

Statewide Patrol, Inc.

Application for Employment

UPON COMPLETION YOU NEED TO SUBMIT THIS FORM BY:

1. MAIL
2. FAX
3. IN PERSON

TO SUBMIT BY MAIL

SEND COMPLETED REGISTRATION FORM TO THE BRANCH YOU ARE APPLYING AT:

AUSTIN

2520 S. IH-35
SUITE 204
AUSTIN, TX 78704
(512) 326-9411 OFFICE

DALLAS

1701 N. COLLINS BLVD.
SUITE 316
RICHARDSON, TX 75080
(972) 918-9411 OFFICE

SAN ANTONIO

8626 TESORO BLVD.
SUITE 504
SAN ANTONIO, TX 78217
(210) 979-6400

TO SUBMIT BY FAX

FAX COMPLETED REGISTRATION FORM TO THE BRANCH YOU ARE APPLYING AT:

AUSTIN
(512) 326-9422

DALLAS
(972) 918-9425

SAN ANTONIO
(210) 979-6464

TO SUBMIT IN PERSON

DELIVER COMPLETED APPLICATION TO THE BRANCH YOU ARE APPLYING AT

ALL BRANCHES ARE OPEN DURING REGULAR BUSINESS HOURS
MONDAY - FRIDAY 8AM - 5PM

PLEASE FEEL FREE TO CALL & SCHEDULE AN APPOINTMENT WITH THE BRANCH OFFICE IF
YOU HAVE ANY QUESTIONS REGARDING EMPLOYMENT

Statewide Patrol, Inc.

Application for Employment

REQUIRED DOCUMENTS:

- 1. Texas Drivers License** (or State ID)
- 2. Social Security Card**

**PLEASE PROVIDE TO
MANAGER AT TIME OF
APPLICATION**

Statewide Patrol, Inc.

PRE-EMPLOYMENT AGREEMENT

(Read carefully before signing)

I have read and understand the application, and I further understand that any employment given to me as a result of my application will require that I undergo a comprehensive background investigation. I agree to cooperate in such investigation. My signature below serves as authorization for the Company, its client(s) or any third party (collectively "investigator") to contact any former employer, school, or personal reference set forth in this application. My signature below also authorizes the investigator to contact any other appropriate sources as part of a background investigation on me. The investigator and any person or entity contacted is hereby released and held harmless based on information obtained or provided and any decision made from such information obtained. A copy of my signature shall be deemed an original for purposes of obtaining information.

I understand that as a condition of my employment I may be required to complete satisfactorily a physical examination, testing for drug and/or alcohol abuse, psychological testing and credit check. I release the Company from any claim arising out of any tests the Company may require, and waive all rights to damages of any form I may suffer from submitting to such tests. I also understand that as a condition of my employment I must sign and abide by the Company's General Waiver, Pre-Dispute Resolution Agreement, Personal Use of Client Property Agreement (if applicable), Uniform Return Agreement (if applicable), Non-Compete Agreement and other forms presented to me during the pre-hire process and made part of this application.

I further agree that, just as I can terminate the employment relationship at any time for any reason, so too, the Company may terminate my employment at any time and for any or no reason, with or without notice. I further understand that if I was attracted to employment with the Company through an advertisement using an annual salary example that I understand that I am not offered an annual salary but an hourly rate for work done. Minimum or maximum number of work hours on a weekly basis will be determined by the Company.

I further understand that I will only be paid for any hours actually worked. Moreover, I understand that no supervisor or any other employee of the Company other than the President of the Company has any authority to enter into any agreement for employment for any defined period of time, or to make any agreement contrary to the foregoing.

I certify that the information I have given in this application is true. I realize that any commission or misrepresentation of the facts on my part will be grounds for my immediate dismissal.

I certify that I have read and understand the foregoing agreement and that no one has made any promise or agreement contrary to it, and agree to be bound by its terms.

Your Signature: _____ **Date:** _____

**Application for Employment
(PRINT AS NEAT AS POSSIBLE)**

PRINT NAME: _____ (first, middle, last)

SS #: _____

Address: _____ (number, street, apartment etc.)
_____ (city, state, zip)

Phone: _____ (Circle one: home/work/friend)

Pager: _____ **Cell Phone:** _____

WORK HISTORY

(list most recent or current job first)

_____ (started) _____ (ended)

_____ (company)
_____ (address)
_____ (supervisor) _____ (rate of pay)
_____ (reason for leaving)

May we contact this employer? YES / NO Ph# _____

_____ (started) _____ (ended)

_____ (company)
_____ (address)
_____ (supervisor) _____ (rate of pay)
_____ (reason for leaving)

May we contact this employer? YES / NO Ph# _____

_____ (started) _____ (ended)

_____ (company)
_____ (address)
_____ (supervisor) _____ (rate of pay)
_____ (reason for leaving)

May we contact this employer? YES / NO Ph# _____

EDUCATION

Did you graduate high school? YES / NO

(list the name of your high school even if you did not graduate or received GED)

_____ (name of school)
_____ (city, state)

Did you graduate college or a university? Yes / No
(list the name of your college credit even if you did not graduate)

_____ (name of school)
_____ (city, state)

DESIRED EMPLOYMENT

What date can you start? _____

What hours can you work? _____

Can you work the graveyard shift (9pm-5am)? YES / NO

Weekend work will be required, is this a problem? YES / NO

Are you at least 18 years of age? YES / NO

Have you ever worked security before? YES / NO

If Yes When/Where: _____

Can you perform the essential functions of a security job with or without an accommodation? YES / NO

