



DFW Security Protective Force

5705 Airport Freeway
Fort Worth, Tx 76117

Phone: 817-831-2000

Fax: 817-831-2112

applications@dfwsecurityprotectiveforce.com

EMPLOYMENT APPLICATION

DFW is committed to a policy of Equal Employment Opportunity (EEO). DFW will not discriminate on the basis of age, sex, race, color, creed, religion, ethnicity, sexual orientation, gender identity, gender expression, national origin, alienage or citizenship, disability, marital status, military or veteran status, or any other legally recognized protected basis under federal, state, or local laws, regulations or ordinances.

Date: ____/____/____ How were you referred to us? _____

SS#: ____-____-____ D.O.B: ____/____/____ D.L.: _____ Place of Birth: _____

Full Name: _____
Last First M.I.

Address: _____
Street City State Zip Code

Phone: _____ Cell Phone: _____ Email: _____

Date Available for Employment: ____/____/____ Position Applied For: _____ Desired Salary: \$ _____

Employment Desired: Full-Time Part-Time Full-Or Part-Time Can you work nights? Yes No

Days/Hours Available to Work: Mon: _____ Tue: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

- Can you show proof of U.S. Citizenship? Yes No If No, are you authorized to work in the U.S.? Yes No
- Have you ever worked for this company? Yes No If so, when? _____
- Are you over the age of 18? Yes No Are you color blind? Yes No
- Do you have secret clearance? Yes No Do you have health insurance? Yes No
- Have you ever filed for Bankruptcy? Yes No Do you have credit problems? Yes No
- Have you consulted with a mental health professional? Yes No
- Do you have 20/20 Vision or can your vision be corrected to 20/20? Yes No
- Do you have a medical condition that prevents you from standing for four (4) or more hours at a time? Yes No
- If hired, are you willing to submit to and pass a controlled substance test? Yes No
- Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation(s)? Yes No

If not, describe the function that cannot be performed: _____

Have you ever been charged or convicted of a crime? Yes No If yes, please explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: _____

(Note: No applicant will be denied employment solely on the grounds of convictions of criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)



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Education

High School: _____

Did you Graduate? Yes No # of Years Completed _____ Degree: _____

College: _____

Did you Graduate? Yes No # of Years Completed _____ Degree: _____

Other: _____

Did you Graduate? Yes No # of Years Completed _____ Degree: _____

Employment

Please list your work experience from the past five years, beginning with the most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Company: _____	Phone: ____ - ____ - ____
Address: _____	Supervisor: _____
Job Title: _____	Starting Salary: _____ Ending Salary: _____
Responsibilities: _____	
From: __/__/__ To: __/__/__ Were you Dismissed/Fired? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Why? _____	
Reason for Leaving: _____	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company: _____	Phone: ____ - ____ - ____
Address: _____	Supervisor: _____
Job Title: _____	Starting Salary: _____ Ending Salary: _____
Responsibilities: _____	
From: __/__/__ To: __/__/__ Were you Dismissed/Fired? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Why? _____	
Reason for Leaving: _____	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company: _____	Phone: ____ - ____ - ____
Address: _____	Supervisor: _____
Job Title: _____	Starting Salary: _____ Ending Salary: _____
Responsibilities: _____	
From: __/__/__ To: __/__/__ Were you Dismissed/Fired? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Why? _____	
Reason for Leaving: _____	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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Did you complete this application yourself? Yes No **If no, Who Did?** _____

References

Please list three professional references. (Supervisor or Manager only)

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** _____ - _____ - _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** _____ - _____ - _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** _____ - _____ - _____

Address: _____

Military

Have you ever been in the armed forces? Yes No Are you now a member of the National Guard? Yes No
Military Service? Yes No Branch: _____ Rank: _____ Total Years of Service: _____
Specialty: _____ Date Entered: ___/___/___ Discharged: ___/___/___
Give a brief description of any special training received or most significant duty: _____

Security Related Questions

1. **Have you ever worked for another security company?** Yes No **If yes, Who?** _____
2. **If you are offered a job that pays \$50.00 per hour will you give a two-week notice?** Yes No
3. **Is the address on your application yours?** Yes No **If no, whose address is it?** _____
4. **How many days have you missed work in your last job in the last three months of employment?** _____
5. **How many hours a week do you want to work?** _____
6. **How long have you lived at your present address?** _____
7. **You are a security officer on post with a partner/co-worker and you observe/witness him/her sleeping on post but out of site of the general public. What do you do?**
 - a. Allow them to sleep until someone approaches your post, then awake them so they are not caught or seen.
 - b. Wake them up and report them to your supervisor.
 - c. Wake them up and tell them to stay awake and this incidence will be kept between the two of you.
 - d. Do nothing and just be concerned about your post and yourself.



