



SECURE WORKER INDIVIDUAL MEMBERSHIP APPLICATION

VERSION 3.2.8

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Step-by-Step Application Wizard

Step 1: Corporate Sponsorship

1-877-522-SWAC (7922)

 MADE IN THE USA



Secure Worker - Individual Membership Application

Step 1: Corporate Sponsorship

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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QUESTION: HAVE YOU EVER BEEN A MEMBER OF THE SWAC (SECURE WORKER ACCESS CONSORTIUM) TRUSTED CONTRACTOR COMMUNITY?

- YES
- NO

If 'Yes', then please enter your Membership ID number here (not required):

- XXXXXX

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[\(Click here for help locating this number\)](#)

QUESTION: DO YOU HAVE A SPONSOR ACCOUNT ID NUMBER?

- YES
- NO

If 'Yes', then please enter it here:

--

If 'No', continue to next step.

FOR SECURITY PURPOSES, PLEASE CHECK THE BOX BELOW.

<input type="checkbox"/> I'm not a robot	 reCAPTCHA Privacy - Terms
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CONTINUE to Step 2 of 16

Step 2: Agency or Union Affiliation

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Secure Worker - Individual Membership Application

Step 2: Agency or Union Affiliation

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

PLEASE SELECT THE AFFILIATION FOR WHICH THIS APPLICATION IS BEING SUBMITTED.

- CONTRACTOR
- EMPLOYEE

PLEASE SELECT THE AGENCY OR FACILITY OWNER FOR WHICH THIS APPLICATION IS BEING SUBMITTED.

Please choose Agency

NOTICE: The Agency/Owner 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 Representative (DSR), for guidance.

QUESTION: ARE YOU A MEMBER OF A LABOR UNION?

- YES
- NO

PLEASE SELECT YOUR TRADE CLASSIFICATION.

Please choose Trade Classification

OTHER PROFESSION (NOT LISTED ABOVE)

QUESTION: WERE YOU DIRECTED TO ENTER A CONTRACT REFERENCE NUMBER (OPTIONAL) WITH YOUR APPLICATION?

- YES
- NO

If 'Yes', then please enter it here:

THIS APPLICATION IS BEING COMPLETED BY:

- APPLICANT
- DESIGNATED ADMINISTRATIVE CONTACT
- DESIGNATED SECURITY REPRESENTATIVE
- OTHER:

CONTINUE to Step 3 of 16



Secure Worker - Individual Membership Application

Step 3: Personal Information and Citizenship

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

PLEASE ENTER THE FOLLOWING INFORMATION:

Gender: MALE FEMALE

Prefix: MR. MS. MRS. DR. SR. NONE

FIRST NAME: MIDDLE NAME: LAST NAME: SUFFIX:

DATE OF BIRTH:
MM / DD / YYYY

Place of Birth: COUNTRY: STATE/REGION: CITY:

MOTHER'S MAIDEN NAME:

(last name only)

QUESTION: ARE YOU A UNITED STATES CITIZEN?

- YES
 NO

SOCIAL SECURITY NUMBER:
 - -

(Not required for non-U.S. citizens)

[CONTINUE to Step 4 of 16](#)

Step 3: Personal Information and Citizenship (cont.)

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Secure Worker - Individual Membership Application

Step 3: Personal Information and Citizenship

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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PLEASE ENTER THE FOLLOWING INFORMATION:

Gender: MALE FEMALE

Prefix: MR. MS. MRS. DR. SR. NONE

FIRST NAME: MIDDLE NAME: LAST NAME: SUFFIX:

DATE OF BIRTH:
MM / DD / YYYY

Place of Birth: COUNTRY: STATE/REGION: CITY:

MOTHER'S MAIDEN NAME:

(last name only)

QUESTION: ARE YOU A UNITED STATES CITIZEN?

