship

Please enter the **Sponsor Control ID Number** provided by your **Designated Security Officer** before proceeding:

Corporate Sponsorship ENTER: * Sponsor Control ID

[Click here to apply for a Sponsor Control ID](#)

OR if you are self-employed and wish to sponsor your own application, [click here](#).



* For security purposes, please enter the text from the image above:

(Please click only once. Processing could take several seconds.)

S.W.A.C. Application Form



* Fields marked with a red asterisk are required.

Personal Information

Please enter the following information to proceed to the S.W.A.C. Application Form.

* Social Security Number: - - * Date of Birth: MM / DD / YYYY * Mother's Maiden Name:

Agency OR Union Membership

Please select the affiliation for which this application is being submitted.

- * Affiliation:
- Contractor
 - Employee
 - Union Member

Please select the agency for which this application is being submitted.

* Agency:

NOTICE:

The Agency or Membership selected in the section will be printed on your ID card, if applicable.

PLEASE MAKE SURE YOUR SELECTIONS ARE CORRECT BEFORE PROCEEDING.

Failure to do so may result in additional card reprinting fees. If you are unsure which are correct for your specific application, please contact your sponsoring company's Designated Security Officer, (DSO), for guidance.

[Continue](#)

S.W.A.C. Application Form



* Fields marked with a red asterisk are required.

Worker Sponsorship

* Sponsor Control ID: Union Name:
* Profession: Title:

Personal Information

* First Name:
* Last Name: Suffix: Middle Name:
* Home Phone: () - Cell Phone: () - Email Address:
* Gender: Male Female * Date of Birth: / /
* Birth Country: * Birth City: * Birth State:
Ethnicity: (optional) * Eye Color: * Hair Color:
* Height: Ft. In. * Weight: Pounds * Mother's Maiden Name:
* United States Citizen: Yes No * Social Security Number: - - Alien Registration Number:
Passport Number: Passport Country of Issue: Non-Immigrant Visa Number:
Drivers License State: Drivers License #:
* Current Address:
* Country: * Time at Address: From: / To: Present
* City:
* State:
* Zip:

10-year Address History

Please enter any previous addresses you live at during the past ten (10) years and the amount of time you spent at each address:

Previous Address:

Country: United States

City:

State: Select State

Zip:

Time at Address:

From: MM / YYYY

To: MM / YYYY

Previous Address:

Country: United States

City:

State: Select State

Zip:

Time at Address:

From: MM / YYYY

To: MM / YYYY

Previous Address:

Country: United States

City:

State: Select State

Zip:

Time at Address:

From: MM / YYYY

To: MM / YYYY

Previous Address:

Country: United States

City:

State: Select State

Zip:

Time at Address:

From: MM / YYYY

To: MM / YYYY

Previous Address:

Country: United States

City:

State: Select State

Zip:

Time at Address:

From: MM / YYYY

To: MM / YYYY

Previous Address:

Country: United States

City:

State: Select State

Zip:

Time at Address:

From: MM / YYYY

To: MM / YYYY

[Click here to view a list of disqualifying offenses.](#)

Applicants are subject to a criminal/terrorist history records check, and may be disqualified for information unfavorable to the interests of public safety and, while authorized a secure access control credential, ongoing Assurance Process which checks for updated information that indicates an individual may no longer be in compliance with qualifying criteria for a secure access control credential.

In addition, false statements, non-disclosure of pertinent information, or the inability to verify identity may disqualify an applicant.

* 1. Have you ever in your life been convicted of, plead no contest or plead nolo-contendre, plead guilty, or been found not guilty by reason of insanity to an offense other than a parking or speeding violation in this country or elsewhere, or convicted in a military court martial? Yes No

If YES, please explain and include dates, place, charge, court and final disposition:

* 2. Are you lawfully present in the United States? Yes No

* 3. Have you ever been known by any other name(s)? Other names include nicknames, aliases, former married names, maiden names, or any part of the name of a relative, including for example a mother or father's last name or a grandparent's last name, or foster or adopted last names. Yes No

If YES, please specify:

* 4. Select all the states you have WORKED in during the past ten (10) years: (highlight the state(s) you have worked in using the box to the left and then click the --> arrow to move them into the box on the right)

Alabama	<input type="button" value="-->"/> <input type="button" value="<--"/>	
Alaska		
Arizona		
Arkansas		
California		

* 5. Select all the states you have RESIDED in during the past ten (10) years: (highlight the state(s) you have resided in using the box to the left and then click the --> arrow to move them into the box on the right)

Alabama	<input type="button" value="-->"/> <input type="button" value="<--"/>	
Alaska		
Arizona		
Arkansas		
California		

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.

* Do you accept the above statement? Yes No

Background Screening Consent Form



AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CRIMINAL HISTORY BACKGROUND REPORT

I, the undersigned do hereby authorize Secure Worker Access Consortium, LLC (S.W.A.C.), to produce a criminal history background 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 high-risk areas of facilities, and to assess my truthfulness by validating the data that I supplied on the S.W.A.C. Individual Membership Application. In addition, I give my continuing consent—while authorized a valid unexpired secure access control credential—to perform an Ongoing Assurance Process to verify that I continue to be in compliance with qualifying criteria for a secure access control credential.