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8. Please describe the need for access control for secured buildings: _____

9. You on post and you observe two people in a heated argument. This scene is clearly causing a disturbance in the lobby area that you are securing. Please describe how you would de-escalate the situation? _____

10. A security Officer's job is to : _____

Thank you

We sincerely appreciate your interest in our organization and assure you that we are deeply interested in your qualifications and job goals. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and can assist you in your possible future upgrading.

Our company is an Equal Opportunity Employer and as such does not discriminate in hiring, promotion or terms of conditions of employment. Should you during your interview, or at any later date if you become employed with us, have reason to believe that anyone in our organization has acted contrary to our E.O.E. policy; you are requested to report any such questionable incidents directly to our Manager.

Because of the nature of our business, it is important that you understand that we cannot guarantee any specific shift, schedule, or location to any employee although we will do everything possible to make assignments suitable to you. We reserve the right to reassign and re-schedule as the requirements of our business dictate but will attempt to provide such transfer or re-assignment that are within reasonable commuting distance of your residence.

Both full-time and part-time employees may be required to work holidays.

I, the employee, understand that this application does not constitute an employment contract. I further understand and agree that if I am hired, my employment and compensation can be terminated with or without cause at any time, at the option of my employer or myself. No representative of management, other than the president, has authority to make any representation or agreement contrary to the foregoing. In order for any change by the president to be effective, it must be made in writing. The above statement does not supersede any State or Local law or collective bargaining agreement.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I further, understand and agree that if I am hired, my employment is terminable at will and is for an indefinite period and may, regarding less of the date of payment of wages and salary, be terminated at any time without previous notice.

Print Name: _____

Signature: _____

Date: ____/____/____



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Emergency Contact/ Medical Information

Completion of this form is strictly voluntary, and the information will ONLY be used to assist First Responders (paramedics and ER doctors) to quickly help you in the event of an emergency or accident. This form will be maintained in the Human Resources office, and you should keep a copy with you.

<u>Personal Information</u>	
Your Name	
Home Address	
Home Phone	
Cell Phone	
Email Address	

<u>Medical Information</u>	
Doctor's Name	
Address	
Phone	
Medical Conditions/Allergies	
Current Medications	

<u>Emergency Information</u>	
Emergency Contact Name	
Relationship	
Phone Number	
Address	
Emergency Contact Name	
Relationship	
Phone Number	
Address	



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**AUTHORIZATION FOR
RELEASE OF
INFORMATION**

Background Verification Disclosure

As part of the employment process, DFW Security Protective Force, Inc. herby known as "The Company" may obtain a consumer report and/or Investigative Consumer Report. The Fair Credit Reporting Act as mended by the Consumer Reporting Reform Act of 1996 required that we advise you that for the purpose of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided, in the event the report contains information regarding your character, general reputation, personal characteristics or mode of living.

Authorization and Release

During the application process and at any time during any subsequent employment, I hereby authorize DFW Security Protective Force, Inc., on behalf of "The Company" to procure a Consumer Report, which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. The report may be complied with information from credit bureaus, court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I authorize without reservation, any part or agency contacted to furnish the above-mentioned information and release all parties involved form liability and responsibility for doing so. This authorization and consent shall be valid in original, email, fax or copyform.

Applicant's Name

Date

Applicant's Signature

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. **Please PRINT clearly:**

Print Full Name: _____

Sex: Male Female **S.S.#:** _____ - _____ - _____ **Previously Used Names:** _____

Address (Street, City, State, Zip): _____

Current Driver's License Number: _____ **Issuing State:** _____

Other Driver's License Number: _____ **Issuing State:** _____