- YES
- NO

SOCIAL SECURITY NUMBER:
 - -

(Not required for non-U.S. citizens)

[CONTINUE to Step 4 of 16](#)

Step 4: Physical Characteristics

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Secure Worker - Individual Membership Application

Step 4: Physical Characteristics

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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PLEASE ENTER OR CONFIRM THE FOLLOWING INFORMATION:

ETHNICITY (OPTIONAL):

EYE COLOR:

HAIR COLOR:

WEIGHT:

 lbs.

HEIGHT:

 ft. in.

[CONTINUE to Step 5 of 16](#)

Step 5: Contact Information

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Secure Worker - Individual Membership Application

Step 5: Contact Information

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

PLEASE ENTER OR CONFIRM THE FOLLOWING INFORMATION:

EMAIL: ALTERNATE EMAIL:

HOME PHONE: PRIMARY PHONE

MOBILE (CELL) PHONE: PRIMARY PHONE

BUSINESS PHONE: ext. PRIMARY PHONE

PLEASE ENTER OR CONFIRM THE FOLLOWING **EMERGENCY CONTACT** INFORMATION:

NAME:

RELATION:

PHONE: ext.

ALTERNATE PHONE: ext.

[Click here to enter an alternate Emergency Contact.](#)

[CONTINUE to Step 6 of 16](#)

Step 6: Home Address Information

1-877-522-SWAC (7922) 



Secure Worker - Individual Membership Application

Step 6: Home Address Information

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

PLEASE ENTER OR CONFIRM THE FOLLOWING INFORMATION REGARDING YOUR CURRENT HOME ADDRESS:

ADDRESS LINE 1:

COUNTRY:

United States ▼

CITY:

STATE/REGION:

Select State ▼

ZIP CODE:

TIME AT THIS ADDRESS:

From: / To: Current

PLEASE ENTER ANY PREVIOUS HOME ADDRESSES, INCLUDING FOREIGN ADDRESSES, WITHIN THE LAST 10 YEARS BY FILLING OUT THE FORM BELOW AND CLICKING THE BLUE "ADD ADDRESS" BUTTON FOR EACH HISTORICAL ADDRESS. YOU CAN ADD AS MANY ADDRESSES AS NEEDED TO FULFILL THE 10 YEAR REQUIREMENT.

ADDRESS LINE 1:

COUNTRY:

United States ▼

CITY:

STATE/REGION:

Select State ▼

ZIP CODE:

TIME AT THIS ADDRESS:

From: / To: /

[Add Address](#)

ALERT: Please check that you have entered your FULL 10 year address history to the best of your knowledge. If it is not complete, the processing of your SWAC application will be delayed.

[CONTINUE to Step 7 of 16](#)

Step 7: Business Address Information (optional)

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Secure Worker - Individual Membership Application

Step 7: Business Address Information

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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PLEASE ENTER OR CONFIRM THE FOLLOWING INFORMATION REGARDING YOUR CURRENT BUSINESS ADDRESS (OPTIONAL IF YOU ARE NOT SELF EMPLOYED):

USE CURRENT HOME ADDRESS AS MY BUSINESS ADDRESS.

ADDRESS LINE 1:

COUNTRY:

United States ▼

CITY:

STATE/REGION:

Select State ▼

ZIP CODE:

CONTINUE to Step 8 of 16

Step 8: Authorization for Criminal Background Check

1-877-822-SWAC (7922) 



Secure Worker - Individual Membership Application

Step 8: Authorization for Criminal Background Check

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

[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.

QUESTION: HAVE YOU EVER BEEN CONVICTED OF A FELONY?

- YES
- NO

If YES, please provide details including dates, location, charge, court and final disposition:

QUESTION: ARE YOU PRESENTLY UNDER WANT, WARRANT, OR INDICTMENT FOR ANY FELONY LISTED IN THE DISQUALIFYING CRIMINAL OFFENSES AS REFERENCED IN THE ATTACHED BACKGROUND SCREENING SPECIFICATIONS, CLEARANCE LEVEL CRITERIA?