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 S.W.A.C., 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 give 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 Screening Consent Form shall remain in effect for the duration that I am in possession of a secure access control credential. I also understand that my application for a valid unexpired secure access control credential may be terminated, and/or my secure access control credential may be revoked based on any false or fraudulent information, or criminal 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 Union's collective bargaining agreements, including but not limited to, the grievance procedures delineated in that agreement. This form does not alter, modify or revise any current collective bargaining agreement(s) entered into between the Local Union(s) and their respective signatory employer(s) and/or employer association(s). By signing this form, I recognize and acknowledge the procedures necessary to obtain a S.W.A.C. ID card, but do not in any way surrender or waive any of the rights and privileges I may have under Local Union's collective bargaining agreements.

By signing this form, I am not granting any rights to any public or private individual employer and/or employer association, nor does this form change or modify any of the terms and conditions of my employment.

I willingly give my full consent that information required to verify my identity may be shared with authorized individuals.

I further understand that when biometrics, e.g., fingerprints, iris scans, etc., become a requirement to maintain a secure access control credential, that I shall willingly submit myself for said biometrics.

I understand that a material false statement or omission made in connection with this application is sufficient cause for denial of the application or revocation of a prior approval.

I certify that the following is my true and complete legal name, and that all information contained herein and on my S.W.A.C. Individual Membership Application is true and correct to the best of my knowledge.

PRINT Full Name of Applicant: TESTFirst TESTLast **Date:** 3/1/2008
Social Security Number: XXX-XX-0018 **Date of Birth:** XX/XX/1918

Yes, I Agree

No, I Do Not Agree

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Summary of Rights



A SUMMARY OF YOUR RIGHTS CRIMINAL HISTORY BACKGROUND REPORT

Secure Worker Access Consortium, LLC (S.W.A.C.) promotes the accuracy, fairness, and privacy of information in the files of the S.W.A.C. program and background screening contractors. Here is a summary of your rights under the S.W.A.C. program. For more information go to www.secureworker.com or write to: Secure Worker Access Consortium, LLC, Attention: Customer Service Department, 12000 Lincoln Drive West, Suite 308, Marlton, 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 S.W.A.C. 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 S.W.A.C. and the background screening contractor, and by contract may not be sold to or shared with any third party non S.W.A.C. 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 individuals is information provided by the applicant during the application process, and the HIGH, MEDIUM, or STANDARD clearance level, or a FAILURE, that results from the criminal history background report.
- **You may seek damages from violators.** If there is identity theft, or misuse of your information, and you present demonstrable evidence indicating a breach of personal security information that can be directly traced to a contractor of the S.W.A.C. program, you may be able to sue in state or federal court.

NO BRIGHT-LINE TESTING

The background-screening contractor does not adjudicate a dispassionate pass or fail result. A careful analysis of your file is made, taking into consideration all information available to construct a fair judgment on the applicant's level of clearance. In cases where the applicant has mitigating circumstances unavailable to the background-screening contractor, an appeals process is available.

Yes, I Agree

No, I Do Not Agree

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Appeals Process



CRIMINAL HISTORY BACKGROUND REPORT APPEALS PROCESS

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 FAILURE.

If an applicant passes the screening with less than a HIGH clearance, no letter is mailed. The expiration date on the ID card indicates which level of clearance the applicant has been granted; High expires in one year, Medium in two, and Standard expires in three years. The applicant may appeal the Medium or Standard clearance level through the normal appeal process.

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 clearance, the background-screening contractor will notify S.W.A.C., who in turn will amend the clearance in their data server.

Yes, I Agree

No, I Do Not Agree

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Identity Document Selection



The following ORIGINAL Government issued identification documentations MUST be presented at a Secure Worker Access Consortium (S.W.A.C.) Personnel Processing Center before an individual's S.W.A.C. Application Form and Background Screening Consent Form will be accepted for processing.

Please check the boxes next to the identification documents you will present to the S.W.A.C. Agent prior to your application being approved:

* Fields marked with a red asterisk are required.

Document Verification

*** Any one (1) of the following original identification documents must be presented to the S.W.A.C. Agent prior to your application being approved.**

- United States Passport (unexpired or expired)
- United States Birth Certificate (original or certified copy)
- Unexpired Foreign Passport (with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization)
- Alien Registration Receipt Card (INS Form I-551 with photograph)
- Unexpired Temporary Resident Card (INS Form I-688)
- Unexpired Employment Authorization Card (INS Form I-688A)