If NO Describe: _____

Are you aware that working in the field of private security is an inherently dangerous job that could lead to possible injury, serious injury, and or death? YES / NO

Have you ever been licensed or registered with the the *Texas Department of Public Safety-Private Security Bureau (formerly the Texas Commission on Private Security)*? YES / NO

If Yes What License(s) did you hold _____

Are you a US Citizen? YES / NO

Do you have a Drivers License in the State of Texas? YES / NO

If Yes what is the Number: _____

Do you have your own firearm and/or duty belt & equipment? YES / NO
If YES Describe your firearm & equipment: _____

(If NO equipment can be provided by the company)

Can you work extra shifts if you are called upon on your day(s) off? YES / NO

IF YOU ARE APPLYING FOR A SECURITY OFFICER POSITION (OR OTHER LICENSED POSITION) YOU ARE REQUIRED TO ANSWER THE FOLLOWING QUESTIONS. THESE ARE THE SAME QUESTIONS THAT YOU WILL BE REQUIRED TO ANSWER TO BE LICENSED BY THE "TEXAS DEPARTMENT OF PUBLIC SAFETY - PRIVATE SECURITY BUREAU"

1. Have you been convicted in any court of a misdemeanor crime of **domestic violence**?

2. Have you ever been convicted in any court of a crime punishable by imprisonment for a term in excess of one year?

3. Are you under **indictment** for a crime punishable by imprisonment for a term in excess of one year?

4. Are you a fugitive from justice? (Have you ever fled from a state to avoid prosecution?)

5. Are you an unlawful user of a controlled substance or addicted to any controlled substance?

6. Have you ever been adjudicated as a mental defective or been committed to a mental institution?

7. Are you an alien in the United States?

If the answer is YES, what is your alien registration number?

8. Are you illegally or unlawfully in the United States?

9. Have you been discharged from the Armed Forces under dishonorable conditions?

(If YES , attach a copy of your DD-214)

10. Have you ever been a United States citizen and renounced your citizenship?
If so, when & where?

11. Have you been ordered by a Court to refrain from harassing, stalking, or threatening an intimate partner or child of such intimate partner?

12. Have you been ordered by a Court to refrain from engaging in any conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or the partner's child?

13. Are you currently, or have you been prohibited from carrying a firearm under any federal or state law?

14. Have you ever been arrested for a Felony, a class A misdemeanor, class B misdemeanor or have you ever been court martialled by the military?

**NOTE: QUESTIONS BELOW ARE REQUIRED BY TEXAS ADMINISTRATIVE CODE
(TITLE 37, PART 1, CHAP. 35, SUBCHAPTER M, RULE 35.201)**

15. What is your Date of Birth (MONTH/DAY/YEAR): ____ / ____ / _____

16. What is your **place** of Birth (City/State/Country): _____

DESCRIBE YOUR SECURITY EXPERIENCE

<COMPLETE THIS SECTION ONLY IF YOU HAVE WORKED SECURITY PREVIOUSLY>

Have you worked security at a HOTEL in the past? YES / NO
If Yes which hotels?

Name of Hotel Worked: _____
Address, City, State: _____
Worked with which company: _____

Name of Hotel Worked: _____
Address, City, State: _____
Worked with which company: _____

Have you worked security at an APARTMENT COMPLEX in the past? YES / NO
If Yes which apartments?

Name of Apartment Worked: _____
Address, City, State: _____
Worked with which company: _____

Name of Apartment Worked: _____
Address, City, State: _____
Worked with which company: _____

Have you worked security at an COMMERCIAL BUILDING in the past? YES / NO
If Yes which commercial buildings?

Name of building Worked: _____
Address, City, State: _____
Worked with which company: _____

Name of building Worked: _____
Address, City, State: _____
Worked with which company: _____

Have you worked security at a HIGH-TEC FIRM in the past? YES / NO
If Yes which HIGH-TEC FIRMS?

Name of high-tec firm Worked: _____
Address, City, State: _____
Worked with which company: _____

Name of high-tec firm Worked: _____
Address, City, State: _____
Worked with which company: _____

What is your:

Height: _____
Color/Eyes: _____

Weight: _____
Color/Hair: _____

HOW DID YOU HEAR ABOUT STATEWIDE PATROL?

Newspaper Ad / Yellow Pages / StateWide Employee / Friend

If you heard about Statewide Patrol from a current employee what was his or her name? _____

PERSONAL REFERENCES OR FAMILY MEMBERS (FOR EMERGENCY PURPOSES)

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Pager: _____

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Pager: _____

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Pager: _____

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Pager: _____

For Employer Use Only

Applicant Comments

- Does applicant have transportation? YES / NO
- Does applicant have a home phone? YES / NO
- Hours available to work _____
- Days available _____
- Hourly rate offered _____

Employer Comments

- Date scheduled for training _____
- Date interviewed _____
- Interviewed by _____
- Was Profit Sharing Program explained? YES / NO
- Is employee a REHIRE? YES / NO
- Rehire approved by 1)_____ 2)_____ 3)_____ 4)_____
- Was Monday meetings explained? YES / NO
- Did Employee accept employment? YES / NO
- Was applicant given fingerprint cards? YES / NO
- Sexual Harassment and Random Drug Testing Policies explained? YES / NO
- Additional Comments