- YES
- NO

If YES, please provide details including dates, location, charge, court and final disposition:

QUESTION: HAVE YOU PREVIOUSLY SERVED, AND BEEN DISCHARGED FROM THE U.S. ARMED FORCES?

- YES
- NO

If Yes, Type of Discharge:

- HONORABLE
- GENERAL (UNDER HONORABLE CONDITIONS)
- OTHER THAN HONORABLE
- BAD CONDUCT
- DISHONORABLE

If Dishonorable provide the details of the discharge:

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

QUESTION: ARE YOU LAWFULLY PRESENT IN THE UNITED STATES?

- YES
- NO

QUESTION: 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 A EXAMPLE A MOTHER OR FATHER'S LAST NAME OR A GRANDPARENT'S LAST NAME, OR FOSTER OR ADOPTED LAST NAMES.

- YES
- NO

QUESTION: SELECT ALL THE STATES (OR "OUT OF COUNTRY: NO STATES") YOU HAVE WORKED IN DURING THE PAST TEN (10) YEARS.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> ALABAMA | <input type="checkbox"/> ILLINOIS | <input type="checkbox"/> MONTANA | <input type="checkbox"/> RHODE ISLAND |
| <input type="checkbox"/> ALASKA | <input type="checkbox"/> INDIANA | <input type="checkbox"/> NEBRASKA | <input type="checkbox"/> SOUTH CAROLINA |
| <input type="checkbox"/> ARIZONA | <input type="checkbox"/> IOWA | <input type="checkbox"/> NEVADA | <input type="checkbox"/> SOUTH DAKOTA |
| <input type="checkbox"/> ARKANSAS | <input type="checkbox"/> KANSAS | <input type="checkbox"/> NEW HAMPSHIRE | <input type="checkbox"/> TENNESSEE |
| <input type="checkbox"/> CALIFORNIA | <input type="checkbox"/> KENTUCKY | <input type="checkbox"/> NEW JERSEY | <input type="checkbox"/> TEXAS |
| <input type="checkbox"/> COLORADO | <input type="checkbox"/> LOUISIANA | <input type="checkbox"/> NEW MEXICO | <input type="checkbox"/> UTAH |
| <input type="checkbox"/> CONNECTICUT | <input type="checkbox"/> MAINE | <input type="checkbox"/> NEW YORK | <input type="checkbox"/> VERMONT |
| <input type="checkbox"/> DELAWARE | <input type="checkbox"/> MARYLAND | <input type="checkbox"/> NORTH CAROLINA | <input type="checkbox"/> VIRGINIA |
| <input type="checkbox"/> DISTRICT OF COLUMBIA | <input type="checkbox"/> MASSACHUSETTS | <input type="checkbox"/> NORTH DAKOTA | <input type="checkbox"/> WASHINGTON |
| <input type="checkbox"/> FLORIDA | <input type="checkbox"/> MICHIGAN | <input type="checkbox"/> OHIO | <input type="checkbox"/> WEST VIRGINIA |
| <input type="checkbox"/> GEORGIA | <input type="checkbox"/> MINNESOTA | <input type="checkbox"/> OKLAHOMA | <input type="checkbox"/> WISCONSIN |
| <input type="checkbox"/> HAWAII | <input type="checkbox"/> MISSISSIPPI | <input type="checkbox"/> OREGON | <input type="checkbox"/> WYOMING |
| <input type="checkbox"/> IDAHO | <input type="checkbox"/> MISSOURI | <input type="checkbox"/> PENNSYLVANIA | <input type="checkbox"/> 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.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> ALABAMA | <input type="checkbox"/> ILLINOIS | <input type="checkbox"/> MONTANA | <input type="checkbox"/> RHODE ISLAND |
| <input type="checkbox"/> ALASKA | <input type="checkbox"/> INDIANA | <input type="checkbox"/> NEBRASKA | <input type="checkbox"/> SOUTH CAROLINA |
| <input type="checkbox"/> ARIZONA | <input type="checkbox"/> IOWA | <input type="checkbox"/> NEVADA | <input type="checkbox"/> SOUTH DAKOTA |
| <input type="checkbox"/> ARKANSAS | <input type="checkbox"/> KANSAS | <input type="checkbox"/> NEW HAMPSHIRE | <input type="checkbox"/> TENNESSEE |
| <input type="checkbox"/> CALIFORNIA | <input type="checkbox"/> KENTUCKY | <input type="checkbox"/> NEW JERSEY | <input type="checkbox"/> TEXAS |
| <input type="checkbox"/> COLORADO | <input type="checkbox"/> LOUISIANA | <input type="checkbox"/> NEW MEXICO | <input type="checkbox"/> UTAH |
| <input type="checkbox"/> CONNECTICUT | <input type="checkbox"/> MAINE | <input type="checkbox"/> NEW YORK | <input type="checkbox"/> VERMONT |
| <input type="checkbox"/> DELAWARE | <input type="checkbox"/> MARYLAND | <input type="checkbox"/> NORTH CAROLINA | <input type="checkbox"/> VIRGINIA |
| <input type="checkbox"/> DISTRICT OF COLUMBIA | <input type="checkbox"/> MASSACHUSETTS | <input type="checkbox"/> NORTH DAKOTA | <input type="checkbox"/> WASHINGTON |
| <input type="checkbox"/> FLORIDA | <input type="checkbox"/> MICHIGAN | <input type="checkbox"/> OHIO | <input type="checkbox"/> WEST VIRGINIA |
| <input type="checkbox"/> GEORGIA | <input type="checkbox"/> MINNESOTA | <input type="checkbox"/> OKLAHOMA | <input type="checkbox"/> WISCONSIN |
| <input type="checkbox"/> HAWAII | <input type="checkbox"/> MISSISSIPPI | <input type="checkbox"/> OREGON | <input type="checkbox"/> WYOMING |
| <input type="checkbox"/> IDAHO | <input type="checkbox"/> MISSOURI | <input type="checkbox"/> PENNSYLVANIA | <input type="checkbox"/> 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?