*** 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 S.W.A.C. Agent prior to your application being approved.**

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

Present One (1) from Column A Column A (PHOTO ID)	Present One (1) from Column B Column B (NON-PHOTO ID)
Passport (U.S. or unexpired Foreign) <input type="checkbox"/>	United States Birth Certificate <input type="checkbox"/>
U.S. State Driver's License <input type="checkbox"/>	Vehicle Registration (in your name) <input type="checkbox"/>
U.S. State Learner's Permit <input type="checkbox"/>	U.S. Military ID Card <input type="checkbox"/>
U.S. State ID <input type="checkbox"/>	U.S. Voter Registration Card <input type="checkbox"/>
Public Assistance Card <input type="checkbox"/>	NY/NJ State or City Employee ID <input type="checkbox"/>
U.S. Military ID Card <input type="checkbox"/>	Native American Tribal Document <input type="checkbox"/>
NY/NJ State or City Employee ID <input type="checkbox"/>	Marriage Certificate <input type="checkbox"/>
Customs Zone Access Card <input type="checkbox"/>	Baptismal Certificate <input type="checkbox"/>
NY/NJ State Security Guard ID Card <input type="checkbox"/>	Union Labor ID Card <input type="checkbox"/>
	For WTC Site Only: PATH Roadway Worker Protection Card (if applicable) <input type="checkbox"/>

Continue

S.W.A.C. Processing Centers



For assistance call: 1-877-522-SWAC(7922)

If you would like to enter a Contract # to aid in receiving reimbursement from participating facility owner members, please enter it now.

Enter Contract #: (optional):

* Fields marked with a red asterisk are required.

Agency OR Union Membership

Please select the affiliation for which this application is being submitted.

* Affiliation:

- Contractor
 Employee
 Union Member

Please select the agency for which this application is being submitted.

* Agency:

NOTICE:

The Agency or Membership selected in the section will be printed on your ID card, if applicable.

PLEASE MAKE SURE YOUR SELECTIONS ARE CORRECT BEFORE PROCEEDING.

Failure to do so may result in additional card reprinting fees. If you are unsure which are correct for your specific application, please contact your sponsoring company's Designated Security Officer, (DSO), for guidance.

* Please select a convenient S.W.A.C. Processing Center near you to complete your enrollment process.

- Present Identity Documents for inspection.
- Receive delivery of S.W.A.C. Identification Credential.

Select a Processing Center

Newark Airport
EWR - SWAC
70 Brewster Road
Building #70 Lobby
Newark, NJ 07114 USA

Mondays & Thursdays
7:30AM to 3:30PM

George Washington Bridge
GWB - SWAC
Port Authority Admin. Building, Main Lobby
220 Bruce Reynolds Boulevard
Bridge Plaza South
Fort Lee, NJ 07024 USA

Tuesdays
6:00AM to 12:00PM

John F. Kennedy International Airport
JFK - SWAC
Building #14
Jamaica, NY 11436 USA

Fridays
6:00AM to 12:00PM

Journal Square Transportation Center
JSTC - SWAC
One PATH Plaza
Concourse Level
(to the right of EXCEL Federal Savings)
Jersey City, NJ 07306 USA

Monday through Friday
7:30AM to 3:30PM

La Guardia Airport
LGA - SWAC

Port Authority Bus Terminal
PABT - SWAC

Hanger #7S
2nd Floor
Flushing, NY 11372 USA

Wednesdays
6:00AM to 12:00PM

625 Eighth Avenue (at 40th Street)
South Wing, 2nd Floor
New York, NY 10018 USA

Tuesdays
6:00AM to 12:00PM



World Trade Center Complex

WTC - SWAC
116 Nassau Street
New York, NY 10006 USA

Monday through Friday
6:00AM to 5:00PM

Continue

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Membership Acceptance Form



I, the undersigned do hereby accept membership in Secure Worker Access Consortium (S.W.A.C.) in accordance with the terms and condition herein. In addition, I give my continuing consent—while authorized a valid unexpired secure access control credential—to perform an Ongoing Assurance Process to verify that I continue to be in compliance with qualifying criteria for a secure access control credential.

I understand that I am responsible for maintaining possession of my S.W.A.C. Membership ID Card and in the event this card is lost or stolen, it is my responsibility to notify S.W.A.C. Further, if I wish to be reissued a replacement S.W.A.C. Membership ID Card, I agree to pay a processing and service fee of \$100 per replacement card issued.

I understand that this Membership Acceptance Form shall remain in effect for the duration that I am in possession of a secure access control credential. I also understand that my application for a valid unexpired secure access control credential may be terminated, and /or my secure access control credential may be revoked based on any false or fraudulent information, or criminal report which suggests that I may pose a threat to the general public or high-risk areas of facilities.

I willingly and intentionally reaffirm my acceptance of the following documents as part of the application and membership process:

- **Individual Membership Application**
- **Background Screening Consent Form**
- **A Summary of Your Rights, Criminal History Background Report**
- **Criminal History Background Report Appeals Process**
- **Required Identification Documents**
- **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:

PRINT Full Name of Applicant: TESTFirst TESTLast **Date:** 3/4/2008
Social Security Number: XXX-XX-0018 **Date of Birth:** XX/XX/1918

Signature of Applicant:

Signature required upon application approval

(Please click only once. Processing could take several seconds.)