# PREMIER PROTECTIVE SECURITY INC.

320 Decker Drive Suite 100
Irving, Texas 75062

Phone: (615) 549-0075
Fax: (615) 829-8911

## APPLICATION FOR EMPLOYMENT IN TEXAS

**A.** ☐ **Unarmed Security Guard:** Must attach a copy of **Drivers License, Social Security card** and Private Protective Security Guard/Officer ID Card showing a passing score on Level II Course and Test from the **Texas Department of Public Safety.**

**B.** ☐ **Armed Security Guard:** Must attach a copy of **Drivers License, Social Security card** and **ARMED** Private Protective Security Guard/Officer ID Card showing a passing score on Level II and Level III Courses and Tests from the from **Texas Department of Public Safety**

### PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name: _____ (Last) _____ (First) _____ (Middle)

DOB: _____ SSN: _____

DL # & State: _____ Email Address: _____

### RESIDENCE & CONTACT INFORMATION

Address _____
(Street) (Apt) (City/State) (Zip)

Contact Information: (  ) _____ (  ) _____ _____
(Home Telephone) (Cell Telephone) (other)

In case of emergency: _____ (  ) _____
(Name) (Relationship) (Phone Number)

### BIOGRAPHICAL INFORMATION

**Information requested in this block is to be completed on a voluntary basis. Data will be held confidential and only used in accordance with applicable Federal Law, including the Americans with Disabilities Act. Refusal to provide information will not subject the applicant to any adverse treatment.**

**The following information is for Equal Employment Opportunity/Affirmative Action purposes only. For qualifying purposes, applicant may be required to be at least age twenty-one.**

Gender: ☐ Male ☐ Female Race: ☐ White ☐ African American ☐ Hispanic ☐ Native American ☐ Asian ☐ Other

**The following information is for compliance with affirmative action obligations of the Rehabilitation Act of 1973 and for the purpose of voluntary affirmative action. Please indicate any physical or mental impairments or conditions which you possess**

| | | | |
|---|---|---|---|
| ☐ None | ☐ Deaf | ☐ Lack of Limb use (except amputation) | ☐ Epilepsy |
| ☐ Legally blind | ☐ other hearing impairments | ☐ Mental retardation | ☐ Cerebral Palsy |
| ☐ Other visual impairment | ☐ Amputation or Orthopedic | ☐ Mental illness and/or personality disorder | ☐ Other (specify) |

## EMPLOYMENT HISTORY

Veteran ☐ Yes ☐ No Honorable Discharge ☐ Yes ☐ No _____ Date of entry _____ Date of separation

_____ Rank at time of discharge _____ Branch of Service

## PREVIOUS EXPERIENCE (If less than 5 years at current position)

Dates employed: _____ to _____ Title: _____

Company Name: _____ Location: _____

Reason for Leaving: _____

Dates employed: _____ to _____ Title: _____

Company Name: _____ Location: _____

Reason for Leaving: _____

Dates employed: _____ to _____ Title: _____

Company Name: _____ Location: _____

Reason for Leaving: _____

Dates employed: _____ to _____ Title: _____

Company Name: _____ Location: _____

Reason for Leaving: _____

## REFERENCES

_____ Name _____ Address _____ City _____ State

_____ Phone _____ Type of relationship _____ How long

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_____ Phone _____ Type of relationship _____ How long

## EDUCATION

Name of High School _____ City _____ State _____ H.S. Diploma ☐ GED Certificate ☐

**SCHOOLS ATTENDED AFTER HIGH SCHOOL (College, Trade, Technical schools)**

| College | Location | From | To | Yes | No |
|---|---|---|---|---|---|
| | | Years Attended | | Graduate | |

Institution _____ Type of Training _____ Dates certified: _____

Institution _____ Type of Training _____ Dates certified: _____

Institution _____ Type of Training _____ Dates certified: _____

Institution _____ Type of Training _____ Dates certified: _____

## CRIMINAL HISTORY

Have you ever been convicted, forfeited bond, or are you currently on probation for any felony in a court of law or general court martial? Yes ☐ No ☐

If yes, give details on a separate sheet of paper for each offense. Include (1) date, (2) charge, (3) place, (4) court, and (5) action taken. You must disclose any conviction involving a sentence or suspended sentence. You may omit: (1) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court; (2) any conviction which has been expunged under Federal or State law. A conviction will not necessarily disqualify you from the job for which you are applying. A conviction will be judged on its own merits with respect to time, circumstances, and seriousness.

## SIGNATURE

I certify that the information given in this application is correct and complete to the best of my knowledge. I am aware that should an investigation show any falsification, I will not be considered for employment, or if employed, I will be dismissed and disqualified from future consideration. I hereby authorize Premier Protective Security, INC. to make all necessary investigations concerning me or my actions and to receive and make available to Premier Protective Security, INC. my academic records or other materials pertinent to my qualifications. I further authorize and request each former employer, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.

**Signature of Applicant** _____ **Date** _____