- YES
- NO

[CONTINUE to Step 9 of 16](#)

Step 9: Background Screening Consent Form

1-877-522-SWAC (7922)  MADE IN THE USA



Secure Worker - Individual Membership Application

Step 9: Background and Counter-Terrorism Screening Consent Form

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

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 high-risk 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?

- YES
- NO

[CONTINUE to Step 10 of 16](#)

Step 10: Summary of Rights – Criminal History Background Report

1-877-522-SWAC (7922)



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, 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 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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Secure Worker - Individual Membership Application

Step 11: Appeals Process – Criminal History Background Report

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

- YES
- NO

[CONTINUE to Step 12 of 16](#)

Step 12: Identity Document Selection

1-877-522-SWAC (7922) 



Secure Worker - Individual Membership Application

Step 12: Identity Document Selection

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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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-766
- 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)

Present One (1) from Column A

Column A (PHOTO ID)

- PASSPORT - (UNEXPIRED U.S. OR FOREIGN)
- DRIVER'S LICENSE OR ID CARD ISSUED BY A STATE OR OUTLYING POSSESSION OF THE UNITED STATES - (DOCUMENT MUST CONTAIN A PHOTOGRAPH OR INFORMATION SUCH AS NAME, DATE OF BIRTH, GENDER, HEIGHT, EYE COLOR, AND ADDRESS)
- U.S. STATE LEARNER'S PERMIT
- ID CARD ISSUED BY U.S. FEDERAL, STATE OR LOCAL GOVERNMENT AGENCIES OR ENTITIES - (DOCUMENT MUST CONTAIN A PHOTOGRAPH OR INFORMATION SUCH AS NAME, DATE OF BIRTH, GENDER, HEIGHT, EYE COLOR, AND ADDRESS)
- PUBLIC ASSISTANCE CARD
- U.S. MILITARY ID CARD OR DRAFT RECORD
- MILITARY DEPENDENT'S ID CARD
- U.S. COAST GUARD MERCHANT MARINER CARD
- DRIVER'S LICENSE ISSUED BY A CANADIAN GOVERNMENT AUTHORITY
- U.S. STATE OR CITY EMPLOYEE ID
- CUSTOMS ZONE ACCESS CARD
- U.S. STATE SECURITY GUARD ID CARD

