



**DFW Security Protective Force**  
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 Fort Worth, TX. 76117

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## **WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

*We consider all applicants for all positions without regard to age, race, color, religion, gender, creed, national origin, physical or mental disability, marital status, veteran status, disabled veteran status, or status as a member of any other protected group or activity.*

## **APPLICATION FOR EMPLOYMENT**

**Directions: Please print. Application will not be considered unless filled out in its entirety.**

Date of Application:	Location (s) Applied for:		
How Did You Learn About DFWSPF?	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Referral	<input type="checkbox"/> Employment Agency
	<input type="checkbox"/> Internet	<input type="checkbox"/> Other (Explain) _____	

Last Name	First	Middle Initial	
Street Address	City	State	Zip
Social Security Number	Home phone Number (with area code)	Cell Phone Number (with area code)	
Email address			

Are you at least 21 years of age?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

(Proof of citizenship or immigration status required upon employment)

Do you currently have a valid Driver's License?  Yes  No

Do you read, write, and understand the English language?  Yes  No

Do you have a current and valid armed/unarmed state security license?  Yes  No

Do you currently own a legally registered firearm?  Yes  No

Are you willing to submit to a drug, medical, and background check?  Yes  No

Have you ever been previously employed with DFWSPF?  Yes  No

If yes, provide date: \_\_\_\_\_

What start date would you be available for work? \_\_\_\_\_

What days of the week are you available to work? Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_

Are you available to work:  Full-Time  Part-Time  Shift-Work

Can you travel if the job requires it?  Yes  No

Have you been arrested/convicted of a felony, crime of violence, Domestic Violence?  Yes  No

If yes, please explain (when, where, offense and outcome):

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Have you served in the United States Military?  Yes  No

(If YES, you must be able to supply a copy of DD214)

Service Dates: Start: \_\_\_\_\_ End: \_\_\_\_\_ Rank when discharged: \_\_\_\_\_

Were you Honorably discharged from the United States Military?  Yes  No

Have you ever been fired or asked to resign from a job?  Yes  No

Please explain: \_\_\_\_\_

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### **EDUCATION**

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School/GED				
College/University				
Graduate/Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write: \_\_\_\_\_

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## EMPLOYMENT EXPERIENCE

Start with your present or most recent job and go back 5 years. **If you need additional space, continue a separate sheet. Explain all gaps in employment. DO NOT LEAVE ANY BLANKS**

Company Name	Company Address	Company Phone Number	Type of business
Start Date _____ End Date _____	Title/Position	Wages (annual or hourly)	Supervisor's Name
Reason for Leaving		May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name	Company Address	Company Phone Number	Type of business
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Company Name	Company Address	Company Phone Number	Type of business
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Reason for Leaving		May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No	

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## **ADDITIONAL INFORMATION**

Summarize your computer skills and/or any office equipment you have been trained to operate:

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Summarize special job-related skills, licenses, certifications, or qualifications you have acquired that may be helpful to us in considering your application: \_\_\_\_\_

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**Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied** (*Do not answer this question unless you have been informed about the requirements of the job for which you are applying (Job Description)*)?  **Yes**    **No**

## **APPLICANT STATEMENT**

I certify that the information given herein and orally are true in all respects, and I agree that if the information is found to be false, misleading or unsatisfactory in any respect (in the exclusive judgment of DFW Security Protective Force) that I will be disqualified from consideration for employment or be subject to dismissal if such a problem is discovered after I am hired.

I authorize investigation of all statements contained herein, including the release of conviction records and understand that a conviction will not result in automatic disqualification. I authorize all persons listed as references to provide all information requested by DFWSPF, and I hereby release DFWSPF and all references from any claim related to the provision of such information.

This application for employment shall be considered active for a period not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether applications are being accepted at that time.

I understand that unless otherwise defined in a writing signed by an authorized representative of DFWSPF, any employment relationship with DFWSPF is "at will," which means that I may resign at any time for any reason, and that DFWPF may discharge me at any time for any reason, with or without cause.

I understand, also, that I am required to abide by all rules and regulations of DFWSPF as specified in the, "DFWSPF Policy and Procedures Manual" and "DFWSPF Code of Business Conduct and Ethics" documents, and that those may change without notice with business need.

DFWSPF is a drug-free workplace. I agree to submit to any lawfully required drug or alcohol testing, including the execution of any further documents required in the substance testing program, and to release of the results of any such tests to DFWSPF clients. Refusal to submit to testing or failing a test is grounds for dismissal.

Applicant Name (PRINT): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date