Present One (1) from Column B

Column B (NON-PHOTO ID)

- 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
- ESTA AUTHORIZATION DOCUMENT
(NOTE: BY CHOOSING THIS DOCUMENT YOUR SWAC MEMBERSHIP WILL BE LIMITED TO THE ESTA "DATE OF ENTRY" PLUS 90 DAYS AND YOU WILL NOT RECEIVE A SWAC CARD.) - ESTA ENABLES FOREIGN NATIONALS TO ENTER THE U.S. ON A TEMPORARY BASIS (LESS THAN 90 DAYS) FOR BUSINESS PURPOSES.
- ORIGINAL OR CERTIFIED COPY OF A BIRTH CERTIFICATE ISSUED BY A STATE, COUNTY, MUNICIPAL AUTHORITY, OR OUTLYING POSSESSION OF THE UNITED STATES BEARING AN OFFICIAL SEAL
- VEHICLE REGISTRATION (IN YOUR NAME) - (IN YOUR NAME)
- U.S. CITIZEN IDENTIFICATION CARD (FORM I-197) OR U.S. CERTIFICATE OF CITIZENSHIP (FORM N-560)
- NATIVE AMERICAN TRIBAL DOCUMENT
- MARRIAGE CERTIFICATE
- BAPTISMAL CERTIFICATE
- UNION LABOR ID CARD
- CERTIFICATION OF BIRTH ABROAD ISSUED BY THE U.S. DEPARTMENT OF STATE (FORM FS-545)
- CERTIFICATION OF REPORT OF BIRTH ISSUED BY THE U.S. DEPARTMENT OF STATE (FORM DS-1350)
- IDENTIFICATION CARD FOR USE BY RESIDENT CITIZEN IN THE UNITED STATES (FORM I-179)
- WTC SITE ONLY: PATH ROADWAY
WORKER PROTECTION CARD - (IF APPLICABLE)

Step 13: SWAC Membership ID Card Delivery Options



Secure Worker - Individual Membership Application

Step 13: SWAC Membership ID Card Delivery Options

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

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:

- | | |
|---|---|
| <p>GEORGE WASHINGTON BRIDGE
GWB-SWAC</p> <p>PORT AUTHORITY ADMIN. BUILDING
220 BRUCE REYNOLDS BLVD.
BRIDGE PLAZA SOUTH
FORT LEE, NJ 07024 USA</p> <p>HOURS OF OPERATION:
THURSDAY 7:00 AM – 3:30 PM</p> <p>NEWARK LIBERTY INTERNATIONAL AIRPORT
EWR-SWAC
70 BREWSTER ROAD
BUILDING #70 – LOBBY
NEWARK, NJ 07114 USA</p> <p>HOURS OF OPERATION:
MONDAY THROUGH THURSDAY 7:30 AM – 3:30 PM</p> <p>WORLD TRADE CENTER COMPLEX
WTC-SWAC
115 BROADWAY
9TH FLOOR
NEW YORK, NY 10006 USA</p> <p>HOURS OF OPERATION:
MONDAY THROUGH FRIDAY 6:00 AM – 2:30 PM</p> | <p>LGA-SWAC
HANGER 5A
RUNWAY DR.
FLUSHING NY, NY 11371 USA</p> <p>HOURS OF OPERATION:
MONDAY, WEDNESDAY, FRIDAY 6:00 AM – 2:30 PM</p> <p>PORT AUTHORITY BUS TERMINAL
PAT'S SWAC
325 3RD AVE. (42ND ST. ENTRANCE)
NORTH WING, 2ND FLOOR (LOCATED INSIDE THE WDF, INC. OFFICE)
NEW YORK, NY 10018 USA</p> <p>HOURS OF OPERATION:
MONDAY, WEDNESDAY, FRIDAY 6:00 AM – 12:30 PM</p> |
|---|---|

OPERATION HOURS ARE SUBJECT TO CHANGE TO

VISIT: <http://www.secureworker.com/locations.asp>

FOR A CURRENT LIST

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

1-877-522-SWAC (7922)  MADE IN THE USA



Secure Worker - Individual Membership Application

Step 14: SWAC Membership Acceptance Form

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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I, the undersigned do hereby accept membership in Secure Worker Access Consortium (SWAC) in accordance with the terms and condition herein. In addition, I give my continuing consent—while authorized membership—to perform an Ongoing Assurance Process to verify that I continue to be in compliance with qualifying criteria.

I understand that I am responsible for maintaining possession of my SWAC Membership ID Card and in the event this card is lost or stolen, it is my responsibility to notify SWAC. Further, if I wish to be reissued a replacement SWAC Membership ID Card, I agree to pay a processing and service fee of up to \$80 per replacement card issued.

I understand that this Membership Acceptance Form shall remain in effect for the duration of my valid membership. I also understand that my membership may be terminated, and/or my screening certifications and credentials 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 and Counter-Terrorism Screening Consent Form
- Summary of Rights - Criminal History Background Report
- Appeals Process - Criminal History Background Report

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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ATTENTION: This application is not complete until the "FINAL SUBMISSION" link is clicked.

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: Test	\$243.58
SWAC Application Handling Fee	\$16.98
Membership and Application Fees Subtotal	\$ 260.56

Secure Worker Account Deposit	Amount (U.S. \$)
Deposit - Secure Worker Certification (US)	\$251.74
** 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	\$ 251.74

Current Invoice Total **\$ 512.30**

[CONTINUE to Step 16 of 16](#)

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

1-877-522-SWAC (7922) 



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 APPLICATION PAYMENT INFORMATION (EXACTLY AS IT APPEARS ON YOUR CREDIT CARD):

CARDHOLDER FIRST NAME:

CARDHOLDER LAST NAME:

PLEASE ENTER BILLING ADDRESS INFORMATION (BILLING ADDRESS FOR CREDIT CARD STATEMENTS):

ADDRESS LINE 1:

ADDRESS LINE 2:

COUNTRY:

CITY:

STATE:

ZIP:

PLEASE ENTER TRANSACTION INFORMATION:

Amount (US\$): \$475.00

CREDIT CARD TYPE:

CARD NUMBER:

EXPIRATION DATE:

SECURITY CODE (CCV):

PAYMENT RECEIPT INFORMATION:

EMAIL:

I hereby certify that I am authorized to post charges against the above referenced banking account. It is my willful intent to charge the amount stated, plus, when available, applicable background screening charges, to this account. **I acknowledge and accept that SWAC does not provide refunds under any circumstances.**

I AGREE.

I DO NOT AGREE.

Final Submission

Submission Confirmation

1-877-522-SWAC (7922)  MADE IN THE USA

SWACTM
Secure Worker Access Consortium

Secure Worker - Individual Membership Application

The application for **TESTdan TESTdan** is complete.

TO PRINT OR DOWNLOAD AND SAVE A COPY OF THIS APPLICATION IN PDF FORMAT, [PLEASE CLICK HERE.](#)

Your application for SWAC Membership has been successfully submitted.

ATTENTION: Whether you are an initial applicant or a renewing applicant, **YOU MUST REPORT TO A SWAC PROCESSING CENTER** and present your identity documents to a SWAC Agent for verification before the background screening process can begin.

A SWAC Membership ID Card will only be issued after the screening company completes the background screening and assigns your access level.